

Report on a full unannounced
inspection of

HMP Holme House

19–23 July 2010

by HM Chief Inspector of Prisons

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Introduction

Holme House is a large, Category B, local prison which, at the time of the inspection, housed around 1,000 adult male prisoners and a small number of unsentenced young offenders.

This was a challenging prison to run, and the challenges were exacerbated by a building programme that was in progress. Despite this, the prison delivered reasonably good outcomes for prisoners in all areas – a real achievement for a local prison. Many staff I met took obvious pride in their work.

The prison has expanded repeatedly over the years to cope with the growing prison population. Some facilities were excellent. The environment on some of the newer house blocks, such as house block 7 (which included a non-smokers wing), was very good. There was also an effective induction process for most prisoners run by enthusiastic and committed staff. I spent some time with the therapeutic community on house block 6, which was impressive.

It was pleasing to learn that the latest phase of the prison's development included new 'regime' buildings which had the potential to further enhance resettlement and purposeful activity programmes. Time out of cell was better than many similar prisons at an average of 7.4 hours and association was rarely cancelled. There was good quality training and education, underpinned by strategy. Resettlement activities were sound and the prison had developed excellent and innovative community links. Most of the resettlement pathways were delivered, or had the potential to be delivered, well, with the exception of accommodation services which were in disarray. Prisoners regularly raised concerns with inspectors about where they would live on release.

Against this largely positive backdrop, the prison faced some significant challenges. Drugs were a major issue, despite the prison tackling this robustly. At the time of the inspection, the random mandatory drug testing positive rate quoted was 18.7% against a target of 18%. We were told results had ranged from 12.7% to 26%. In our surveys of similar prisons, an average of 31% of prisoners say it is easy to obtain drugs in the prison in which they are held; that is bad enough, but in Holme House the figure rose to 41%. A disturbing 17% of prisoners in Holme House said they had developed a drug problem while in the prison. The inspection team were advised that many incidents of violence in the prison were drug-related and almost twice as many prisoners than in comparator prisons said they had been victimised because of drug-related issues. Measures to reduce supply needed to be matched with an equally determined effort to reduce demand. The national integrated drug treatment system had been recently introduced but there was a need for improved staffing and better coordination.

Violence associated with drugs was just one aspect of the safety picture in the prison. Most prisoners reported feeling safe but violence reduction measures were fragmented. Measures to prevent suicide and self-harm were mostly good. Levels of use of force were low. However, vulnerable prisoners felt much less safe than the population as a whole and it was clear to inspectors that not all incidents were identified and investigated.

Failures to pick up and deal with potentially violent incidents may have reflected the inconsistent nature of staff-prisoner relationships, which ranged from the excellent to the non-existent. The personal officer scheme was poor.

Some services were poor. The laundry was chaotic, so prisoners were given back clothes that did not fit, were damaged or still wet. The kitchen was dirty and there was a risk of cross-

contamination between halal and non-halal food. Most cells were in good condition but we saw some that were filthy.

Diversity provision was generally good with the exception of arrangements for prisoners with disabilities. There was inadequate care planning and recording of emergency evacuation plans. Shamefully, prison officers refused to push prisoners in wheelchairs.

Despite these concerns, Holme House delivered reasonably good outcomes in challenging circumstances for most prisoners. Most were kept safely and securely in decent conditions and were helped to reduce their risk of reoffending after release. However, a small minority of more vulnerable prisoners were not dealt with as positively, and the supply of illegal drugs in the prison is a threat that needs continued efforts to be tackled effectively.

Nick Hardwick
HM Chief Inspector of Prisons

November 2010

Fact page

Task of the establishment

HMP Holme House is a large category B local prison for male adult prisoners who are either remanded in custody or convicted. It can also accommodate a small number of young offenders, provided that they are unsentenced.

Area organisation

North-east

Number held

1,020

Certified normal accommodation

1,033

Operational capacity

1,211

Last inspection

Announced inspection: 11–15 April 2005

Unannounced short follow-up inspection: 16–18 March 2009

Brief history

HMP Holme House is a purpose-built category B prison, which opened in May 1992. It expanded in the late 1990s with the building of two further house blocks (HBs), providing 235 additional places. Two new workshops (57 places) opened in 1997. An additional HB (224 places) opened in April 2010, along with regimes building no. 1 (128 regime places). Regimes building no. 2 is under construction and due to open in August 2010 (175 regime places).

Description of residential units

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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.

- outcomes for prisoners are good against this healthy prison test.

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

- outcomes for prisoners are reasonably good 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. Procedures to safeguard outcomes are in place.

- outcomes for prisoners are not sufficiently good 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.

- outcomes for prisoners are poor 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 offered a reasonable environment, although squat searching was routine and prisoners spent too long there. The first night cells were poor. The early

experience of vulnerable prisoners at the establishment was less positive than for other prisoners. For most prisoners the induction process was good. Violence reduction measures were fragmented, although most prisoners reported feeling safe. The quality of self-harm and suicide prevention measures was mostly good. Levels of use of force were low but governance arrangements inadequate. Staffing issues affected the full operation of the integrated drug treatment system. The prison had responded robustly to a serious drug problem. Overall outcomes for prisoners were reasonably good against this healthy prison test.

- HP4 Prisoners were mainly positive about their journey to the establishment; most had travelled short distances and had known where they were being taken.
- HP5 The reception area was clean, well maintained and sufficient for the number of prisoners passing through it. Engagement with individuals was brisk and limited. Strip-searches for prisoners on arrival required them to squat routinely. Holding rooms contained little information and nothing to keep prisoners occupied for the sometimes long periods that they spent in them. The areas for vulnerable prisoners were cramped and bleak. There were no Listeners there. Showers declined in reception in favour of showering on the first night centre did not then happen if prisoners arrived on the wing after lock-up. Telephone calls were routinely offered, other than to vulnerable prisoners. Health care interviews were conducted in private but all other interactions were in the sight and hearing of the prisoner orderly and other passers-by. Prisoners reported feeling safe on their first night.
- HP6 Dedicated first night staff usually took prisoners to their accommodation. The cells they were given were dirty and graffiti covered. Prisoners had the opportunity to speak to staff on a one-to-one basis on the first night centre but vulnerable prisoners on house block 3 were not always afforded this opportunity.
- HP7 Induction arrangements were inequitable and prisoners not located on house block 4 were too often missed. The induction room there was comfortable and well equipped. Induction staff were enthusiastic and showed concern for the immediate needs of prisoners. The first part of the programme was interactive, giving immediate relevant information and involving prisoners and relevant agencies.
- HP8 In our survey, more prisoners than at comparator prisons reported positively about feelings of safety, with the exception of vulnerable prisoners.¹ The violence reduction strategy did not incorporate safety survey information and was unclear about anti-bullying measures. The violence reduction steering group was well attended and afforded a high priority. There were few recorded incidents of bullying and violence but evidence indicated that not all pertinent issues were being picked up and investigated, suggesting a lack of awareness of indicators of risk to safety. The management of violence reduction and anti-bullying procedures was underdeveloped.

¹ **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to *statistically significant* differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from the *Dictionary of Forensic Psychology*: HM Inspectorate of Prisons.)

Where bullying was investigated, victim support plans were completed but staff were not always aware of them and some victims chose to relocate to the vulnerable prisoner unit.

- HP9 The self-harm and suicide strategy was cohesive and comprehensive. A bi-monthly safer custody forum repeated much of the violence reduction steering committee agenda. Monitoring and analysis of information was basic but good ongoing attention was paid to recommendations from death in custody reports. Levels of self-harm and the number of prisoners on open assessment, care in custody and teamwork (ACCT) documentation were relatively low. The quality of ACCT documents was generally good, with numerous examples of positive engagement. Care maps were sometimes limited and some case reviews lacked sufficient, and suitably multidisciplinary, input, although there was good engagement with external support staff. The Listener team was small but felt well supported. Prisoners on constant watch were inappropriately monitored on closed-circuit television rather than being offered a constant officer presence and engagement.
- HP10 Vulnerable prisoners had strikingly more negative perceptions than other prisoners about their treatment. Their access to the regime was equitable but they could not access vocational training and their early experience of custody was not as positive as for other prisoners.
- HP11 Procedural security in some areas was disproportionate. The number of security information reports (SIRs) had increased but they were not always used effectively. A small number of prisoners were subject to closed visits. Visits restrictions were reviewed monthly and removed when risk was reduced. Prison rules were explained during induction and reinforced on the wings. Collective punishments were in place.
- HP12 The segregation unit was clean and well managed. Staff there demonstrated a good level of knowledge of the prisoners in their care. There were no reintegration or management plans and activities on the unit were limited. The two exercise yards were bleak. Transfers out from the segregation unit were rare and most prisoners eventually returned to their residential units.
- HP13 The number of use of force incidents had increased but was low compared with that at other local prisons. There was some evidence of de-escalation, but also video and paper evidence that force was used disproportionately. There was no managerial review of the videos and paper reviews did not highlight areas for improvement. Use of special accommodation had remained static and high.
- HP14 The integrated drug treatment system (IDTS) was in operation and treatment regimes were flexible, but clinical and psychosocial reviews were not up to date because of low counselling, assessment, referral, advice and throughcare (CARAT) staffing levels and inconsistent GP availability. Most prisoners on methadone were on maintenance doses, and work which needed to take place to encourage prisoners to reduce was hampered by the lack of clinical review opportunities. Substance misuse staff had offices in separate buildings, hindering effective communication and making the integration of services less effective. More prisoners than at other local prisons said that it was easy to obtain illegal drugs.

Respect

- HP15 The environment was reasonably clean, particularly in communal areas. Clothing and laundry arrangements were poor. Staff–prisoner relationships were mixed. The personal officer scheme did not work effectively, with poor record keeping. The evening meal was served too early. Diversity provision was good for race and foreign nationals but less well developed in other areas. Health care services had been modernised and were improving. Overall outcomes for prisoners were reasonably good against this healthy prison test.
- HP16 Cells were reasonably clean but there was graffiti in cells on the older house blocks. The environment on the newer house blocks was pleasant. Communal areas were mostly clean and tidy. Access to showers was good, although there was no privacy in the older accommodation. Access to laundry facilities and prison-issue clothing was poor. Some prisoners lacked basic items and slept on dirty and damaged mattresses. There were no specific arrangements or policies for the care of young adults, and this population was due to increase.
- HP17 Staff were aware of the comprehensive incentives and earned privileges (IEP) scheme but prisoners felt that there was no benefit in achieving enhanced status and complained that their requests for enhanced status were not processed. The scheme was not used effectively to promote good behaviour and there was little upward movement in the scheme. Prisoners on the basic level were managed well, with weekly targets and reviews.
- HP18 Prisoners reported negatively against comparator prisons about being treated with respect and having someone they could approach but were more positive in research interviews. During association, staff were mostly located on the bottom landings, and interaction with, and responsiveness to, prisoners varied widely.
- HP19 The personal officer scheme was cell based. Most personal officers we spoke to had only a generic knowledge of prisoners, and few prisoners were able to name their personal officer. While some reported excellent relationships with their personal officer, others had had no contact with him or her. Wing file entries were very poor, with huge gaps between entries and little evidence of any interaction or engagement.
- HP20 The kitchen was not kept clean. None of the kitchen or servery workers had undergone accredited hygiene or food-handling training. Halal and non-halal foods were not stored or prepared appropriately. Prisoners were negative about the quality of the food. The evening meal was served too early but a hot breakfast was offered, allowing prisoners three hot meals from Monday to Thursday.
- HP21 Prisoners could wait for up to 14 days after arrival for their first shop order but the prison had introduced advances and larger grocery and smokers packs to ameliorate this.
- HP22 A single equality strategy covered all diversity strands, with lead staff for each. A large number of prisoner equality representatives had been trained and met staff regularly. There was good promotion of the strategy and the team throughout the

prison. Governance was effective and prisoner representative meetings fed into the management committee, which was also attended by prisoners.

- HP23 The number of prisoners with a disability was not monitored. An assessment of disability did not lead to care planning, and emergency evacuation plans were not always in place. Limited ad hoc informal arrangements were made. Prisoners using a wheelchair did not benefit from a formal carers scheme and officers refused to push wheelchairs. The two specially adapted cells on house block 7 had good facilities, and feedback from the resident prisoners was acted on. There was no specific accommodation for older prisoners but they were all located on house block 3. Retired prisoners who chose not to work were paid a supplement to unemployment pay but were not routinely allowed out of their cells during the day. The gym offered an over-50s session on Friday afternoons.
- HP24 There was a diversity lead for sexual orientation. Positive images of gay people were promoted in the establishment.
- HP25 A small proportion of the prison population came from black and minority ethnic backgrounds. A full-time race equality officer was in post, assisted by a part-time deputy. The prisoner equality action team monitored the equality of treatment of prisoners, and indications of unfavourable treatment were investigated and trends analysed. The quality of racist incident report form (RIRF) responses was generally good, although too many were submitted by staff reporting accusations of racism by prisoners. Those presenting as racist were logged but there were no interventions to challenge these attitudes and behaviours.
- HP26 A small proportion of the population was identified as foreign nationals, although records of nationality were not complete. A few foreign national prisoners were detained beyond their sentence expiry date. Relationships with the UK Border Agency were good, with bi-monthly surgeries and proactive engagement as foreign national prisoners reached the end of their sentences. A dedicated foreign national coordinator saw all foreign national prisoners and provided support and relevant information in appropriate languages, and professional interpreting services were used in key locations around the establishment.
- HP27 All faiths represented in the prison had attendant ministers, except for Buddhists. Prisoners had to book their attendance for services. The chaplaincy was well integrated in the daily life of the prison but offered few classes or courses related to reducing offending. Links with the community were limited and a new chaplain had been recruited to develop these areas.
- HP28 Applications were logged but not always followed up for a response. Prisoners expressed a lack of confidence in both the applications and complaints procedures and there was a low level of complaints. Responses to complaints were generally timely and addressed the issue raised but the quality assurance and analysis systems were underdeveloped.
- HP29 Any of the reception staff could cover legal services daily but only one was trained. A range of support was offered and additional bail services were provided through a scheme with Stonham Housing. Legal visits in private rooms were readily available, as were video-link facilities.

- HP30 There was good partnership working between the prison and health providers. Health services were undergoing substantial change and the health centre was being reconfigured and refurbished. Developments were based on a health needs analysis through the prison health action plan, which was incorporated into the prison health performance indicators action plan. The environment was generally clean. Patients did not have the opportunity for a one-to-one confidential consultation with a doctor or health professional. There was a range of clinics for primary care and lifelong conditions and reasonable access to a doctor. Prisoners had no access to pharmacy-led clinics. Dental services were satisfactory but the management of the contract did not meet current needs. Prisoners had good access to external specialists and appointments were rarely cancelled. The inpatient unit was stark but adequate. Beds were not on the certified normal accommodation and admissions were clinically appropriate.
- HP31 A re-established mental health in-reach team provided patients with a range of primary and secondary mental health individual and group therapies and supported the wider work of the prison. Uniformed officers did not routinely receive training in mental health awareness.

Purposeful activity

- HP32 There were improved and improving levels of education, work and training activity for prisoners but attendance and punctuality were poor. The quality of the training and education available was good. Association and exercise were reliable but working prisoners could not access exercise during the week. The library offered a reasonable service. PE provision and access to it were good. Overall outcomes for prisoners were reasonably good against this healthy prison test.
- HP33 The prison recorded 7.4 hours unlocked on weekdays, which was realistic. Evening association was rarely cancelled but when this was necessary, it was equitably spread across the residential units. Exercise yards did not have seating and working prisoners could only exercise at the weekend.
- HP34 Activity places met the demands of approximately 66% of the population, which was better than at the time of the previous inspection but still insufficient. Nearly a quarter of the workplaces were for cleaners and orderlies. Allocation to activities was disjointed.
- HP35 Strategic management of learning and skills was good. Vocational training had been extended, resulting in better employment opportunities. Tutors, instructors and workshop officers promoted a culture of respect and prisoner behaviour was good.
- HP36 A recently introduced two-day induction process provided an assessment centre for new prisoners, where their needs were assessed and all had an individual guidance interview. The process was at an early stage of implementation and had yet to meet prisoners' needs fully.
- HP37 Accommodation and learning resources in education were of high quality. Teaching and learning were good and tutors managed classes well. There was a wide range of Skills for Life programmes but personal and social development employability programmes were underdeveloped.

- HP38 The range of vocational training was satisfactory. Achievement of qualifications was generally good. There was insufficient support to develop learners' literacy and numeracy skills in workshops. Prisoners developed good employability skills at work and some workshops provided opportunities to develop skills and progress to more complex work tasks but these were not formally recognised or accredited. Punctuality and attendance at work and in vocational training were poor.
- HP39 The recently refurbished and extended library facilities provided a wide range of books, and newspapers for purchase. Access was reasonable, although restricted to weekdays and Saturday mornings. About half of the prison population used it but prisoners on some house blocks complained of limited access.
- HP40 PE facilities and access to them were good. More prisoners than at comparator prisons said they accessed the gym at least twice a week, but prisoners on remand who exercised their right not to work were limited to only one gym session each week. The free weights room was too small at peak times, and ventilation was poor. The range of accredited courses was good and achievement of qualifications high. Good links existed between the gym and health care department.

Resettlement

- HP41 Resettlement governance arrangements were good. Initiatives available on house block 7 were not integrated into sentence planning procedures. Offender management arrangements were reasonable but there were only limited opportunities for those on remand and serving short-term sentences to have their needs assessed and met. Accommodation services were in disarray but most other pathway provision was good or developing positively. Community-based integrated offender management staff were building meaningful partnerships. Overall outcomes for prisoners were reasonably good against this healthy prison test.
- HP42 The detailed resettlement policy addressed the resettlement pathways and was based on a needs analysis, both of which were under review. It was supported by a descriptive action plan. Governance of the policy was comprehensive. The resettlement wing on house block 7 had seen some encouraging outcomes for prisoners but integration with the offender management process was poor and did not encourage prisoners to take advantage of the services provided.
- HP43 Offender supervisors were not diverted from their role but the unit managers were. Contributions by offender managers to sentence planning were good for prisoners who lived locally. There was some use of video link and teleconferencing for those from further afield. There were no local systems to keep track of offender assessment system (OASys) reviews for those in scope of offender management, and some were overdue. There was a small backlog for prisoners subject to an OASys assessment but out of scope of offender management, who formed the largest part of the population. There was no custody planning for those serving under 12 months, although some resettlement needs were identified on induction. There were no formal pre-discharge arrangements and any contact with prisoners before release was done piecemeal by individual agencies.
- HP44 Public protection processes were robust and prisoners subject to restrictions were informed of the reasons for this and how they could appeal. Indeterminate-sentenced

prisoners were integrated across the residential units and three offender supervisor caseloads. Parole dossiers were up to date. Release on temporary licence was rarely used. There were some delays in completing recategorisation reviews, as a result of the implementation of P-Nomis. Transfers to less secure conditions were dependent on available spaces but moves for offending behaviour interventions were prioritised. Home detention curfew was granted for approximately 17% of eligible prisoners but too many decisions were made after the eligibility date. There were innovative partnerships in the local community, with an officer working with prolific or priority offenders and high crime-causing offenders in Middlesbrough.

- HP45 Accommodation services were provided by Nacro but uncertainty over future funding had resulted in a lack of development of services, and a good tenant course had been suspended. There were weekly surgeries on house block 7, held by Nacro and Citizens Advice, to address prisoners' resettlement needs. The prisoner peer support team had been disbanded. The number of prisoners being released to settled accommodation was dropping.
- HP46 Citizens Advice staff provided a comprehensive debt service. A new service to provide bank accounts for prisoners had started. Jobcentre Plus staff provided information and help with benefits. Advice and support was also offered to prisoners' families. A financial awareness course was provided by the education department.
- HP47 Information, advice and guidance were available to prisoners at key times. Agencies worked well together to provide a useful pre-release course. Partnership working with external agencies was effective. Curriculum planning took industry requirements into account and links with local employers were developing.
- HP48 The health centre provided pre-discharge planning, with medication to take home, good care programme approach through care and pre-release case management, and an end-of-life care pathway based on joint working with local services.
- HP49 An excellent needs analysis had informed a comprehensive drug and alcohol strategy. Primary alcohol users only had access to clinical detoxification, although psychosocial support was planned. The short duration drug programme had difficulty in recruiting sufficient participants. Therapeutic community staff maintained programme activities seven days a week, ensuring continuity of support over weekends. Prisoners reported high levels of positive attitude and behavioural change.
- HP50 Initiatives to encourage and enable prisoners to maintain family links included a Superdads course run through the library and a Sure Start parenting course on the resettlement wing. The Family Matters course was well established and linked to family days during school holidays which were also open to prisoners in trusted positions.
- HP51 Social visits provision was good. Difficulties in booking visits had been acted on and a second dedicated telephone line provided. The visitors' centre was bright and well organised. Searching of visitors was respectful and staff in the visits hall were vigilant but not intrusive. A well-equipped, supervised play area for children and a refreshment bar were provided.
- HP52 The range of offender behaviour programmes available was limited but two additional courses identified by the most recent needs analysis were about to start. Waiting lists were long and some prisoners were released without accessing the courses they

required. There were no interventions for sex offenders or deniers but prisoners were assessed for programmes at other establishments.

Main recommendations

- HP53** Violence should not be tolerated and awareness should be raised among staff and prisoners in order to improve reporting, recording, investigation and management of associated procedures.
- HP54** There should be a written care plan for each prisoner identified as having a disability which addresses his needs, including a personal emergency evacuation plan where necessary, and any arrangements for using a wheelchair, and this should be accessible by all staff responsible for his care.
- HP55** Formal discharge arrangements for all prisoners should be introduced to ensure discharge needs are met.

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 the individual needs of prisoners are recognised and given proper attention.

- 1.1 Courts, escorts and transfer arrangements were generally well managed. Escort vehicles were reasonably clean, relationships between escort staff and prisoners were good and prisoners were delivered to court on time.
- 1.2 Group 4 Securicor (G4S) provided prisoner escort and court custody services, and court, escort and transfer arrangements were generally well managed. Relationships between escort staff and prison staff were good, with high levels of cooperation.
- 1.3 The prison discharged the vast majority of prisoners to court on time. Most prisoners were positive about their journey, had travelled only short distances and had known that they were en route to Holme House. In our survey, 58% of respondents, against a comparator of only 50%, said that the cleanliness of escort vehicles was good. The vans we saw were reasonably clean but cellular compartments were often covered with graffiti. Seventy-five per cent of respondents in our survey said that they were well treated by escort staff, which was better than the 65% comparator. We observed polite and respectful exchanges between escort staff and prisoners.
- 1.4 Most prisoners were not given advanced notice of planned transfers, which prevented them from informing their family or legal advisers.
- 1.5 To avoid delays in the mornings, breakfast packs were issued. When and if necessary, prisoners were given appropriate clothing for court appearances.
- 1.6 Reception remained open over lunchtime. It had a cut-off time of 6.30pm for accepting new arrivals and this was exceeded infrequently.
- 1.7 Prisoners were not routinely offered information about the establishment at court in a language they understood.
- 1.8 There were two well-used prison video-link booths, and prisoners were positive about this facility.

Housekeeping points

- 1.9 Graffiti should be removed from escort vehicles.
- 1.10 Prisoners being transferred on a planned basis should be advised in advance, unless there is evidence that security may be compromised.
- 1.11 Prisoners should be given written information about the establishment at court, in a language they understand.

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.

1.12 Reception was clean but unwelcoming. Holding rooms were generally devoid of information and materials to keep prisoners occupied. Engagement between reception staff and prisoners was professional but limited. Prisoners spent too long in reception. First night arrangements for most prisoners were adequate. Arrangements to deliver induction to prisoners on house block 4 were sound. However, the early experiences of vulnerable prisoners was poor.

Reception

- 1.13 The reception area was clean and well maintained but unwelcoming. While adequate for the number of prisoners passing through it, the area would benefit from the planned refurbishment.
- 1.14 A group of 30 officers staffed reception, as well as legal visits; observation, classification and allocation; the kitchen and the video link; not all had been formally trained but they received on-the-job development. Four staff worked in reception from 6.45am to 9pm and were accompanied by a senior officer between 7.30am and 8pm. There was a constant stream of outgoing and incoming prisoners throughout the day and evening.
- 1.15 Escort staff provided detailed information about prisoners on admission. Prisoners were greeted courteously but, although staff were proficient in dealing with prisoners, reception processes were impersonal and limited.
- 1.16 Prisoners were afforded little or no privacy during routine interviews at the main desk, including for cell sharing risk assessments, as they were conducted in the sight and hearing of the prisoner orderlies and other passers-by. A member of health services staff assessed all new prisoners on arrival in one of their two well-equipped and private offices.
- 1.17 Holding rooms were clean but contained little or no information. Of the nine rooms routinely used to hold prisoners, four had televisions, which were not always switched on, and none contained any reading materials. The four rooms used to hold vulnerable prisoners were even poorer by comparison, as they were smaller, contained no televisions or information, and two had no natural light. Prisoners complained about spending long periods in holding rooms before being taken to their first night accommodation or cells.
- 1.18 All prisoners were subject to a strip-search on reception and before discharge. The search area had been moved since the previous inspection and afforded more privacy but would also benefit from the planned refurbishment. Strip-searches were conducted by two officers but prisoners were routinely asked to squat during the search, without intelligence to warrant this.
- 1.19 There was only one working shower and a bath in reception, which was insufficient for the throughput of prisoners. Showers were routinely offered in reception but most prisoners declined in favour of taking a shower once they arrived in the first night centre. However, if prisoners arrived on the house block after lock-up, they were not permitted to take a shower. In

our survey, only 17% of vulnerable prisoners said that they had had the opportunity for a shower on their day of arrival, compared with 37% of other respondents. By contrast, most of the prisoners we spoke to, and 73% of survey respondents, said that they had been given a free telephone call shortly after their arrival, against a comparator of 56%. This was also considerably worse for vulnerable prisoners, of whom only 47% of those surveyed said that they had received a free telephone call.

- 1.20 In addition to the free two-minute telephone call available to most prisoners, most were also provided with a further £2.50 of PIN telephone credit, the cost of which was recovered subsequently. The PIN credit was only active for 48 hours, and some prisoners had to wait several days for their accounts to be activated. Smokers' and non smokers' packs were also available in reception, up to a value of £10.
- 1.21 There was written information about basic reception and induction procedures in a range of languages. Reception staff were aware of interpreting services and used them when necessary. New arrivals were provided with a prison letter and a useful information booklet about the establishment. However, some information was out of date and the booklet was available in English only.
- 1.22 Prisoners were routinely advised of the Listener scheme in reception but there were no Listeners based in reception at the time of the inspection.

Recommendations

- 1.23 **All reception interviews should take place in private.**
- 1.24 **Prisoners should be received and moved to their first night accommodation as quickly as possible.**
- 1.25 **Prisoners should not be routinely asked to squat during strip-searches in reception.**
- 1.26 **All newly arrived prisoners should be able to take a shower on their residential block and make a telephone call, regardless of the time of their arrival or location.**
- 1.27 **The £2.50 PIN telephone credit should remain active until used, and PIN telephone accounts should be activated with minimal delays.**
- 1.28 **A Listener should be based in reception.**

Housekeeping points

- 1.29 All reception holding rooms should be equipped with up-to-date information, reading materials and activities to keep prisoners occupied.
- 1.30 The information booklet given to new arrivals should be updated and available in a range of languages.

First night

- 1.31 A group of six staff were attached to house block 4, the dedicated first night centre, and were predominantly responsible for delivering first night and induction arrangements to all prisoners.

The first night officers attended reception to collect prisoners and take them to their first night accommodation. Most prisoners were located on house block 4; vulnerable prisoners were located on house block 3, and others in the health care department or segregation unit.

- 1.32 Prisoners on house blocks 3 and 4 were located into cells that were unwelcoming, dirty and graffiti covered. Prisoners on house block 4 told us that they had had the opportunity to speak to staff on a one-to-one basis on the first night, and documentation completed by staff confirmed this. A basic housing needs assessment was also completed at this time. Despite first night documentation being completed, many vulnerable prisoners told us that they had not routinely been given an opportunity to speak to staff. Four prisoners located on house block 3 overnight en route to HMP Acklington were offered no information or assurance during their, albeit short, stay at Holme House. On occasion, there were no dedicated first night staff to undertake this work on house block 3 and, despite the governor issuing guidance on what was required from staff undertaking the role of first night officer, prisoners did not always receive this. House block 3 staff took no responsibility for first night arrangements for newly received prisoners. We saw a Listener speaking to new prisoners on house block 4 but not on house block 3.
- 1.33 We observed comprehensive handovers to night staff, which provided relevant information on identified concerns for those spending their first night in custody.
- 1.34 In our survey, 81% of prisoners (better than the 71% comparator) said that they had felt safe on their first night at the establishment; however, this was the case for only 61% of vulnerable prisoners (compared with 85% of other prisoners).

Recommendation

- 1.35 **First night arrangements for vulnerable prisoners should be improved and be equitable with the arrangements for other prisoners.**

Housekeeping point

- 1.36 First night cells should be clean and free from graffiti.

Induction

- 1.37 The induction room on house block 4 was comfortable and well equipped. Induction generally started on the first working day following arrival at the prison. Dedicated induction staff, although not specifically trained, were enthusiastic and showed concern for meeting the immediate needs of prisoners. If prisoners had been discharged from Holme House within the previous month, induction staff visited them individually to ascertain if the whole induction package was required and, if not, delivered a shortened update and reminder of key areas to them.
- 1.38 On arrival at the first part of the three-stage induction process, prisoners were welcomed, issued a drinks pack and were invited to make themselves a hot drink. Induction staff proceeded to deliver the first stage of the induction programme in conjunction with prisoners and multi-agency staff. A Listener presented a PowerPoint presentation about safer custody. Nacro, counselling, assessment, referral, advice and throughcare (CARAT) and Jobcentre Plus staff attended the induction and held private meetings with prisoners if requested. The induction presentation was interactive and covered all relevant areas. Prisoners we spoke to

found the first stage of the process informative and useful. In our survey, 81% of respondents, against a comparator of 76%, told us that they had received an induction. However, the vulnerable prisoners on house block 3 and those located in the health care department and segregation unit received an inequitable service. In our survey, only 73% of vulnerable prisoners told us that they had received an induction and only 42% told us that it had covered everything they needed to know. During the inspection, we spoke to several prisoners who had not received induction and who had been resident in the prison for six days or more.

- 1.39 The gym induction formed the second stage of the process, and was well managed by gym staff and allowed prisoners to attend the gym reasonably quickly after their arrival. The third stage was relatively new and experienced teething difficulties during the inspection. Prisoners were required to attend the assessment unit in the regimes building no. 1 to undertake education assessments, which it was hoped would allow subsequent appropriate allocation to activities. The concept was good but required further development and cooperation by prison staff to ensure that prisoners attended as required. Prisoners were not allocated an activity until this stage was completed (see recommendation 6.10).

Recommendation

- 1.40 **Induction arrangements for vulnerable prisoners and those located in the health care department and segregation unit should be improved.**

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 The environment was generally clean in outside and communal areas. Prisoners' cells were also reasonably clean, despite reported difficulties in accessing cleaning materials. There was graffiti in cells on the older house blocks. The environment on the newer house blocks was pleasant. Access to showers was good, although there was no privacy in the older accommodation. Access to laundry facilities and prison-issue clothing was poor. There were no specific arrangements or policies for the care of young adults and this population was due to increase.

Accommodation and facilities

- 2.2 Outside areas were generally clean but there was a persistent problem with prisoners throwing rubbish out of the windows, and grass areas outside residential units were littered. Most cells were in reasonable condition but there was no on-wing painting programme and there was a lot of graffiti in the older accommodation. The newer accommodation was in better condition and provided pleasant living conditions in single cells. Communal areas were in a good state of repair and clean. There was good natural light in the newer living accommodation but cells were dark where grilles had been introduced to prevent rubbish being thrown out of the windows. New, sealed windows were due to be fitted.
- 2.3 The cells we saw were of a decent size and shared cells were not too cramped and contained sufficient furniture for two occupants, although some of this was in poor repair. There were some safety deposit boxes in which valuables could be stored but they were small. The risk of theft was minimised by keeping cell doors locked during association, other than on the wings where prisoners had their own privacy keys to their doors (see below). Cells were designated as smoking or non-smoking and there was a recently opened non-smoking wing on house block 7 which was proving popular.
- 2.4 All prisoners had access to drinking water in the residential areas. Kettles were provided, although heavy use reduced their life expectancy and they were sometimes difficult to replace.
- 2.5 There were no specific arrangements for young adults. A small number on remand and awaiting trial had routinely been held on house block 4 and transferred out at the point of sentence. The change of role of HMP Castington meant that convicted young adults were due to be held at Holme House in the near future. Cells had not been designated for this group and the intention was that they would be integrated into the population, although only share accommodation with other young adult prisoners as determined by the generic cell sharing risk assessments.
- 2.6 The in-cell emergency call bell system was tested daily and alarms were in working order, but prisoners were negative about staff response times. In our survey, fewer than at comparator prisons and than at the time of the previous inspection said that cell bells were answered

within five minutes (23% compared with 36% and 29%), and the perceptions of vulnerable prisoners were worse, at 17% compared with 25%. Prisoners in our groups were also negative about staff response times. One prisoner told us that he had been told after an injury to alert staff if his leg swelled; when it did, it took over 15 minutes for staff to respond to his call for help. The automated system which allowed managers to interrogate data about cell call responses by wing was out of action.

- 2.7 Few prisoners had privacy keys to their cells. Only the newer accommodation had doors which allowed this, and only on house blocks 6 and 7 were keys readily available for issue to prisoners. This facility was valued and prisoners were able to come and go during association.
- 2.8 Observation panels in cell doors observed were free from obstruction and we were able to see into cells during the day and during the night visit.
- 2.9 An offensive display policy had been reissued in March 2010 and was supported by an information notice explaining that 'page 3 style' topless pictures were not acceptable. Staff and prisoners demonstrated that they understood the policy but soft pornographic pictures were on view in cells.
- 2.10 The communal areas were reasonable, but small on the older house blocks. There were pool and table tennis tables available. The atmosphere during association was generally good, although staff interaction with prisoners was mixed (see also sections on staff–prisoner relationships and time out of cell) and prisoners reported positively about feeling safe at these times, although the prison's safety survey from the previous year had identified association and showers as areas where prisoners did not feel safe (see section on violence reduction).
- 2.11 A wide variety of up-to-date and readable notices was displayed in residential areas. Daily information was written on white boards near the serveries.
- 2.12 Prisoner consultative committees were well established but it was not always clear what action had been taken as a consequence of issues arising, and some items were repeated monthly, such as the quality of prison-issue clothing and litter in the outside areas.
- 2.13 Residential units were calm and well ordered at night. More prisoners than at the time of the previous inspection said that it was normally quiet enough for them to relax or sleep in their cells at night (65% compared with 56%).

Mail and telephones

- 2.14 There were no restrictions on the numbers of letters that prisoners could send or receive but there was no outgoing mail service at weekends, so letters written and posted on Friday afternoon did not leave the prison until the following Monday. Mail room staff worked on Saturday mornings to ensure that incoming correspondence was distributed. There was no provision for prisoners to write to their children on unstamped notepaper but mail room staff said that only the envelope (and not the letter) needed to be marked, allowing an adult receiving the letter to give it to children without the need for them to know that their father was in prison. This was not well advertised or understood by prisoners.
- 2.15 The public protection unit recorded all outgoing and incoming mail for prisoners on house block 3, even though only a fraction of them were subject to public protection measures. When the officer who undertook this work was redeployed or absent, the mail was not sent and these prisoners reported up to three-week delays in their outgoing mail being received.

- 2.16 Mail room staff were aware of their responsibilities with regard to not opening legally privileged correspondence, and mail which needed to be checked for unauthorised enclosures or for legitimate censorship was forwarded to the appropriate department. In our survey, more prisoners than at comparator prisons said that staff had opened letters from their legal representatives (46% compared with 39%), and 54 legally privileged letters had been opened in error since January 2010; 65% of these had been opened because it had not been possible from the envelope to determine that they were legally privileged.
- 2.17 Prisoners were able to use telephones freely during association and on application during the day when they were locked up. Some telephones were out of order, and although staff said that BT were swift to respond to reports of telephone faults, there was evidence of staff reluctance to report problems when they believed that prisoners were responsible for them. We saw queues on landings where telephones were out of order but otherwise there were sufficient telephones for the number of prisoners on each wing. Most telephones were fitted with privacy hoods, with the exception of those on house block 5; men using the telephones there had no privacy and had difficulty in hearing the person they had called because of background noise levels.
- 2.18 New and cheaper telephone charges had been introduced in April 2010. There were notices next to all telephones informing prisoners that their calls might be subject to monitoring. None of these notices were in languages other than English but prisoners we spoke to were aware of this requirement.

Recommendations

- 2.19 **External areas should be kept free of litter.**
- 2.20 **All cells should be redecorated regularly to provide clean and decent living accommodation.**
- 2.21 **The automated cell call response data should be accessible and used by residential managers to ensure prompt response to alarms.**
- 2.22 **Prisoners' mail should be posted out on Saturdays.**
- 2.23 **Only mail subject to public protection measures or otherwise subject to scrutiny for security means should pass through the public protection unit.**

Housekeeping points

- 2.24 Staff should check for graffiti daily and take action to have it removed when discovered.
- 2.25 Cell furniture should be kept in a good state of repair.
- 2.26 The display of offensive materials policy should be adhered to by prisoners and fully policed by staff.
- 2.27 Prisoner representative meeting minutes should record follow-up action from issues raised at previous meetings.
- 2.28 Prisoners should be told of the mechanism to write to their children on unmarked writing paper.

- 2.29 Staff should not open legally privileged correspondence.
- 2.30 Notices informing prisoners that telephone calls may be monitored should be in languages relevant to the prison population.

Clothing and possessions

- 2.31 Only remand prisoners and those on the enhanced level of the incentives and earned privileges (IEP) scheme were allowed to wear their own clothes, and even this was restricted. For example, the only trousers allowed were up to two pairs of tracksuit bottoms and the only shorts allowed were for gym use only.
- 2.32 There were no wing laundries and no opportunities for prisoners to launder their own clothes or have their clothes washed in preparation for court or release. Prisoners had little confidence in the prison central laundry arrangements. When they sent prison-issue kit to be washed, they received different and damaged kit back. The few items of personal clothing entrusted to the laundry often went missing and we observed personal clothing being hand-washed in cells. The prison-issue clothing and bedding we saw in wing store rooms ready for issue were ripped, stained and misshapen. In our survey, fewer respondents than at comparator prisons (42% compared with 49%) said that they received enough clean and suitable clothes for the week. Ironing boards and irons were available on the residential units.
- 2.33 The reception systems for storing and retrieving property were reasonable, and a dedicated operational support grade member of staff managed property requests efficiently and there was no backlog of requests for property. Complaint answers were not sufficiently responsive to requests for compensation, and it took a long time for issues to be resolved. We spoke to one prisoner whose property had been lost between HMP Durham and Holme House and all of the replies to his attempts to resolve the issue referred him to someone else, rather than returning his property or accepting that compensation was required.
- 2.34 There was no generic list detailing the possessions allowed for local prisons. Volumetric property arrangements were adhered to. Prisoners carried their property in anonymous bags when leaving the prison.

Recommendations

- 2.35 **The amount and type of own clothing allowed should be expanded.**
- 2.36 **Laundry arrangements should ensure prisoners have sufficient, properly fitting kit in a good state of repair.**
- 2.37 **Prisoners should be fairly and speedily compensated for clothing and possessions lost or damaged through no fault of their own.**

Housekeeping point

- 2.38 There should be a generic list of the property allowed in local prisons.

Hygiene

- 2.39 Prisoners in our groups complained that they had difficulty in accessing cleaning materials. Fewer prisoners in our survey than at comparator prisons and than at the time of the previous inspection (34% compared with 63% and 50%) said that they normally received cell cleaning materials each week. Wing cleaners said that materials to clean the wings were readily available but that personal-issue cleaning materials were harder to come by. Despite this, the cells we saw were reasonably clean and communal areas well kept, other than immediately after mealtimes. The showers we inspected were clean and most toilets reasonable, although limescale was building up.
- 2.40 Communal toilets and showers were available on the older house blocks. Showers were available on the newer wings and prisoners could access their cells if they needed to use the toilet. The showers were in a good state of repair on the newer wings and reasonable on the older wings and generally kept clean. Showers were available daily unless association was curtailed, and prisoners reported more positively than at comparator prisons about access. Showers were in separate cubicles on the newer wings but communal on the older blocks, allowing no privacy. Showers were available at the gym but prisoners generally chose to shower on return to the house blocks and were able to do so (see section on physical education and health promotion).
- 2.41 Prisoners were able to buy toiletries from the prison shop weekly or to access prison-issue items of basic quality.
- 2.42 All prisoners were issued with freshly laundered bedding on the first night unit and sheets were cleaned weekly thereafter, although fewer than the comparator said that they received clean sheets every week (77% compared with 81%). The mattresses were in a poor state and were not easily replaced. There were only limited numbers available monthly and there was no programme to check and replace soiled or worn mattresses. Some prisoners we saw did not have pillows.
- 2.43 Duvets were allowed for prisoners on the standard and enhanced levels of the IEP scheme but this was not a popular option, as there were no reliable arrangements to have personal bedding washed and returned. All prisoners were allowed to purchase curtains but few had them, although at the time of the inspection prison-issue curtains were beginning to be fitted.

Housekeeping points

- 2.44 All toilets should undergo regular descaling.
- 2.45 Materials for keeping cells clean should be readily available to prisoners.
- 2.46 Showers on residential blocks should be separated by partitions.
- 2.47 Mattresses and pillows should be checked regularly and inadequate items replaced.

Staff–prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by 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.

- 2.48 Staff–prisoner relationships were mixed. Prisoners in our survey reported more negatively than at comparator prisons about being treated with respect and having someone they could approach but were more positive in our research interviews. Staff interaction with prisoners during association varied widely.
- 2.49 Staff we spoke to demonstrated a range of approaches to their role, with some considering it simply as a job and others who were enthusiastic about working with prisoners. Although some staff we spoke to knew about the general issues affecting the prisoners on their units, prisoners had generally negative perceptions about staff responsiveness to their issues. The failure to improve staff engagement with the personal officer scheme (see section on personal officers) meant that prisoners varied widely in their perceptions of how best to engage with staff.
- 2.50 Most staff were respectful in the language they used with prisoners. We saw some enthusiastic and positive staff who engaged well with prisoners and supported them in understanding how to make applications to access the services they needed, but some staff appeared to be reluctant to engage.
- 2.51 There had been no formal pro-social modelling training but staff were generally reasonable in the behaviour they modelled. There was little use of titles or preferred names, although some staff knew the names of prisoners and occasionally used them when speaking to them directly. Surnames were written on cell cards and used in most records and reports. In our survey, fewer than the comparator said that most staff treated them with respect (63% compared with 69%). In our research interviews, however, prisoners were more positive (see Appendix IV).
- 2.52 We saw a wide variety of interactions between staff and prisoners, ranging from the positive and proactive to the dismissive. Some staff appeared to have a good relationship with prisoners, while others seemed remote. Although, in our survey, fewer prisoners than at comparator prisons said that they had a member of staff they could turn to for support (64% compared with 70%), in our research interviews 90% of those interviewed said that staff were generally helpful with questions and day-to-day issues (see Appendix IV). During the inspection, most staff sat together during association and exercise periods (see section on time out of cell). The visibility of senior managers at these times varied and some residential managers were dismissive in the way they spoke of and to prisoners.
- 2.53 Staff had recently begun to engage prisoners in the importance of attending activities. There had previously been little expectation that prisoners would work, mainly because there were insufficient places, but the increased opportunities that had become available had required a change in approach by staff and prisoners alike. Residential staff did not see it as a crucial part of their role to encourage prisoners to attend induction or seek employment thereafter.

- 2.54 Staff were good at explaining the standards of behaviour expected of prisoners and enforcing rules, but tended to emphasise negative behaviour, including in wing file entries. There were, however, examples where prisoners had been given opportunities to amend poor behaviour before formal action was taken.
- 2.55 Some responsibility was given to prisoners, although the use of peer supporters had deteriorated. There were few Listeners and there was no Insider or mentoring scheme. Consultative committees were used to consult about proposed changes and to canvass the views of prisoners but the group engaged in this was too small and unrepresentative.

Recommendations

- 2.56 **Senior managers should model the behaviour they expect of staff and actively encourage residential staff to interact with prisoners during association and exercise.**
- 2.57 **The use of peer supporters should be increased.**
- 2.58 **Wider consultation with prisoners should be undertaken in key areas.**
- 2.59 **Residential staff should actively encourage prisoners to engage in activities and support them in applying for employment.**

Housekeeping point

- 2.60 Staff should refer to prisoners by their title or preferred name.

Personal officers

Expected outcomes:

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

- 2.61 The personal officer scheme did not work effectively. Most personal officers had only generic knowledge of prisoners and few prisoners were able to name their personal officer. While some reported excellent relationships and officers who clearly had good involvement in relevant issues, others had had no contact with their personal officer at all. Wing file entries were poor, with huge gaps between entries and little evidence of any interaction or engagement.
- 2.62 There had been an effort to engage staff with their responsibilities under the personal officer scheme. Since March 2010, 40 members of staff had been trained in a locally devised and run course which covered the purpose of the scheme and sought to equip staff with the skills to undertake the role. A policy had been produced in September 2009 which laid out the principles of the scheme and described its purpose as ensuring that all prisoners had a named individual who took overall responsibility for ensuring that their welfare, offending behaviour and resettlement needs were met.
- 2.63 In our survey, fewer prisoners than at comparator prisons and than at the time of the previous inspection (36% compared with 45% and 47%) said that they had a personal officer but a

similar number to the comparator said that they found them helpful (59%). While some reported excellent relationships and officers who had good involvement in relevant issues, others had had no contact with their personal officer. In our groups and individually, few prisoners could name their personal officer and even fewer said that their personal officer had introduced themselves and their role to them. Most prisoners said that they approached staff they already knew, rather than their personal officer, for help. By contrast, in our research interviews, only 5% of those interviewed said that they did not have a personal officer and 60% said that they could approach their personal officer (see Appendix IV).

- 2.64 A personal officer and a shadow officer were allocated to a group of cells but staff we spoke to generally had little specific knowledge of those for whom they were responsible, and prisoners changed cells regularly. Some personal officers we spoke to knew a good deal about the prisoners on their caseload but more seemed barely to know the individuals who were allocated to them.
- 2.65 There was some good quality paperwork completed for sentence planning boards, parole dossiers and home detention curfew consideration, and dedicated personal officer time was available to staff daily. Residential staff were notified of prisoners who declared a disability and were responsible for the initial assessment of need (see section on diversity). However, in the electronic records we saw, there were no comments about sentence planning or offending behaviour needs, or any mention of personal officer interaction. The written evidence underpinning the personal officer scheme was also poor. The wing file analysis we undertook (see Appendix III) looked only at electronic records. The local personal officer scheme policy required staff to make weekly entries but in the 20 electronic wing history sheets we sampled, there was an average of only two entries per month, only 39% of which were made by personal officers. One prisoner who had been at the establishment since April 2008 had no entries in his P-Nomis wing file. Only two of the seven files containing personal officer comments demonstrated any meaningful interaction with the individual concerned. This lack of information had had a direct impact on prisoners, as applications for enhanced IEP status had been turned down because of an absence of supporting evidence in wing files. None of the wing history sheets we sampled showed any engagement by the personal officer in family issues.
- 2.66 House blocks in general had only two computers available for staff use and the one in the wing office was usually unavailable to personal officers because it was used to input routine information. We were told that there was a system of management checks but there was no evidence of this on the electronic files, and the poor state of the files had not been recognised or dealt with by managers.

Recommendations

- 2.67 **The personal officer scheme should avoid unnecessary changes of personal officer and personal officers should be trained to carry out this role.**
- 2.68 **Staff should be able to access the necessary information technology to fulfil their role as personal officers.**
- 2.69 **Improved management checks should assess the level and quality of input into P-Nomis wing files and remedial action should be taken as necessary.**

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 Many prisoners reported feeling safe at the establishment but perceptions of safety among vulnerable prisoners were less positive. The violence reduction steering group was well appointed but minutes of meetings did not evidence that all issues were discussed or appropriate action taken. Systems that reported, monitored and tackled violence were underdeveloped. Levels of reported violence and bullying were low but there was evidence of issues not being picked up and followed through. Vulnerable prisoners held more negative perceptions than others about their treatment. Although they received almost equitable access to the regime, they could not access vocational training and their early experience of custody was poor.
- 3.2 In our survey, 37% of respondents said that they had felt unsafe at the prison, which was better than the 41% comparator, and only 10% felt unsafe at the time of the inspection. However, 56% of vulnerable prisoners had felt unsafe at the prison and 22% felt unsafe at the time of the inspection. During the inspection, we conducted a further 20 safety interviews with prisoners across the establishment, and the overall rating was good (see Appendix IV). The main reasons cited for feeling unsafe related to staff behaviour, a lack of trust in staff, overcrowding and feelings of isolation.
- 3.3 In the local prison survey conducted in June 2009, 60 out of 170 prisoners reported having been bullied and 53 said that staff were unhelpful in matters of bullying. Thirty-six per cent of respondents reported bullying or victimisation by staff but only 12% of them had reported it. Most prisoners completing exit surveys reported feeling safe but a significant number reported feeling unsafe.
- 3.4 There was an overarching violence reduction strategy, dated April 2010, but this was not informed by either the safety survey completed in June 2009 or results from the regularly completed exit surveys. The strategy incorporated the anti-bullying policy, which was unclear and not reflective of practice.
- 3.5 A well appointed violence reduction steering group was afforded a high priority and was chaired by the governor. This group met monthly and was well attended, including a prisoner representative. A standing agenda covered all appropriate areas. The safer custody manager submitted a comprehensive report for consideration by the group but there was limited analysis of the data. Minutes of the meeting did not consistently record action required. While we had been advised that many incidents of violence were related to drugs and gangs, correlations between these and levels of violence were not explicit. The violence reduction action plan was discussed at each meeting but was not sufficiently comprehensive.

- 3.6 The safer custody team consisted of a senior officer, officer and administrative officer and was overseen by the head of safety and decency. With the exception of the senior manager, the team had only recently formed and did not have a sufficiently well developed understanding of issues surrounding bullying and violence reduction. The sharing of intelligence between the security and safer custody teams was ineffective.
- 3.7 Violence reduction enquiry forms were completed for all incidents of violence that had been reported on the incident report system. In 2009, there had been 142 such enquiries and between January and June 2010, 72 had been completed. We were told that 85 assaults had been logged on the incident report system during the same period but also found numerous examples of violent incidents or unexplained injuries recorded in observation books across the establishment that had not been reported and therefore not investigated. Consequently, we were not assured that the systems were managed appropriately or that levels of violence were accurately recorded.
- 3.8 Despite prisoners stating in a number of forums that they generally felt safe, when explored further there appeared to be a tolerance and acceptance of violence, with fights and assaults justified as being the norm in prison. This tolerance was also exhibited by staff, and violent incidents were often unchallenged and unreported as a result (see main recommendation HP53).
- 3.9 Between January and June 2010, there had been only 18 investigations into bullying completed by residential wing managers, and in 2009 there had been only 59. Not all investigations found sufficient evidence to prove that bullying had taken place but, where there was sufficient evidence, the perpetrator(s) was monitored as an identified bully for 28 days and demoted to the basic level of the incentives and earned privileges scheme. When the evidence was not conclusive, the perpetrator(s) was monitored as a suspected bully for 28 days. All victims of alleged or proven bullying that had been investigated were told of the outcome of the investigation and a generic support plan advised them of ongoing support that was available to them, including Listeners, personal officer, peer support and the chaplaincy. However, staff were not always aware of these support plans. Although customary practice was not to relocate the victims of bullying, many chose to move to house block 3 for their own protection. There was evidence to suggest that at least one prisoner had been located to the segregation unit as a result of bullying behaviour.
- 3.10 At the time of the inspection, the prison could not provide us with a definitive number of those currently being monitored under anti-bullying arrangements. A log was held centrally but this showed only the number of investigations in the year to date and the names of those who had been investigated.
- 3.11 Prisoners identified, or suspected, as bullies were reviewed after seven, 14 and 28 days. Reviews were generally attended by one member of staff and it was unclear whether the prisoner was involved and what observations informed the review. The only time that prisoners were routinely given improvement objectives was as part of being demoted to the basic regime.
- 3.12 The safer custody team had recently begun checking observation books for evidence of bullying and violence. However, their lack of experience was apparent, as when we checked observation books there were numerous examples across most house blocks of entries alleging bullying or violence which required further investigation but which had not been picked up. We also found examples in case notes of allegations of bullying which had not been followed up appropriately.

- 3.13 At the time of the inspection, the psychology team was researching appropriate interventions but, with the exception of demotion to the basic regime, there were no specific interventions to deal with bullies and no interventions to support victims.
- 3.14 Violence reduction staff representatives were in place but did not have job descriptions and we were told that they had not undertaken any meaningful work for a long period. There were no prisoner violence reduction representatives.
- 3.15 A dedicated helpline for prisoners to report bullying had been commissioned and set up but at the time of the inspection had not yet been used. The telephone number was publicised to visitors. When we rang the number and left a message one evening, it was responded to by 10am the following day.

Recommendations

- 3.16 **The negative perceptions of prisoners about staff attitudes and response to violence should be explored and remedial action taken.**
- 3.17 **The violence reduction strategy should be informed by the annual safety survey, exit surveys and other appropriate data sources.**
- 3.18 **Information sharing between the security and safer custody teams should be improved.**
- 3.19 **The anti-bullying policy should be clarified and staff awareness of bullying raised in order to ensure that all incidents of alleged bullying are appropriately recorded, investigated and managed and that victims are offered appropriate and individualised support.**
- 3.20 **Staff and prisoner violence reduction representatives should be appointed, provided with a job description, be promoted across the establishment and play an active role in identifying, addressing and reducing levels of violence across the prison.**

Housekeeping points

- 3.21 Minutes of the violence reduction steering group should record actions decided.
- 3.22 The violence reduction action plan should include all appropriate actions.

Vulnerable prisoners

- 3.23 At the time of the inspection, 158 prisoners highlighted as vulnerable were held in house block 3. These comprised those who had requested relocation there for their own protection from the general population. Their reasons were carefully considered and documentation was appropriately authorised. If these prisoners wished to return to the general population, their reasons were also considered but if it was believed that their safety was at risk, their request could be declined. Also included were those deemed at risk for a variety of reasons, including sex offenders, poor copers and those in debt. There was, however, no protocol for the management of these prisoners.

- 3.24 Prisoners located on this house block could access all parts of the regime but they had inequitable access to first night procedures, induction and vocational training. The relationships we observed between staff and prisoners on this house block were reasonably good.
- 3.25 In our survey, vulnerable prisoners held strikingly more negative perceptions than other prisoners about their treatment at the establishment. Areas of particular concern included early days in custody, respect, safety and aspects of resettlement and activity.

Recommendations

- 3.26 **The prison should have a protocol that clearly describes the systems to support vulnerable prisoners.**
- 3.27 **The negative perceptions held by vulnerable prisoners about their treatment should be explored and remedial action taken.**

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.

- 3.28 The self-harm and suicide strategy was comprehensive. Levels of self-harm and the number of assessment, care in custody and teamwork (ACCT) documents opened were relatively low but data analysis was limited. Action plans following deaths in custody were well managed. The quality of ACCT documents was reasonably good. Although the Listener team was well supported, it was too small to support the population. Prisoners on open ACCT documents under constant observation were inappropriately accommodated in camera cells.
- 3.29 The recently updated self-harm and suicide prevention strategy was comprehensive and cohesive and we found copies across the prison. The safer custody team was knowledgeable about self-harm and suicide issues and maintained good records.
- 3.30 Although self-harm and suicide data were reported to the violence reduction steering group, a bi-monthly safer custody team forum, chaired by the head of safety and decency, duplicated discussion of this information, and we were unclear about the purpose of this meeting. At the latter meeting, the safer custody senior officer provided a report containing statistics and data and made comparisons with the previous year. However, individual cases were not discussed, discussions of the data were not recorded and analysis of the data appeared limited. Actions to address any concerns were therefore also limited.
- 3.31 There had been one self-inflicted death at the establishment since the previous inspection. An interim action plan had been drawn up pending the completion of a full investigation by the Prisons and Probation Ombudsman, which had still not been received at the time of the inspection. A further death from natural causes had occurred in June 2009, from which had arisen a full action plan, following the completion of a full investigation. These action plans

formed part of the prison's continuous improvement plan. Clinical action plans were also in place and were regularly reviewed by the clinical governance meeting and partnership board. There was evidence that changes had been made as a result of death in custody investigations.

- 3.32 Levels of self-harm were relatively low. There were discrepancies between data sources, and the figures given for the number of acts of self-harm in the previous six months ranged from 59 to 86. The number of assessment, care in custody and teamwork (ACCT) self-harm monitoring documents was also reasonably low, at 143 between January and June 2010. There were 15 ACCT documents open at the time of the inspection but this was higher than the average of around eight.
- 3.33 One prisoner had received external hospital treatment following an act of self-harm in June 2010 but this had not been investigated locally. The procedure for investigating near-death incidents was not used routinely when prisoners had been sent to hospital following incidents of self-harm.
- 3.34 The Listener scheme was explained on induction and publicised around the prison. Prisoners had 24-hour access to Listeners, and there was adequate space to see them in private on all wings. Care suites were available on house blocks 1 to 4 and 7, and also in the health care department. All were well decorated, clean and comfortable, contained a kettle and television, and were used frequently but usually for only short periods.
- 3.35 There were problems with retaining Listeners. Although there were only five at the time of the inspection, they felt well supported by prison staff and the Samaritans. They provided cover on a rota basis, although some staff over-relied on individual Listeners, whom they called on to see prisoners even when they were not on duty.
- 3.36 Handovers to night staff were good and all but one of them were carrying an anti-ligature knife during our night visit. The prison was unable to inform us how many staff were up to date with ACCT foundation or refresher training but this training had been made a recent priority. Twenty-one staff from multidisciplinary teams across the prison were trained as ACCT assessors and all staff at senior officer level and above, with the exception of two, had been trained in case management.
- 3.37 The quality of ACCT documents was generally good, with many examples of positive engagement between staff and those at risk. Care maps were sometimes limited. None of the prisoners we spoke to who were on open ACCT documents were engaged in purposeful activity and they were generally locked in their cells during the core working day, but they all felt suitably cared for by staff. Some reviews had not been attended by sufficient, or suitably multidisciplinary, staff but there was evidence of external support staff attendance in a few cases. Despite a large number of staff being trained as case managers, there was a lack of consistent case management across most ACCT cases. There was a formal quality assurance system but it was unclear how shortfalls or good practice were managed once they had been identified.
- 3.38 A gated constant observation suite was located in the health care unit. This had been used four times since October 2009 and a further seven cells were monitored by closed-circuit television (CCTV). Prisoners on open ACCT documents, who were not deemed to need constant supervision, were nevertheless observed constantly, but remotely via CCTV, instead of being offered a consistent officer presence, support and engagement.

- 3.39 Prisoners on open ACCT documents were not routinely held in the segregation unit but at the time of the inspection one such prisoner was located there. A safety screen had not been completed following the opening of the ACCT to assess ongoing suitability for his continued location on the unit.
- 3.40 Samaritans telephones were available on all units and use was recorded in observation books. We were told that prisoners could contact the Samaritans free of charge via the PIN telephone system but this was not well advertised to prisoners.

Recommendations

- 3.41 **The bi-monthly safer custody forum should analyse information about self-harm and specify action to be taken.**
- 3.42 **All self-harm incidents requiring outside hospital treatment should be investigated.**
- 3.43 **Care maps should routinely encourage prisoners on assessment, care in custody and teamwork (ACCT) documents to participate in daily purposeful activities.**
- 3.44 **Prisoners on open ACCT documents who are subject to constant observations should not be accommodated in camera cells.**

Housekeeping points

- 3.45 Minutes of the safer custody team forum should reflect discussions and record appropriate analysis of data and any actions arising.
- 3.46 All incidents of self-harm should be recorded and there should be consistency between the data sources.
- 3.47 The formal quality assurance process for ACCT documents should be reviewed, to include a mechanism for feeding back to staff when shortfalls or good practice have been identified.
- 3.48 The rota for using Listeners should be adhered to.
- 3.49 When ACCT documents are opened for residents of the segregation unit, new safety screens should be routinely completed.
- 3.50 The availability of the free Samaritans service should be publicised to prisoners.

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.

- 3.51 Application forms were readily available but were not logged, so it was not possible to judge how promptly responses were given, and some information provided in response to

applications was not accurate. Envelopes for confidential complaints were often missing. Responses to complaints were timely and appropriate. Monitoring was in place but it was not clear if this led to remedial action. Prisoners feared victimisation for making a complaint.

- 3.52 Application forms were thoroughly explained during induction and were generally in plentiful supply on all wings. Application books were kept on each wing but there was no monitoring of the timing or outcomes of replies. In our survey, 59% of respondents said that applications were dealt with fairly, against the 54% comparator, but only 45% of vulnerable prisoners held this opinion. However, prisoners we spoke to were negative about the applications system, particularly about the length of time it took to receive responses. The log system confirmed these concerns. Responses to applications were generally succinct and practical but we found some examples where incorrect information had been provided to prisoners.
- 3.53 Complaint forms were readily accessible across all house blocks but envelopes for confidential complaints were often missing. Between January and June 2010, only 803 complaints had been submitted. Most complaints were responded to in a timely fashion, were respectful and addressed the issues raised. A formal quality assurance system randomly selected 10 complaints a month and requested feedback from the manager of the person who had initially responded. This system lacked objectivity, and inappropriate responses were sometimes defended and supported. Complaints were discussed by the senior management team monthly but it was unclear from the minutes what discussion had taken place and whether any remedial action had been taken to resolve any issues highlighted.
- 3.54 Complaint boxes were emptied daily by wing senior officers and taken to the complaints clerk, where they were given a reference number and sent to the relevant department for reply. Prisoners we spoke to expressed limited confidence in the complaint system, and in our survey vulnerable prisoners were less positive than other prisoners about their experience of the complaint system. One of the reasons that prisoners cited for this lack of confidence was that officers would be made aware of any complaint made against them, and that this might lead to recriminations for the prisoner concerned and the complaint not being dealt with.
- 3.55 The Independent Monitoring Board received few formal complaints but was accessible to prisoners in the residential units. Information about the Prisons and Probation Ombudsman was available on most house blocks.

Recommendations

- 3.56 **The formal quality assurance system for complaints should be reviewed to improve objectivity.**
- 3.57 **The complaint boxes should be opened by staff responsible for administering the complaints process.**

Housekeeping points

- 3.58 All house blocks should maintain a readily accessible supply of envelopes to allow complaints to be submitted confidentially.
- 3.59 Minutes from senior management team meetings in which complaints have been discussed should record any discussions and actions that have arisen to address the issues highlighted.

Legal rights

Expected outcomes:

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

- 3.60 Legal services were provided by a range of staff from the reception group but only one was trained. All unconvicted prisoners were interviewed on the day after reception and other prisoners could access legal services by application. A bail service was provided through the national contract with Stonham Housing. There were comprehensive video-link, court and interview facilities.
- 3.61 There was one trained legal services officer but any member of the reception staff group could be detailed to work in the legal services office. They provided a comprehensive service, which included meeting all unconvicted new receptions on the next working day after their arrival. Prisoners could also contact legal services by application. The legal services provided included access to directories of solicitors and dealing with solicitors' correspondence, contacting solicitors on behalf of prisoners when required and carrying out assessments for bail hostels. Advice and support was offered to prisoners wishing to represent themselves in court and those undergoing legal proceedings.
- 3.62 A bail service was provided under a new national contract with Stonham Housing. Staff were unable to tell us how many prisoners had accessed housing through this route.
- 3.63 There were seven legal visits rooms above the main visits hall, including two court rooms, and video-link facilities were also available for private use by legal representatives.

Recommendation

- 3.64 **All staff involved in providing legal services should be fully trained in the role.**

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.

- 3.65 The chaplaincy provided leaders for all faiths represented in the prison except Buddhism. Prisoners were required to sign up for services on the day before attending. The chaplaincy team was involved in the life of the prison, attending residential and health care areas daily and holding membership of relevant committees. The chapel was spacious and well equipped and could be used for services for other religions when necessary. The chaplaincy provided faith-based courses for Christians and Muslims but no offence-related programmes. Links with community-based faith groups were underdeveloped. Religious festivals were celebrated.

- 3.66 The prison chaplaincy provided faith leaders to cover all faiths represented in the prison, either by regular or sessional chaplains, except for the Buddhist faith, of which there were four prisoner adherents.
- 3.67 Services and prayers were held for all faiths represented in the chaplaincy. Prisoners were required to sign up for services on the day before but we were told that flexibility was sometimes applied. Prisoners in the segregation unit were not automatically barred from participating in religious services or prayers but were risk assessed before they could attend.
- 3.68 The chaplaincy team was involved in many aspects of the prison, attending the health care and segregation units every day, meeting prisoners on ACCT observation and seeing all new prisoners individually on induction. They also attended safer custody, violence reduction and diversity strategy groups.
- 3.69 In our survey, fewer prisoners than at comparator prisons said that they were able to speak with a religious leader of their own faith in private (51% compared with 56%).
- 3.70 The chapel was large and well equipped, providing a good facility for Christian services of all denominations. Muslim prayers were held in a dedicated multi-faith room but capacity was limited. At the time of the inspection, it was large enough for the number who wished to attend and there were arrangements for obscuring Christian artefacts with curtains in the chapel so that it could be used for Muslim prayers when required.
- 3.71 There was no ritual washing facility attached to the Muslim prayer room, and practice in allowing prisoners to shower before prayers varied between house blocks. Some prisoners were unlocked early for a shower but others were required to wash in their cells.
- 3.72 A range of courses was provided by the chaplaincy, including Alpha, Just Ten and Emmaus Christian instruction. The part-time Muslim chaplain provided Islamic instruction once a week. There were no offending-related courses which addressed ethics.
- 3.73 Links with community faith groups were not well developed, especially since the local Prison Fellowship had become less active. A chaplain had been recruited to develop community links, but had not yet started duties.
- 3.74 Religious festivals were promoted. At the time of the inspection, arrangements were under way for Ramadan and the Muslim chaplain was satisfied with the cooperation from all departments to ensure that Muslim prisoners could observe it. Christian festivals such as Easter and Christmas were celebrated with special services.

Recommendations

- 3.75 **A chaplain from the Buddhist faith should be available to prisoners from that religion.**
- 3.76 **Prisoners on normal location should not be required to book their attendance at religious services or prayers.**
- 3.77 **The provision of individual sessions between chaplains and prisoners should be reviewed to make them more easily available.**
- 3.78 **Prisoners attending Muslim prayers should be unlocked to allow time for a shower before they go to pray.**

- 3.79 The chaplaincy should provide courses which address offending behaviour and ethics.

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.

- 3.80 The integrated drug treatment system (IDTS) was in place and treatment regimes were flexible but clinical and psychosocial reviews were not up to date because of low counselling, assessment, referral, advice and throughcare (CARAT) staffing levels and inconsistent GP availability. Substance misuse staff had offices in separate buildings, hindering effective communication and making the integration of services less effective. More prisoners than at other local prisons said that it was easy to obtain illegal drugs. There was a good supply reduction policy.

Clinical management

- 3.81 The integrated drug treatment system (IDTS) was in operation but was not officially fully live, as not all the required pharmacy equipment was in place and not all cell door hatches had been fitted on the stabilisation wing (house block 4). However, 24-hour nursing cover was available. The system was expected to be fully live by October 2010.
- 3.82 A total of 282 prisoners were receiving methadone treatment. Of these, 57 (20%) were on reducing doses, 196 (70%) were on maintenance doses, 21 (7%) were detoxifying and eight (3%) were being titrated to ascertain the correct dose. Staff were keen to engage fully with the latest National Treatment Agency (NTA) guidance, which states that all drugs agencies should specifically encourage drug users towards methadone dose reduction as a more beneficial approach than long-term maintenance. However, we were also told that reviews with the GP did not always take place and that joint reviews with counselling, assessment, referral, advice and throughcare (CARAT) workers and nurses present were not up to date. CARAT staff shortages and issues with the GP contracts were cited as the main reasons for this. Furthermore, the clinical and CARAT managers had offices in separate buildings, which did not facilitate effective communication. These factors hindered both the integration of services and the considerable amount of work that needed to be done to bring down the number of prisoners on maintenance doses of methadone.
- 3.83 Thirty-one prisoners were receiving buprenorphine (Subutex), which was only prescribed to those who had been prescribed it in the community. Subutex tablets were routinely crushed before administration to reduce the risk of diversion. Previous issues around diversion of medication had led to the development of a robust policy, which had removal from treatment as a final resort. This was delivered in a fair and reasonable way, giving prisoners several warnings and chances to change their behaviour. Prisoners we spoke to were aware of the existence and content of the policy.
- 3.84 Of those receiving Subutex, two (6%) were reducing, 28 (90%) were on maintenance and one (3%) was detoxifying. Secondary detoxification was available but we were told that it was rarely used. In our survey, 17% of respondents said that they had developed a drug problem

since being in the prison, against a comparator of just 9%. More prisoners than at other local prisons said that it was easy to obtain illegal drugs..

- 3.85 Alcohol problems were common. In our survey, 35%, against the 24% comparator, said that they had had an alcohol problem when they came to the prison. A total of 87 alcohol detoxifications had been completed between January and June 2010 but there were no other therapeutic interventions for primary alcohol users. In response to our survey question, 'Do you think you will have a problem with alcohol when you leave this prison?', 30%, against a 26% comparator, said 'yes' or 'I don't know'.
- 3.86 There were treatment rooms on each house block, and IDTS clients were scattered across all wings, except in the therapeutic community. Medications were administered from 10.15am onwards. Those going to work received their medication later, after work.

Recommendations

- 3.87 **All sections of the integrated drug treatment system (IDTS) should be adequately staffed to ensure further integration of services and achievement of effective joint case reviews.**
- 3.88 **The clinical team manager and the counselling, assessment, referral, advice and throughcare (CARAT) manager should work in the same office to facilitate joint working, information sharing and overall integration of drug and alcohol services.**

Drug testing

- 3.89 The random mandatory drug testing (MDT) key performance target was 18%. The actual positive rate, quoted at the time of the inspection for the six months from January to June 2010, was 18.7%, the range being from 12.7% (in May) to 26% (in March). The targeted suspicion tests for the same six-month period were quoted at the time of the inspection as having an average positive rate of 23.8%, with a range from 25.0% to 81.4%.
- 3.90 Officers told us that some suspicion test requests fell outside the required 72-hour window and so were dropped. However, data were not routinely gathered to monitor the extent of this.
- 3.91 A frequent testing programme was used but only minimally. Only 18 tests had been completed in the previous six months. The average positive rate quoted at the time of the inspection was 44.4%, with a range from 0% to 100%.
- 3.92 Although the MDT suite was clean and tidy, the observation window was situated directly in front of the toilet where samples were given, affording the prisoner no privacy.
- 3.93 In our survey, 44% of respondents said that it was easy or very easy to get illegal drugs in the prison, against a comparator of 31%.
- 3.94 There was a robust supply reduction policy. A range of facilities was used, including a body orifice security scanner (BOSS) chair and four on-site drugs dogs. Rule 39 mail (legal and confidential access correspondence) was routinely checked, visits were regularly targeted and there was good liaison and intelligence sharing with Cleveland Police Drug Squad. Perimeter checks were also conducted regularly.

- 3.95 There were plans for new cell windows to be fitted in key areas, to prevent 'fishing' for drug parcels thrown over the wall of the prison.

Recommendation

- 3.96 **A mechanism to manage target testing more effectively should be developed to ensure that tests are undertaken within the required timeframe.**

Housekeeping point

- 3.97 The observation window in the mandatory drug testing suite should be obscured a minimum of 600 millimetres up from the bottom of the window, to create a decent and respectful testing environment.

Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

- 4.1 The prison had a single equality strategy which addressed all strands of diversity. It was supported by good governance and the involvement of prisoner representatives. It was well publicised in the prison and there was an ongoing programme of staff diversity training. Some impact assessments were out of date but they addressed all strands of diversity. There was a lead for Gypsy and Traveller prisoners but this strand was underdeveloped.
- 4.2 The prison had adopted a single equality strategy for prisoners, to cover race, nationality, disability, age, religion and sexual orientation. This was being merged with an equality scheme for staff, which included gender.
- 4.3 The strategy was supported by specific action plans for each strand, and each was allocated to a staff member lead. Leads had a deputy in place but many of these had been appointed only recently and awaited further training.
- 4.4 There were prisoner equality representatives on each wing who covered all strands of diversity. They had been trained in the Challenge It, Change It programme and met as a group every month. The meeting was for further training sessions and to raise issues to be brought to the attention of the prisoner equality action team (PEAT). The representatives we spoke to were enthusiastic and felt well supported by staff.
- 4.5 Governance of the diversity strategy was sound. There was a bi-monthly meeting of the PEAT, chaired by the deputy governor and attended by prisoner representatives, which received reports on the progress of implementing the action plan for each diversity strand and monitored the information on race received through ethnic monitoring. This meeting was to be merged with that of the staff equality action team, and prisoner representatives would attend part of the meeting.
- 4.6 The single equality strategy was well advertised around the prison, with up-to-date posters in administrative and residential areas which promoted the policy, displaying the names and photographs of lead staff members and prisoner representatives.
- 4.7 The induction programme included input demonstrating the prison's commitment to equality, identifying staff and prisoners with responsibility for diversity and explaining how to communicate any concerns.
- 4.8 Staff training was delivered through an ongoing programme of Challenge It, Change It courses. In the year to date, 42 staff had completed the course.
- 4.9 We were furnished with six impact assessments during the inspection covering the prison shop, catering, complaints, use of force, discipline, and health and safety. Four of these had been completed in 2006. They covered all aspects of diversity and the new impact assessment process had been introduced.

- 4.10 The prison had appointed a diversity lead for Gypsies and Travellers, supported by a recently appointed deputy. This strand was underdeveloped but a start had been made by making a newspaper available for Gypsies and Travellers, and contact had been initiated with community-based Traveller groups.

Recommendation

- 4.11 **Out-of-date impact assessments should be updated.**

Race equality

- 4.12 There was a trained race equality officer, supported by a deputy, and ethnic monitoring of black and minority ethnic outcomes was considered at the prisoner equality action team meeting. The number of racist incident report forms (RIRFs) submitted was falling and the quality of responses was good. There was a system for protecting complainants but no interventions for prisoners with racist attitudes. The quality of RIRFs was monitored by external scrutineers. There was no systematic consultation with black and minority ethnic prisoners. Some celebrations of racial diversity were held and there were positive displays of ethnic diversity around the establishment.
- 4.13 There was a race equality officer (REO), trained to National Vocational Qualification level, supported by a trained part-time colleague with considerable experience in the role at other prisons. The REO had wider equality responsibilities but, with the support of his deputy, was able to cover his range of responsibilities.
- 4.14 Staff we spoke to told us that they consistently challenged racist language and behaviour by prisoners. There was evidence to support this in the racist incident report forms (RIRFs) we examined, where we saw reports of prisoners being confronted about making racist remarks and the racist content of their correspondence.
- 4.15 Ethnic monitoring data were reported to the PEAT. Records of meetings showed that a full range of areas were considered and that most figures remained in the acceptable range. There had been two months when the numbers of uses of force and adjudications on black and minority ethnic prisoners were outside the range. Investigation by the REO had found these cases to be related to particular circumstances, whereby an influx of prisoners from outside the area had wanted to return, and to the disproportionate effect of a single prisoner's behaviour. The PEAT had continued to monitor the figures, which had returned to within range after two months.

Managing racist incidents

- 4.16 Prisoners had free access to RIRF paperwork on the residential units. The number of RIRFs submitted in the year to date was 29, which was a large reduction from the same time in the previous year, when 95 had been submitted. While the reduction could be explained by a more settled local population, prisoner equality representatives told us that they were active in dealing with grievances which could have led to submission of a formal RIRF.
- 4.17 The RIRFs which we examined were dealt with appropriately. Each complaint was investigated, the complainant interviewed and a prompt response provided. Responses were detailed and courteous, even when a complaint could not be substantiated. The actions taken

as a result of complaints included advising staff about their use of language, updating prisoner risk assessments and warning prisoners about their behaviour.

- 4.18 A large number of RIRFs were submitted by staff reporting the racist behaviour of prisoners, indicating their awareness of the need to challenge racist attitudes. RIRFs submitted by staff reporting that prisoners had accused them of racism, although not an appropriate use of the RIRF system, were investigated by the REO, to understand the circumstances which led to the accusation. There was a system for protecting complainants where required but no formal process to address the racist behaviour of prisoners where it was identified in a RIRF.
- 4.19 The quality of RIRF management was scrutinised by external assessors from Cleveland Police Authority, Victim Support, Stockton BME Network and the Cleveland Criminal Justice Board. In the year to date, they had examined six RIRFs, which was on target to meet the stated aim of 10 a year or 5% of RIRFs submitted. Their main feedback was that prisoners found to have behaved in a racist way should be made to participate in a structured intervention to challenge their behaviour.
- 4.20 Prisoners who had a history of racist behaviour or convictions were identified by the cell sharing risk assessment and by security intelligence, including RIRF information. Their files were endorsed accordingly and at the time of the inspection 43 prisoners were identified as presenting a risk of racist behaviour.

Race equality duty

- 4.21 There was no routine consultation with black and minority ethnic prisoners. There was a channel for their issues to be raised through the prisoner equality representatives, and consultation sessions had been held during the preparation of impact assessments.
- 4.22 The prison had organised some successful events which celebrated diversity and challenged racism, and there were positive displays of ethnic diversity around the establishment. Most recently, they had held events for Black History Month and hosted an Ann Frank exhibition which was open to all prisoners.

Recommendations

- 4.23 **An intervention to challenge attitudes and behaviour should be applied to prisoners found to have behaved in a racist way.**
- 4.24 **Regular consultation meetings should be held with black and minority ethnic prisoners.**

Religion

- 4.25 A range of religions was represented at the prison and there was little reported victimisation on religious grounds.

Foreign nationals

- 4.26 Records of nationality were not complete. There was a comprehensive foreign nationals policy and sound governance. There was a full-time foreign nationals coordinator, providing a full service. Interpreting services were used appropriately and prisoners assisted informally, although there was no formal list of prisoners willing to interpret. There were three prisoners detained beyond the end of their sentence. Relationships with the UK Border Agency were good, with bi-monthly surgeries. Access to independent advice was facilitated through the Immigration Advice Service.
- 4.27 The prison records showed that there were 27 foreign national prisoners but there were 40 prisoners whose nationality was not recorded.
- 4.28 There was a comprehensive foreign nationals policy which addressed key issues, including language difficulties, contact with families and immigration agencies. Governance was sound, with a quarterly foreign nationals strategic group chaired by the deputy governor, as well as inclusion in the PEAT meeting.
- 4.29 There was a full-time foreign nationals coordinator, who interviewed every prisoner identified as a foreign national during induction and completed a checklist to identify their needs. She provided advice and information about early return and facilitated return schemes.
- 4.30 Foreign national prisoners were provided with £5 telephone credit to maintain contact with their families abroad and could exchange visits for airmail letters. We saw evidence of flexibility being applied to meet the needs of a Nigerian prisoner whose telephone contact time was insufficient.
- 4.31 The prison had access to professional interpreting services, and the invoices we examined showed that these were used regularly. We observed these services being used in reception, in the health care department and with a prisoner during a UK Border Agency (UKBA) interview. There was a list of staff who spoke languages other than English but no corresponding list of prisoners who were willing to provide informal interpreting services. Informal arrangements were made to accommodate prisoners of the same nationality together so that one with some command of English could help to interpret for others.
- 4.32 UKBA visited the prison bi-monthly and provided a surgery for foreign national prisoners. When a foreign national prisoner was approaching his release date, the foreign nationals coordinator contacted UKBA to ascertain his status. When removal notices were received, the coordinator interviewed the prisoner and provided information about specialist legal advisers. She also provided assistance with finding accommodation.
- 4.33 There were notices for foreign national prisoners on each house block, with information about services and advice in six languages other than English.
- 4.34 At the time of the inspection, there were three foreign nationals detained beyond the end of their sentence; one had not been accepted at an immigration removal centre (IRC) because he had a conviction for a sexual offence, another because he was on an open assessment, care in custody and teamwork (ACCT) document and a third had been moved to the prison because of disruptive behaviour. The one who had been detained the longest had been held for eight weeks beyond the end of his sentence. The foreign nationals coordinator had been in contact with UKBA regarding the transfer of these men to IRCs and had assisted with bail applications where appropriate.

- 4.35 Prisoners requiring independent advice were referred to the Immigration Advisory Service (IAS) locally and had the telephone number added to their PIN telephone lists. The IAS visited the prison to see individual prisoners referred to them.

Recommendations

- 4.36 **The nationality of all prisoners should be determined and accurate records maintained.**
- 4.37 **An up-to-date list of prisoners and staff willing to provide interpreting services should be made available to all staff dealing with foreign national prisoners.**

Disability and older prisoners

- 4.38 There was a disability liaison officer in post, who identified prisoners declaring a disability, but record keeping was poor and the needs assessment did not always lead to a care plan or a personal evacuation plan for the most needy prisoners. Prisoners with a disability reported feeling less safe than other prisoners and the reasons for this had not been investigated. Specially adapted accommodation on the new house block was of good quality. Prisoners using a wheelchair had no carers assigned to them and staff did not assist by pushing wheelchairs when required. Older prisoners and those with a disability who did not work were not allowed out of their cells during the day. There was no general special accommodation for older prisoners but there were informal arrangements on house block 3 and protocols with the health care department to meet their needs. The gym provided remedial sessions and an older prisoners morning every week.
- 4.39 The prison had a disability policy and action plan as part of its single equality strategy. This contained actions required to ensure that reasonable adjustments were identified to provide suitable living conditions for prisoners with a disability. The policy was monitored through the PEAT meeting and by audit assurance.
- 4.40 A disability liaison officer (DLO) was located in the prison health and safety department. He was supported by residential officer disability champions on each house block, who received ongoing training.
- 4.41 Newly arrived prisoners were assessed for a disability through a checklist administered during their health care interview in reception. The DLO was notified of prisoners identifying that they had a disability and he passed the information to the residential officer responsible on the prisoner's house block. The residential officer then completed a needs assessment in consultation with the prisoner and this was passed back to the DLO.
- 4.42 The sound identification and assessment process did not result in tangible outcomes for all prisoners with a disability. The DLO could not tell us how many prisoners with a disability there were in the prison and the assessments did not result in plans to outline how their needs would be met. However, in our survey, 15% of respondents considered themselves to have a disability, equating to about 160 prisoners.
- 4.43 In our disability analysis, which separately examined responses from prisoners identifying themselves as having a disability, there were more negative responses in key areas of safety. More respondents felt unsafe than other prisoners and reported greater levels of victimisation.

- 4.44 The prison could not tell us how many personal emergency evacuation plans (PEEPS) were in place for their current population. There were five recorded, although the record was not kept up to date. The DLO said that not all prisoners with a disability agreed to have a PEEP and that their wishes were respected, but this did not meet the obligations of the prison to ensure the safety of all those in its care (see main recommendation HP54).
- 4.45 There were two prisoners using a wheelchair, located in specially adapted cells on house block 7. Neither prisoner had a care plan or PEEP in their wing file, and neither the residential staff nor the prisoners knew of the existence of any such plans. Residential staff and other prisoners recognised that they had special needs and made some informal arrangements for their care, such as fetching their meals, but no prisoners were formally appointed as their carers. Important aspects of their care were not covered, most crucially their movement around the prison. Staff refused to push wheelchairs and no prisoners were allocated this responsibility; this meant that one prisoner who attended education classes in another building struggled to propel himself to his classes up a long slope. Prisoners with restricted mobility could access the chapel, education and visits with assistance. A lift was available to gain access to the walkways from house block 7, and to visits.
- 4.46 The specially adapted cells in house block 7 were modern and spacious. The prisoners who were using them had been consulted about their suitability and adjustments were being made to the bathroom facilities.
- 4.47 Prisoners past the statutory retirement age and those with a disability who were unable to work were not always allowed out of their cells during the day. This particularly affected one prisoner with a prosthetic leg, who told inspectors that he did not have time to exercise his leg as advised by his physiotherapist.
- 4.48 There were 60 prisoners over the age of 50 at the time of the inspection, including three over the age of 70. There was no formal arrangement for separate residential provision for older prisoners but a number of older prisoners were accommodated on house block 3; this co-location was appreciated by the older prisoners we spoke to. There were protocols in place with the health care department to provide six-monthly health assessments and dedicated services to meet needs specific to older men.
- 4.49 Prisoners past the statutory retirement age could access employment but if they did not wish to work they were paid a small supplement to unemployment pay. They were not routinely allowed out of their cells during the day. They were required to pay for their television.
- 4.50 The gym had recently started delivering a Friday afternoon session for older prisoners which provided a range of physical and leisure activities, and also ran remedial sessions every morning which were suitable for less able older prisoners.

Recommendations

- 4.51 **Records of the number of prisoners with a disability should be kept up to date.**
- 4.52 **Consultation should be held with prisoners identifying themselves as having a disability, to investigate why they feel less safe and more victimised.**
- 4.53 **Prisoners past the statutory retirement age and those with a disability who are unable to work should be allowed out of their cells during the day.**

- 4.54 **Prisoners past the statutory retirement age should not be required to pay for their television.**

Gender and sexual orientation

- 4.55 There was a diversity lead for sexual orientation. There was no plan to meet the needs of transsexual prisoners.

- 4.56 In our survey, 2% of respondents identified themselves as gay or bisexual. An officer had been identified as the lead for the sexual orientation equality strand. There were positive images of gay people around residential blocks.

- 4.57 The prison did not hold any transsexual prisoners but was not prepared for meeting the needs of any that might be transferred in.

Recommendation

- 4.58 **A policy for meeting the needs of transsexual prisoners should be developed.**

Section 5: 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.

5.1 Primary care facilities were being refurbished to enable changes to the delivery of clinics and treatments. The inpatient unit was stark. Fewer prisoners than the comparator rated the quality of the service from doctors and nurses as good or very good. Prisoners could not see a doctor or nurse without being accompanied by another staff member. Primary care services and lifelong conditions support were good, although prisoners were not able to see a pharmacist. Dental services were satisfactory. Primary and secondary mental health care was good. There was no mental health awareness training for uniformed staff.

General

- 5.2 Health services were commissioned by County Durham NHS Primary Care Trust (PCT) and provided by North Tees and Hartlepool NHS Foundation Trust (FT). Mental health in-reach services were provided by Tees, Esk and Wear Valleys NHS Foundation Trust. At the time of the inspection, the supply of health services was being put out to tender.
- 5.3 There was a recent health needs analysis. The prison health action plan had been incorporated into the prison health performance indicators action plan. The partnership board met bi-monthly and there were good relationships between the prison and health providers.
- 5.4 The health centre was on the first floor above the inpatient unit, which was adjacent to reception. There was a waiting area with wooden benches, but no separate waiting area for vulnerable prisoners. There were several treatment rooms, consultation rooms, a dispensary, a dental surgery and an X-ray room. All had modern equipment and were in a good state of repair. The inpatient area was stark in appearance but functionally adequate.
- 5.5 The health centre was being refitted and refurbished at the time of the inspection. We were shown plans that indicated that the function of several rooms was to change; these included more clinical rooms, a group therapy room and a vulnerable prisoners waiting area with associated toilet facilities. These changes were part of a modernisation plan.
- 5.6 There had recently been a critical infection control audit and there was an ongoing action plan to address compliance issues. The health facilities were generally clean and well decorated, despite the refurbishment disruptions.
- 5.7 Each house block had a treatment room which was used for medicines administration, treatments and triage clinics. House block treatment rooms were in a good state of repair, clean and tidy.
- 5.8 Prisoners in our groups expressed dissatisfaction with health services. In our survey, fewer prisoners than the comparator rated the quality of the service from doctors and nurses as good or very good. We observed health services staff behaving professionally and patients being treated with respect.

- 5.9 A senior nurse was responsible for the care of older prisoners and she had access to appropriate specialist continuing professional development. The prison had participated in a review of older prisoners' provision in the north-east prisons in 2009 and had set an agenda to create 'an equivalence of care' with that received by older persons in the community.
- 5.10 A pamphlet containing information on how to access health care was given to prisoners in reception. This information was also on display in the house blocks. There was some information in languages other than English and access to translation and interpreting services was available.

Housekeeping point

- 5.11 The wooden benches in the waiting area should be replaced with more comfortable seating.

Clinical governance

- 5.12 There were monthly clinical governance meetings with prison and provider involvement. The agenda included reviews of serious and untoward events, complaints and deaths in custody. There was a rolling action plan in response to the recommendations from death in custody reports and trend analysis for F213/F213SH (forms used to report prisoners' injuries/self-harm or attempted suicide) reports.
- 5.13 It had been determined to centralise many health care activities following the refurbishment of the health centre. In preparation for this, the workforce had been re-profiled, job descriptions amended and skill sets matched to the revised primary care functions. There was a clinical head of offender health (who was also responsible for health care at HMP Kirkclevington) and three senior nurses with clinical leadership roles for primary care/inpatient care, the integrated drug treatment system (IDTS) and mental health primary/secondary care, respectively. A senior manager on-call rota had recently been introduced. The workforce was sufficient to meet the demand for regular primary care services and 24-hour nursing. The staffing complement included over 37 registered nurses plus nursing assistants; doctors; several independent and allied health professionals and administrative staff. Discipline staff were detailed to support health services staff.
- 5.14 Staff had access to a range of training opportunities and were up to date on mandatory training. Registrants' Nursing and Midwifery Council data were available. Records of staff development were excellent. We were assured that all staff were offered clinical supervision and had supervision contracts, although not everyone accessed supervision or kept a record of supervision received.
- 5.15 Resuscitation equipment, including external automatic defibrillators, was sited in reception, the health centre, the inpatient unit and on each house block. The equipment was checked weekly and logs were up to date. Health services staff were resuscitation trained and up to date. There was a small store of mobility aids. Occupational therapy equipment and daily living aids could be accessed via referral or from the physiotherapy clinic.
- 5.16 Clinical records were stored on SystmOne and were compliant with the Data Protection Act and Caldicott principles. Paper records for prisoners who had left the prison were archived in appropriately secure areas. Work had been undertaken to improve clinical records following the recommendations of a death in custody report in 2009. The records we sampled contained clinical observations, necessary levels of information and care plans for more complex conditions.

- 5.17 The patients forum met monthly and house block representatives and departmental heads attended to discuss issues raised by prisoners. Appointments, inpatient issues and waiting times were often discussed at the meetings. Waiting times were displayed in health centre waiting areas and in the house blocks.
- 5.18 A dedicated health concerns and complaints system had been introduced in 2009. There had been 19 complaints and two or three concerns per month between April and June 2010. Complaints were commonly about access to doctors and changes to medication. Sampled complaints responses were empathetic and appropriate.

Housekeeping point

- 5.19 Receipt of clinical supervision should be recorded in staff personal files.

Good practice

- 5.20 *The register of training opportunities, staff attendance, alert system and database were immediately accessible and concise.*

Primary care

- 5.21 There were systems for the prevention of communicable diseases and pandemic influenza contingency plans.
- 5.22 Prisoners did not have the opportunity to see a health services professional in private, as two members of staff were required to be present at all times.
- 5.23 Information-sharing protocols and other policies and procedures were available on the computer system. Some policies and procedures were beyond their review dates.
- 5.24 There were two health consultation rooms in reception, where newly arrived prisoners underwent an initial health screen by a registered nurse. The screen contained physical health, mental health and substance use elements and a learning disability declaration. If required, prisoners could see a GP on the first night unit. Those with urgent substance use-related needs were seen by IDTS staff and could be located directly onto the IDTS house block landing, where registered nurses were available 24 hours a day. Consent was sought to obtain health care information from the prisoner's own GP and others. Prisoners were offered a further health assessment while on induction, and assessments were recorded on SystemOne.
- 5.25 There was some health promotion material displayed in the health centre and there were leaflets available in consultation rooms but the materials were old. There were isolated displays of health promotion materials on the house blocks but insufficient noticeboards were available. There was a health promotion action group and plans to invigorate the programme following the introduction of the changes to the health centre.
- 5.26 Condoms and water-based lubricants were provided; these could be obtained confidentially from the house block triage nurses. Chlamydia screening was advertised in reception and offered in the sexual health clinic. Smoking cessation was available. New X-ray equipment had been installed to enable participation in the national prison tuberculosis screening campaign.

- 5.27 Prisoners could access primary care by seeing the house block-based triage nurse or by completing a pictorial self-referral form available on the house blocks. Complaints trends indicated that some applications were not being received. To address the problem, dedicated health care application post boxes were to be fitted in the house blocks and health care administrators intended to make daily collections from these boxes. Triage algorithms were not in use.
- 5.28 Primary care services were available from 8am to 9.30pm, seven days a week, with a range of clinics run by doctors, nurses and other allied health professionals from 9am to 4.30pm. There were lifelong conditions registers for diabetes, respiratory problems and other conditions. Older prisoners were offered well-man checks.
- 5.29 Prisoners were notified of their appointments the day before the clinic, and 'did not attend' rates were generally good, with only one in 10 not attending GP appointments. There were two GP clinics daily during the week, with the GP being available until 8pm, and there was one GP session on Saturdays. There were two registered nurses on duty at night, and out-of-hours GP cover was available, which was responsive but not often used.
- 5.30 Waiting times were not excessive. A GP could be seen within 48 hours and the optician in up to five weeks. Prisoners occasionally experienced delays in being escorted away from their consultations.
- 5.31 There was good joint working with the gym for prisoners with exercises on prescription, on weight reduction regimes, with sports-related injuries and needing advice on exercise limitations.

Recommendations

- 5.32 **Prisoners should have access to confidential one-to-one consultations with doctors and other health services professionals unless individual risk assessment indicates otherwise.**
- 5.33 **Health care policies and procedures should be reviewed by the dates stipulated in the policies and procedures.**
- 5.34 **All prisoners should receive information about health promotion and what to do in the event of communicable diseases.**

Housekeeping points

- 5.35 Health promotion material in the health centre should be kept up to date.
- 5.36 There should be sufficient noticeboards available in the house blocks to enable the health centre to display health promotion materials.

Pharmacy

- 5.37 Administration of medication was by nursing staff from each of the treatment rooms. During the inspection, we noted that out-of-date British National Formularies were in use in some of the treatment and health care rooms. In the treatment rooms we visited, the record sheets for recording refrigerator temperatures were not always completed daily. In one treatment room,

the temperatures regularly recorded were greater than the maximum allowed temperature of 8°C. There was no evidence that any corrective action had taken place, including informing the pharmacy team. Not all medicines trolleys in health care rooms and the treatment rooms could be secured to the walls.

- 5.38 In-possession risk assessments were done by nursing staff. Some patients assessed for in-possession medication had this supplied in a monitored dosage system, to help them take their medication at the correct time. There were no descriptions of the products included when the system was supplied, which made it difficult for the patients to know what they were taking. Some patients' medication was supplied as 28-day in-possession.
- 5.39 In some administration charts there was no record of whether or not the patient had received medication; such cases did not appear to have been followed up.
- 5.40 There was appropriate provision of medication for patients being discharged or transferred. In-possession medication was supplied for discharge or court. Methadone was routinely given before discharge and arrangements made for its continuation on release.
- 5.41 A medicines and therapeutics committee (M&TC) met once a month and was attended by the pharmacist. There was a written policy for in-possession medication but none for special sick. Some pharmacy-related incidents had recently been investigated. The external organisation undertaking the investigation had praised the high standard of records made by the pharmacy staff.
- 5.42 Prescriptions were handwritten on standard HR013 prescription and administration charts. Controlled drugs were obtained by signed order using a duplicate book. Special sick supplies were recorded on the front of the patient's prescription chart. Pharmacy and prescribing data were collated using the electronic prescribing system.
- 5.43 Patients were able to access medication out of hours on the authority of the local out-of-hours doctors service. The key for the out-of-hours medication cupboard was available only via the security team and the nursing staff. Records were kept of stock issued and these were audited regularly by the pharmacy staff against the prescriptions issued.
- 5.44 At the time of the inspection, there was no pharmacist or pharmacy staff involvement with primary care services such as smoking cessation, warfarin clinics or medication reviews, even though a number of the pharmacy staff had been trained to provide these services. Patients had access to medication information from the pharmacist and pharmacy technicians via the nursing staff.

Recommendations

- 5.45 **All medicine trolleys should be attached to the fabric of the building when not in use.**
- 5.46 **A description of the medication supplied in the monitored dosage system should be written and be of sufficient detail to enable individual items to be differentiated. The description should be supplied to the patient.**
- 5.47 **Care should be taken to make full and complete records of administered medicines. This should include records of all occasions where the patient has refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate.**

- 5.48 **A special sick policy should be developed and reviewed regularly by the medicines and therapeutics committee, to ensure that all appropriate medicines can be supplied.**
- 5.49 **A pharmacist and/or pharmacy technicians should be involved in the provision of a number of primary care services.**

Housekeeping points

- 5.50 Old reference books should be discarded, and only the most recent copy should be kept, to ensure that any information used is up to date.
- 5.51 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms, to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.

Dentistry

- 5.52 The dental equipment was approximately 18 months old and in good working order. Cross-infection controls appeared satisfactory. It was understood that a PCT surgery inspection had been carried out but documentation was unavailable.
- 5.53 There were four dental sessions a week, contracted by the PCT. There were registered dental nurses in support and a hygienist provided one session a week. FP17 forms (prisoner dental activity forms) were used, allowing the PCT to monitor the contract. All applications to see the dentist were placed on the waiting list by the health services administrative staff, with no dental triage protocol available to assist the process.
- 5.54 There were urgent and routine waiting lists. During the inspection, there were 10 names on the urgent waiting list, the longest wait being two and a half weeks, and 142 names on the routine waiting list, the longest wait being 11 weeks. Initial appointments were allocated by the health services administrative staff, and appointments for further treatment were made by the dental team. No figures were available for the 'did not attend' rate but this was estimated at 30%. No work had been done to ascertain the reasons why prisoners failed to attend appointments.
- 5.55 Dental checks and treatment at least to the range available in the NHS were provided and oral health information was given on a one-to-one basis by the hygienist. There was no protocol for providing out-of-hours dental cover and there was limited cover for annual leave.
- 5.56 Some clinical information was recorded on the paper dental record card and other data on SystemOne. Some dental records did not contain a written, signed and dated medical history questionnaire or reports of radiographic findings. The dental records were appropriately stored.
- 5.57 The only complaints received about the dental service related to waiting times. There appeared to be a lack of communication between the dentists and health services staff and there were problems with the management structure of the dental service.

Recommendations

- 5.58 **The date of the last primary care trust (PCT) surgery inspection should be confirmed and, if not within the last three years, a full surgery inspection should be carried out by/on behalf of County Durham NHS PCT.**
- 5.59 **A protocol should be developed to assist the triaging of dental applications.**
- 5.60 **Work should be done to assess the dental 'did not attend' rates and the reasons why appointments are missed.**
- 5.61 **A protocol should be developed for dental out-of-hours cover and there should be formal arrangements to cover the dentist's annual leave.**
- 5.62 **The procedures for the keeping of clinical records and the taking of radiographs should be reviewed, with reference to the guidelines published by the Faculty of General Dental Practice (UK).**

Housekeeping points

- 5.63 Regular meetings should be held between the dentists and health services staff.
- 5.64 The management structure of the dental service should be clearly defined.

Inpatient care

- 5.65 The inpatient unit contained 28 beds, which were not part of the certified normal accommodation. At the time of the inspection, 10 beds were occupied. Admissions to the unit were clinically appropriate. There was a mix of single and double cells and cells containing observation cameras. Facilities were stark but adequate to meet need.
- 5.66 Patients could be out of their cells for extended periods and daytime activities included education – groups and on a one-to-one basis, art classes, leisure association, one-to-one meetings with nursing staff and chaplaincy support. Patients could access other departments such as education and the library following risk assessment.
- 5.67 We were told that prisoners requiring ongoing treatment were not moved until the treatment was completed.
- 5.68 The inpatient unit had adopted a no-smoking policy and had embarked on a productive wards exercise, using an NHS method to identify ways to improve the efficiency and effectiveness of care delivery.

Recommendation

- 5.69 **The design and aesthetics of the inpatient unit should be subject to a modernisation exercise.**

Secondary care

- 5.70 There were no problems with prisoners accessing secondary care appointments. Three external escorts were available each day for this purpose. With the opening of house block 7, there was more demand for external appointments, and it was necessary to prioritise cases and provide additional escorts on some days. Few external appointments were cancelled for security reasons.
- 5.71 At the time of inspection, staff were piloting the use of telemedicine equipment.

Mental health

- 5.72 The mental health in-reach team had been re-established in February 2010 and comprised five registered mental health nurses, an occupational therapist, support workers and two sessions of forensic consultant psychiatry. Funding had been agreed to appoint a dual diagnosis specialist but recruitment had not yet started. Working hours had recently been extended to 7pm, to allow prisoners more flexible access to mental health services.
- 5.73 The team provided primary and secondary mental health services through an open referral system. Urgent referrals were seen within 48 hours and non-urgent referrals within five days. There were referral meetings once a week or more frequently if required. These were attended by staff from the in-reach team, primary care, IDTS and other departments, as well as inpatients.
- 5.74 Treatments for prisoners with mild-to-moderate problems included a range of group activities and programmes, and individual therapy from nurses and counsellors. Prisoners with serious and enduring mental illnesses had an assigned registered mental health nurse, who acted as the key worker, and case reviews with visiting forensic psychiatrists. They also had access to a variety of groups. The development of interventions for prisoners with personality disorders was under discussion at the time of the inspection.
- 5.75 In-reach staff acted as care programme approach case managers and assisted inpatient staff with care planning and the transfer of patients to NHS mental health facilities. Transfer delays were uncommon and lasted no more than 28 days.
- 5.76 The team had devised and delivered programmes of training to groups of staff in the prison and was devising a mental health awareness programme. Few uniformed officers had received mental health awareness training.

Recommendation

- 5.77 **Uniformed staff should receive mental health awareness training.**

Section 6: 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.

6.1 Strategic management of learning and skills was good. Vocational training had been extended and resulted in better employment opportunities for prisoners. Activity places met the demands of only around 66% of the population. A recently introduced two-day induction process was at an early stage of implementation and had yet to meet prisoners' needs fully. A good range of Skills for Life programmes was provided but personal and social development employability programmes were limited. Accommodation and learning resources in education were of good quality. Tutors, instructors and workshop officers promoted a culture of respect and prisoner behaviour was good. Teaching, training and coaching were good and sessions well managed. The range of vocational training was satisfactory but limited for vulnerable prisoners. Achievement of qualifications was generally good. Prisoners developed good employability skills at work but these were not formally recognised or accredited. There was insufficient support to develop learners' literacy and numeracy skills in workshops. The newly refurbished library offered good facilities but opening times were limited during the day.

Leadership and management

- 6.2 The strategic management of learning and skills was good. The development and introduction of two new regime buildings to house education, training and work had been well managed, with minimum disruption to learning. The new provision had been carefully planned and provided a high quality learning environment. Senior managers were committed to improving and extending provision. The use of additional funding outside the offender learning and skills service (OLASS) contract had extended vocational provision considerably to provide better opportunities for prisoners. Consultation had taken place with external agencies to ensure that provision met the needs of employers and government training priorities.
- 6.3 Equality and diversity were promoted satisfactorily, and tutors provided an inclusive learning environment. Differentiated teaching activities were provided and there was good attention to learners' preferred learning styles. Safety and security in education and in vocational training and work were promoted well. Tutors, instructors and workshop officers promoted a culture of mutual respect and prisoner behaviour was good. Learner and staff safety was prioritised. An active safety monitoring plan was in place for learning and skills, with identified actions and timescales for improvement. The Manchester College gathered prisoners' views in an annual survey; the results were measured against the performance of other, similar prisons, and improvements were identified and actioned.
- 6.4 There were quality improvement arrangements but they had not been implemented effectively across the prison. The prison had experienced a range of changes, including a change in the education and Careers, Information and Advice Service (CIAS) contractors in August 2009 and

a period of extended absence through ill health of two consecutive heads of learning and skills. The implementation of some quality assurance systems across the prison had been delayed as a result. The self-assessment report was out of date and much of the content no longer relevant, as it applied to the previous OLASS and CIAS providers' provision.

- 6.5 Performance data were used well by The Manchester College to measure learner performance. Prison data were not kept centrally to measure the performance of vocational training. The Managing Information Across Partners (MIAP) system, which allows the transfer of information about educational level and attainment across prisons, was not sufficiently well used to inform staff of prisoners' education and training background. Many prisoners were required to repeat the literacy and numeracy screening test unnecessarily. Training was taking place to improve staff skills in using the system.

Recommendation

- 6.6 **Quality improvement processes should be implemented to inform the self-assessment procedure.**

Induction

- 6.7 A recently introduced two-day induction process assessed new prisoners' literacy, numeracy and language needs before being allocated to an activity. This included prisoners participating in a group provided by A4E, the CIAS provider, and then having an individual interview with an A4E worker to decide on the most suitable education, vocational training and work opportunities to meet their needs. The process was not yet working efficiently or effectively. Some prisoners due to attend were not sent to education induction by house block officers and non-attendance reduced prisoners' opportunity to be allocated to an activity place.
- 6.8 Learners undertook a ready for work accredited course unit but this was not suitable for most prisoners, who were starting their sentence and would not be able to use these acquired skills for some time.
- 6.9 Allocation to activities was carried out by two separate units and the process was disjointed. Waiting lists could not be easily analysed to ensure that prisoners did not wait too long before being allocated to an activity. There were well advanced plans to streamline the process and allocate activities from a central unit.

Recommendations

- 6.10 **The quality of the new induction process should be monitored and improvements implemented to ensure that it functions effectively and efficiently.**
- 6.11 **Plans to allocate activities from a central unit should be implemented and waiting lists analysed regularly.**

Work

- 6.12 There were insufficient activity places, catering for only approximately 66% of the population. There were 215 education places, 97 vocational training places and 409 workplaces. Nearly a quarter of the workplaces offered only menial work. When the new regimes 2 activity building

became fully functional it would provide approximately 217 additional places, which would meet the needs of 83% of the current population.

- 6.13 Work was provided in the kitchen, food serveries and as wing cleaners or orderlies. Rates of pay were equitable. There were 100 places in prison workshops. Three production workshops manufactured flat-pack furniture. One cut and manufactured the component parts, the second produced the upholstery components and the third assembled the furniture in preparation for delivery. This provided well-structured training and good opportunities for prisoners to progress to more complex jobs within each of the workshops. Work was produced to a high standard and prisoners developed good work skills, such as team working, taking instruction and problem solving. However, the good work skills developed by prisoners in these workshops were not recognised or recorded. The prison also provided opportunities for prisoners to work in the print workshop, which produced books for community projects and much of the internal prison publications. Vulnerable prisoners had access to work in the textile workshop, the DHL warehouse and as visits cleaners. Workshops operated to a commercial standard and accommodation was generally good.
- 6.14 Attendance at prison workshops was low, at approximately 73%. During the inspection, punctuality was poor, with prisoners arriving approximately 15 minutes late, and some finished their working day early.

Recommendations

- 6.15 **The opportunities for prisoners to acquire accredited skills at work should be increased.**
- 6.16 **Attendance and punctuality should be improved in all activities.**

Vocational training

- 6.17 The range of vocational courses was satisfactory for the current prison population and focused well on linking courses to improving the employability of prisoners on release. Achievement on most courses was good, with most prisoners who completed their courses achieving the qualification. However, achievement was low on information and communications technology courses. Standards of behaviour were good.
- 6.18 Hartlepool College provided vocational training through specific contracts with the prison in laundry at National Vocational Qualification (NVQ) level 2, waste management at NVQ level 1 and horticulture at levels 1 and 2. The prison had secured European Social Funding to provide training in fork-lift truck driving, also delivered by Hartlepool College. A joint partnership between the prison and The Manchester College provided a level 1 qualification in industrial cleaning. It also provided a multi-skills workshop, training prisoners to level 1 in woodwork, tiling and plumbing, painting and decorating, the construction site safety certificate and information communication training. The prison offered a City and Guilds straight-knife cutting qualification in the textile workshop, which was the only vocational training that could be accessed by vulnerable prisoners.
- 6.19 An NVQ qualification had previously been available in the kitchen but this was currently unavailable (see section on catering). There were waiting lists for many of the most popular courses.

- 6.20 The standard of vocational training workshop accommodation was generally good. Coaching and training were good and tutors were skilled at helping prisoners to develop confidence as they acquired new skills. Individual learning plans were used satisfactorily and prisoners were generally aware of what they need to do to progress. Assessment planning and recording were satisfactory. Literacy and numeracy support was not available in workshops. However, tutors in the multi-skills workshop linked numeracy well to the vocational training taking place.

Recommendations

- 6.21 **The range of vocational training should be increased for vulnerable prisoners.**
- 6.22 **Literacy and numeracy should better integrated into workshops.**

Education

- 6.23 Education was provided by The Manchester College and offered 60 full-time places and 155 part-time places in the morning and the afternoon. Eight learners were studying introductory Open University courses. The range of Skills for Life courses was good and provided progression routes from entry to level 2 learning. Literacy and numeracy support was provided in a classroom session for prisoners at work. There was no evening or weekend provision. Skills for Life, personal development and employability courses were offered to vulnerable prisoners on their residential house block. However, the range of personal development employability courses was too narrow.
- 6.24 Achievement rates in 2009/10 on personal development courses were high. Achievement data from previous years were unavailable. Learners on Skills for Life courses made good progress and many moved on to higher-level learning. Tutors monitored learners' progress well.
- 6.25 Teaching and learning were good. In the best classes, tutors' classroom management was good. Occasional poor behaviour was challenged effectively and promptly. Most tutors made good use of a wide variety of high-quality learning materials. In English for speakers of other languages (ESOL) classes, tutors differentiated tasks well to ensure that the range of learners' abilities was met. Most tutors prepared classes well and provided tasks that challenged prisoners and developed their skills well. Punctuality was poor and delayed the start time of some classes (see recommendation 6.16).
- 6.26 Classrooms were well furnished and the design allowed furniture to be arranged to facilitate the needs of planned tasks, such as group work.
- 6.27 Assessment processes were satisfactory but the quality of individual learning plans varied and target setting to guide prisoners' progress was weak. Too few tutors referred to learners' targets in classroom sessions. Prisoners were not sufficiently involved in setting and reviewing their learning targets.

Recommendations

- 6.28 **The range of personal development employability courses should be increased.**
- 6.29 **The collection of achievement data by the prison should be improved, to ensure that course performance can be monitored regularly.**

- 6.30 **Tutors should develop individual learning plans, to set clear targets to measure learning, and involve prisoners more in the process.**

Library

- 6.31 The newly refurbished library was located in a centrally accessible position in the prison. Library services were provided by Stockton Borough Council and managed by two qualified librarians, who job shared, and three part-time library assistants.
- 6.32 The library was open for 38.5 hours each week during the morning and afternoon, and from 8.45am until noon on Saturdays for prisoners who were in full-time work and unable to access the facilities on weekdays. It also opened at lunchtime and in the late afternoon for education staff to use the resources to prepare for classes. Membership of the library was satisfactory, at between 75% and 80% of the prison population, and approximately half of the population used it regularly. However, prisoners on some house blocks complained of limited access, and in our survey only 21% said that they went to the library at least once a week, which was lower than at comparator prisons.
- 6.33 There were close links with local libraries and books were obtained promptly if not available in the prison library. Library staff promoted library services well. All new prisoners received information about the library at induction. Library staff supported prison-themed events, such as diversity, and prepared promotional displays in the library.
- 6.34 Resources were satisfactory and there was a stock of over 1,100 books, CDs, audio tapes and easy-reading books. The library also provided computer programs to support learning. Library staff worked closely with health services staff to promote books for prisoners with mental health issues, and encouraged reading activities which prisoners could share with their children. Prisoners were encouraged to develop their children's reading skills through the library-run Superdads programme. The Toe by Toe peer mentoring programme to support and develop prisoners' literacy skills had been slow to start.

Housekeeping point

- 6.35 All prisoners should be facilitated to access to the library at least once a week.

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.

- 6.36 PE facilities and access to them were good and they were well utilised by prisoners. A new all-weather outdoor pitch was near completion and would extend outdoor sports facilities. Indoor facilities were good, with the exception of the free weights room, which was too small and poorly ventilated. Most prisoners had access to up to five sessions a week but prisoners on remand who exercised their right not to work were limited to only one gym session a week. The range of vocational courses and the achievement rates of qualifications were good.

- 6.37 PE facilities and access to them were good. In our survey, 47% of prisoners said that they had access to the gym at least twice a week, which was better than the 42% comparator. The gym was open from 8.15am until 7.15pm each weekday and from 8.15am to 3.30pm each weekend. Most prisoners could access up to five sessions a week. Employed prisoners were given priority in the evening and at weekends. However, prisoners on remand who exercised their right not to work only had one gym session a week. Vulnerable prisoners had access to the gym twice a day during the week, once at weekends and had two evening sessions. Monitoring of gym usage indicated that access for different groups of prisoners was equitable.
- 6.38 The gym was staffed by three senior officers and 10 officers. Two prisoners worked as mentors and six as gym orderlies. Facilities were good and included a cardiovascular area, a large sports hall and a free weights area. The free weights area was too small for the number of prisoners wanting to access it and was poorly ventilated. The sports hall was used regularly for five-a-side football, badminton, tennis, volleyball, basketball and circuit training. The PE department could also use exercise yards on two house blocks but did so infrequently. Completion of new outside facilities would provide opportunities for nine-a-side football on an all-weather surface.
- 6.39 The shower area in the sports hall was too small for the number of prisoners who used the gym. Most, however, chose to shower in their house blocks, to maximise their time in the gym. Clean gym kit was provided weekly. Prisoners on three of the house blocks had access to washing machines to launder their kit in between the weekly changes but those on other house blocks did not.
- 6.40 Links with the health centre were good. Induction to PE was appropriate and included a full health assessment. The range of activities reflected the needs of the prison population, with remedial courses for those who were overweight, the over-50s and for prisoners with mental health problems.
- 6.41 PE provided a range of accredited course. A range of personal development courses was also delivered by PE officers and included family matters, alcohol and drugs awareness and healthy lifestyle courses. Classroom facilities were good and staff appropriately qualified. There were few recorded accidents or incidents.

Recommendation

- 6.42 **The new outside facilities should be fully utilised as soon as possible.**

Housekeeping points

- 6.43 All remand prisoners should be offered gym access at least twice a week.
- 6.44 The size of the free weights area should be increased and ventilation improved.

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.

- 6.45 The prison recorded time out of cell accurately, at an average of 7.4 hours every weekday. Published timings were adhered to and association was rarely cancelled. Supervision of association was not always adequate and interaction was often poor. Movement to activities was not punctual. Prisoners were not provided with outdoor clothing to allow them to take exercise in adverse weather conditions, and full-time workers could not take exercise in the fresh air on weekdays. Exercise yards lacked seating and the activity facilities could not be used because of the unavailability of trained staff.
- 6.46 The prison recorded an average weekday time out of cell of 7.4 hours. This appeared to be reasonably accurate because the core day allowed for prisoners who were full-time employed to spend eight hours 45 minutes, part-time employed five hours 15 minutes and unemployed two hours 45 minutes unlocked. In our survey, 12% of respondents said that they spent 10 or more hours a day out of cell.
- 6.47 We conducted checks of prisoner activity on three occasions during the inspection and found that 40%, 46% and 36% of prisoners, respectively, were locked in their cells, which was an improvement on the situation at the previous inspection. The proportion of prisoners at activities away from the house blocks was consistently around 30%.
- 6.48 Exercise and association times were publicised on the house blocks and the timings were adhered to during the inspection.
- 6.49 Exercise was cancelled in inclement weather and no weatherproof clothing was offered to allow prisoners to exercise during such times.
- 6.50 Association was rarely cancelled; when they occurred, such cancellations were confined to a single wing, if possible, and staff were redeployed to ensure that individual house blocks were not disproportionately affected.
- 6.51 The level of supervision and interaction that we observed during association was mixed. On the older house blocks, staff spent most of the time in chairs at one end of the ground floor while prisoners were on both the ground floor and first landing. On the newer house blocks, staff were more mobile and interacted with prisoners during association.
- 6.52 Prisoners were locked out of their cells during association. If they took a shower during this period, they had to keep towels and toiletries with them throughout the session (see also section on security and rules).
- 6.53 Movement to activities was by a free-flow system, which operated at the beginning and end of sessions. This operated reliably but it was not effective in ensuring punctuality to work and education sessions (see section on learning and skills and work activities).
- 6.54 Exercise sessions were well supervised. They took place at the same time as work and education sessions, so prisoners in full-time activities did not have the opportunity to exercise in the fresh air, except at weekends. Exercise yards were bare and did not contain seating. The exercise yard attached to house block 6 contained basketball hoops and other yards had pitches marked on them but prisoners could not use them without trained gym staff being present.

Recommendations

- 6.55 **Staff should actively supervise all areas where prisoners are located during association.**
- 6.56 **Prisoners should be allowed access to their cells during association.**
- 6.57 **Prisoners should have the opportunity and clothing to enable them to use outside exercise areas every day and, where possible, this should include sports activities supervised by staff.**

Housekeeping point

- 6.58 Seating should be provided in all exercise yards.

Section 7: 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.

7.1 Procedural security in some areas was disproportionate. The number of security information reports had increased but they were not always used effectively. There was an appropriate range of measures to compensate for a temporary breach in the outer perimeter wall to facilitate expansion building works. Prison rules were explained during induction and reinforced on the wings. There were some collective punishments in place.

Security

- 7.2 Physical and procedural security measures were mainly well managed and sound, although, given the high proportion of category C prisoners, there were some disproportionate restrictions in place: civilian staff were not allowed on the upper secure walkway during prisoner movements and the electric 'tug' used for delivering meals to the residential units could not be used during prisoner movement, despite the prisoners being in a secure corridor on the floor above. Some of the workplaces (the kitchen and prison shop packing store) retained a discipline officer, although it was unclear why this was necessary. The video equipment in the control room was of poor quality, with some small black and white monitors in use.
- 7.3 There was a temporary gate in the perimeter wall to allow access to the building compound, where the new activity centre was nearing completion. The arrangements for entry to and egress from the building compound had been carefully considered. There was an appropriate staff presence and additional control measures had been installed within the secure side of the prison to mitigate the risks involved.
- 7.4 There was one prisoner on the escape list who had been returned to the establishment following an incident at HMP Acklington. He was being retained on the list during completion of the building work. Intelligence suggested that the incident had been a protest by the prisoner to be returned to Holme House for the last few months of his sentence, and we were not convinced that, given the actions taken to mitigate the perimeter wall breach, he posed an escape threat.
- 7.5 The quality of dynamic security was mixed. Around 40% of prisoners were locked up during our roll checks and it appeared that officers' default position was to keep prisoners locked up whenever possible. A large increase in the number of security information reports (SIRs) following an exercise to encourage the submission of security reports indicated that staff were passing on intelligence informed by their interactions with prisoners, although the variable quality of staff-prisoner relationships (see section on staff-prisoner relationships) limited the value of intelligence thereby obtained.

- 7.6 In the first six months of 2010, there had been an average of 400 SIRs a month, providing an in-depth range of intelligence, which was analysed by both the security department and the security committee monthly. Responses to SIR information were mixed. Intelligence-led cell searches were mostly responded to quickly but we came across 10 suspicion-based mandatory drug tests which had not been responded to for around five to six days after the date of submission of the SIR.
- 7.7 The main subjects of SIRs were drugs, mobile telephones, and assaults and threats. There was a well-attended monthly security committee meeting, chaired by the governor, which included attendance by staff from the safer custody department and the escort contractor, two police liaison officers, and residential and operations governors. The meeting generated a range of statistical data, which were analysed, monitored and acted on each month. In an attempt to encourage and promote whole-prison inclusion, there was also a weekly security briefing meeting for middle managers, where all areas of the prison were given information about current themes and areas of concerns.
- 7.8 The risk assessment process for assigning access to activities was reasonable, and workplaces were designated as low, medium or high risk. Prisoners requesting to work in either medium- or high-risk workplaces were individually assessed by the security department. The process had recently been speeded up with the introduction of a tracking system and management oversight to ensure, where possible, a 24-hour response from the security department. Some of the assessments we saw were vague, with a predisposition toward refusing access to workplaces.
- 7.9 Strip-searching was carried out on all prisoners entering and leaving the prison in reception (see section on first days in custody), those undertaking a mandatory drug test, all those subject to a cell search and most of those entering the segregation unit (see section on segregation unit).
- 7.10 When the prison had substantial evidence that contraband was being brought in during visits, staff refused entry to the visitors unless they agreed to be strip searched. If they refused, they were detained until the police arrived. It was not appropriate for the prison to strip search visitors.
- 7.11 At the time of the inspection, 11 prisoners were subject to closed visits for three months. They were reviewed monthly, and we came across examples where intelligence had indicated a reduction in risk and prisoners had subsequently been removed from closed visits before the three-month period had elapsed. There were 85 visitors subject to bans, including 35 ex-prisoners who were considered to be highly involved in drug supply or use. Three of these had been given lifetime bans, with the remainder being banned for either six or 12 months.

Recommendation

- 7.12 **Protocols with the police should ensure that prompt and effective police support is provided to any incident where there is substantial evidence that a visitor is bringing drugs into the prison. The visitor should not be strip searched but in these circumstances should be detained for a short time until the police arrive.**

Rules

- 7.13 Prison rules were explained during induction, and prisoners signed to acknowledge that they understood them. This was further reinforced on the wings and in workplaces by notices and

staff interaction. There was evidence on wing noticeboards, and on talking to staff and prisoners, of collective punishments, where association and gym sessions were curtailed for 30 minutes on residential units if there was a build-up of litter outside cell windows; meeting minutes indicated that this had been approved by the governor.

- 7.14 Staff did not automatically default to adjudications when dealing with disciplinary issues but used the incentives and earned privileges (IEP) system to reinforce prison rules (see section on incentives and earned privileges). We observed segregation unit staff reviewing reports for adjudications and advising staff of possible alternatives to adjudications where appropriate.
- 7.15 Prisoners were routinely not allowed to be on the upper landing during association on house blocks 1 to 4, so those who were accommodated on these landings (including enhanced prisoners) had to shower on the other landings during association. We were offered no explanation for this, other than that prisoners on this landing could not be supervised from the ground floor.

Recommendations

- 7.16 **The video equipment in the control room should be updated.**
- 7.17 **The quality of security assessments of prisoners' suitability for activity places should be clear and balanced.**
- 7.18 **There should be no collective punishments.**
- 7.19 **Prisoners who are accommodated on the upper landing should not be denied access to their landing during association periods.**

Good practice

- 7.20 *There was a weekly security briefing meeting for middle managers, where all areas of the prison were given information about current themes and areas of concerns.*

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.

- 7.21 The adjudication process was sound, with prisoners participating fully and adjudicators investigating the charges thoroughly before coming to their verdict. Governance of the use of force was inadequate, the number of incidents had increased and use of the special cells was high. The segregation unit was clean and all cells were in a good state of repair. Prisoners were routinely searched when being located onto the unit. Segregation staff demonstrated a sound knowledge of the prisoners in their care.

Disciplinary procedures

- 7.22 There had been a reduction in the number of adjudications since the previous year, with 447 in the first six months of 2010 against a full-year total of 1,248 in 2009, despite the increase in the capacity of the prison. Drugs, fights and unauthorised possession were the most common charges laid.
- 7.23 Minutes from the combined segregation and adjudication meetings demonstrated in-depth analysis of data to identify trends and emerging themes; data included length of stay on the unit, analysis of common offences, demographics of offence and origin, quality checks of adjudication paperwork, safety algorithms and diversity issues.
- 7.24 Staff issuing adjudication paperwork ensured that prisoners understood the process and the charges; this was reinforced by the adjudicating governor. Interpreting services were used for prisoners who did not speak English. The adjudications we observed were sound, with adjudicators investigating the charges thoroughly before coming to their verdict and adjournments for legal advice if requested by the prisoner. Although available if requested, prisoners were not given a pencil and paper with which to make notes and there was no verbal explanation of appeal procedures at the conclusion of the hearing.
- 7.25 Some serious charges were referred to the independent adjudicator, who attended at least every 28 days. A sample of three of the independent adjudicator's hearings showed minimal recording, with two or three lines being written, stating 'charge as recorded, guilty, credit given for guilty plea'.
- 7.26 The waiting room for adjudications was bare and offered no activity for prisoners, who could wait up to three hours for an adjudication to start.

Housekeeping points

- 7.27 A pencil and paper should be provided for each prisoner undergoing adjudication, and the appeals procedure should be explained verbally.
- 7.28 Prisoners should not be held for long periods awaiting adjudications. They should have something to occupy them while they wait.

The use of force

- 7.29 The use of force was low, at 9.7 uses per 100 prisoners, but had increased from 151 uses in 2009 to a projected 192 (96 in the first six months) in 2010. A review of all uses of force between April and June 2010 showed that, of 65 recorded incidents, nine had not involved any form of restraint and 45 had included the use of handcuffs, predominantly for prisoners being taken to the segregation unit (although some managers had not authorised handcuffs to be used). Two of the uses of force we reviewed were disproportionate, involving one prisoner who refused to clean up food he had thrown and another who threw a chair in his cell following an IEP review.
- 7.30 Reviews of three video-recorded planned removals showed compliant prisoners being subject to restraints, and on every occasion escorted to the segregation unit by staff using full control and restraint (C&R) equipment. All videos were incomplete and did not provide a sequential account of the incident or record the full relocation process.

- 7.31 The quality of use of force paperwork was mixed, with some officers providing distinct, comprehensive accounts of their actions and others reverting to statements such as 'correct C&R techniques were used' and 'only minimum effective force was used'. Attempts at de-escalation were not always recorded in the examples we sampled, although all documentation had been certified by an appropriate manager. Injury report forms were not included for all incidents of use of force and, where they were, over 50% were incomplete.
- 7.32 A manager reviewed the use of force paperwork quarterly and produced a report to the governor. Although there was a good range of analysis, this was not regularly disseminated to the monthly control and restraint committee, which was usually chaired by the head of operations. This meeting focused mainly on training and equipment and there was little evidence of regular analysis of trends, incidents or paperwork. There had been no analysis of the recorded planned removals.
- 7.33 Use of the special cells was high, and had been so for the previous three years, with a reduction in 2009 due to the relocation of the segregation unit to house block 3. There had been nine uses of the special cells in 2010, as a result of incidents in which cells had been damaged on the segregation unit, threats made to staff from behind segregation unit cell doors, and instances of flooding of cells. The average length of stay in special cells in 2010 had been over 21 hours, and paperwork showed that prisoners were sometimes held there longer than necessary.

Recommendations

- 7.34 **Prisoners should not be routinely handcuffed when being taken to the segregation unit.**
- 7.35 **De-escalation should be used where appropriate.**
- 7.36 **The control and restraint committee should regularly review all use of force documentation and videos, monitor trends and highlight areas for improvement.**
- 7.37 **Injury report forms should be completed and included in the management check of use of force paperwork.**
- 7.38 **The use of special cells should be as a last resort and for the minimum amount of time possible.**

Housekeeping points

- 7.39 All video recordings should provide a sequential account of the incident and record the full relocation process.
- 7.40 Staff should be trained to complete use of force paperwork to an appropriate standard.

Segregation unit

- 7.41 The segregation unit was clean and all cells had in-cell sanitation and were in good order. There were 32 cells, including the two special cells (one of which had been adapted for managing dirty protests). Staff made daily checks to ensure that the cleanliness of the unit was maintained and that levels of graffiti were low. An additional four large, well-equipped cells had been added as part of the prison's expansion. These cells were identified as 'de-escalation

cells', to be used to calm prisoners down following incidents before being returned to their wings. These cells were underused, having collectively been used less than once a month since they had been brought into use. Two of the cells were used as strip-search cells, and were bare, with the exception of a bedding plinth on the floor. Staff could not explain the rationale for these cells.

- 7.42 There were two wing cleaners on the unit, who were used to good effect; graffiti observed in the holding room was quickly cleaned off and the servery and communal areas were maintained to a high standard.
- 7.43 There were between five and seven segregated prisoners during the inspection, and segregation unit staff demonstrated a sound knowledge of them. Staff-prisoner interaction was good and the prisoners that we spoke to were positive about the staff. Prisoners were given a written set of rules when located on the unit, including information on who their personal officer would be while on the unit; these rules were further explained in a one-to-one interview with one of the unit staff.
- 7.44 Prisoners were routinely strip-searched on location to the unit, with the exception of those attending for adjudications or who had been stripped before arrival at the unit. Permission was required from the duty governor following a risk assessment, which, although recorded, failed to explain why a strip-search was deemed necessary. No log of strip-searches was maintained on the unit. Safety algorithms had been completed in all of the records we observed.
- 7.45 The regime allowed for daily access to exercise, showers, telephone calls, the use of a small unit library and some in-cell education, although none of the prisoners on the unit during the inspection were engaged in education and none of the staff could name anyone who had been in recent months. There was no association facility on the unit and no evidence of prisoners attending work or offending behaviour programmes. There were television aerial points in cells, but only the four de-escalation cells contained televisions. The two segregation unit exercise yards were clean but bare and bleak, with no seating or activity equipment.
- 7.46 The IEP scheme was reportedly run as on normal location. However, one prisoner being held on the unit pending a police investigation was not allowed a television, despite being on the enhanced level of the IEP system. Segregation unit staff were assigned to prisoners as personal officers on a cell location basis. Wing personal officers did not retain responsibility for prisoners located on the unit.
- 7.47 Paperwork recording initial and ongoing authorisation to locate prisoners on the segregation unit gave basic but clear reasons for its use, and multidisciplinary reviews were held at least once every two weeks for all prisoners segregated for reasons of good order or discipline (GOOD), which always included attendance from representatives of the Independent Monitoring Board (IMB) and the health care department. Ongoing records contained few qualitative comments, with mostly inappropriate stamped entries referring to prisoners serving cellular confinement punishments. There were no management/care plans or reintegration strategies for dealing with long-term residents. During the inspection, a punitive strategy was proposed for a prisoner who refused to relocate to normal location. This was stopped by the governor.
- 7.48 Although records of contact were supposed to be maintained for all prisoners located on the unit they were not always completed and we witnessed a mental health in-reach team visit which was not recorded. Prisoners were visited daily by a governor and a member of the chaplaincy team, and often by other departments such as the IMB or health care, but these visits were also not always recorded in prisoners' unit records.

- 7.49 Few of the unit staff (or adjudicating governors) had undergone any mental health awareness training and none had undergone motivational interviewing training.
- 7.50 There were minimal transfers out from the segregation unit; staff told us that the establishment had a policy of not transferring prisoners on the basis of poor behaviour. Most prisoners who had elected to stay on the segregation unit eventually returned to the wings.

Recommendations

- 7.51 **Alternative uses should be found for the two strip-search cells.**
- 7.52 **Prisoners being located on the segregation unit should only be strip-searched when a risk assessment indicates that this is necessary. When this is deemed to be required, a log of all strip-searches should be maintained, including the reasons for them.**
- 7.53 **Subject to risk assessment, prisoners in segregation should be allowed to attend work, education, religious activities and programmes.**
- 7.54 **The IEP scheme should be run in parallel with that on normal location.**
- 7.55 **Staff working on the segregation unit should be trained in de-escalation, race equality, suicide prevention, mental health awareness, personality disorder and motivational interviewing.**
- 7.56 **Care plans, and reintegration strategies where appropriate, should be developed for long-term residents of the segregation unit.**

Housekeeping points

- 7.57 The segregation unit exercise yards should be clean, free of graffiti and contain adequate seating.
- 7.58 Records should accurately reflect the levels of interaction with prisoners in the segregation unit and the staff involved.
- 7.59 Paperwork which authorises cellular confinement should contain detailed explanations for the decision.

Incentives and earned privileges

Expected outcomes:

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

- 7.60 The three-tier incentives and earned privileges scheme was not used effectively as a behavioural management tool, primarily because of the limited contributions to the electronic wing files. Prisoners felt that there was little incentive in attaining enhanced status because of the limited additional privileges available to enhanced prisoners. In our survey, fewer prisoners

than the comparator were on the higher level of the scheme. The policy had recently been reviewed and, while staff demonstrated an understanding of the scheme, prisoners were unclear about it. Prisoners could experience the double jeopardy of being punished on adjudication and placed on basic for the same single incident.

- 7.61 The IEP policy had recently been reviewed and updated (June 2010) and provided guidance for staff in applying the scheme. There was also evidence of regular reviews following any changes to the Prison Service Order on IEP. Staff demonstrated an understanding of the scheme. However, despite notices outlining the changes and key elements of the scheme, prisoners we spoke to knew little about the scheme and felt that there was no benefit in achieving enhanced status. They were also sceptical about whether staff processed applications for enhanced status. In our survey, only 43% of prisoners felt that the scheme encouraged changes in behaviour.
- 7.62 The key benefits of progression in the IEP scheme for prisoners, both convicted and unconvicted, were an increase in the number of visits allowed and the amounts of money that could be spent each month. The differential between privileges on the standard and enhanced levels was relatively small and further supported prisoners' views that there was little incentive to work toward enhanced status.
- 7.63 Prisoners did not always get the privileges to which they were entitled. For instance, some prisoners on the standard level had not been provided with televisions.
- 7.64 At the time of the inspection, fewer prisoners at the establishment than at comparator prisons were on the higher level of the scheme, with 147 (13.65%) prisoners on enhanced, 918 (85.15%) on standard and 13 (1.20%) prisoners on the basic level. The scheme was applied consistently across the prison and there were prisoners on all levels of the scheme on each of the residential units. Prisoners on the basic level were managed well, with weekly targets and reviews. Residential managers took an active role in the governance of the reviews and ensured that the required quantity and quality of comments were completed. Written warnings were reviewed by a senior manager before a prisoner was demoted to basic as a result of continued poor behaviour.
- 7.65 There was little upward movement in the scheme. The P-Nomis system was underused (see section on personal officers), which resulted in there being limited evidence to support promotion to a higher level of the scheme; the requirement for a minimum of one quality IEP entry per week on P-Nomis was included in the policy but not practised. Also, until recently, prisoners arriving from other establishments already on the enhanced level had automatically been demoted to standard. Most entries we observed in a random selection of prisoners' electronic files were negative, suggesting that the system was being used to identify only poor behaviour, rather than recording a balanced view of a prisoner's behaviour.
- 7.66 The policy stated that three written warnings in a three-month period would trigger a review. Any prisoner suspected of being a bully or racist, or who had been found guilty of a single 'serious' offence, was subject to a review board; this included demotion to basic of any prisoner found guilty of possession or use of class A drugs, and by one level (almost inevitably standard to basic) for class B and C drugs. Staff and prisoners felt that this process was a formality, and that downgrades were automatic.
- 7.67 Prisoners could appeal against IEP board decisions using the complaints system. The head of residence considered these appeals and replied in writing or reconvened a board, if he deemed it appropriate.

Recommendations

- 7.68 **The differential between the standard and enhanced levels of the IEP scheme should be sufficient to motivate prisoners to achieve enhanced status.**
- 7.69 **There should be regular IEP entries in P-Nomis files according to the stated policy.**
- 7.70 **Prisoners should not automatically have their IEP level downgraded following an adjudication without a separate review.**

Housekeeping point

- 7.71 Prisoners should be provided with privileges and facilities appropriate to their IEP level.

Section 8: 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.

- 8.1 The main kitchen was not sufficiently clean but was adequately equipped. Prisoners had a choice of several options for lunch and tea and fresh fruit was provided with lunch each day. A cooked breakfast was available to all prisoners, except those going to court. The quality of the food was reduced at the point of serving because of the length of time it was kept in the hot trolleys before serving. Many prisoners complained about the quality of meals and there was limited consultation with them. Prisoners had to eat in-cell, with inadequately screened toilets.
- 8.2 The large kitchen was not adequately cleaned at the end of each session. There was food waste behind the cookers and on floors underneath appliances. Walls in the vegetable preparation area were splattered with food waste and there was blood on some of the fridge doors. The food trolleys were not cleaned after each use and some had baked-on food waste inside them. Food was prepared in suitable conditions and staff and prisoners were appropriately dressed. The kitchen was adequately staffed but employed only around 15 prisoners. The catering manager confirmed that the kitchen was given a thorough clean only every four days.
- 8.3 The kitchen contained an appropriate amount of equipment for the size of the establishment but some appliances were out of order, with no guarantee of when they would be repaired. This was having an impact on the catering manager's ability to provide the full menu. Some of the cupboards containing hazardous substances on the serveries could not be locked and were kept shut with paper jammed in the doors.
- 8.4 None of the prisoners working in the kitchen or on the wing serveries had undergone accredited hygiene or food handling training and only three of them had done any training at all. There were no prisoners undergoing any National Vocational Qualification (NVQ) training, although there were plans to introduce this in collaboration with the education supplier. Prisoners on the serveries did not understand the colour coding of cleaning equipment.
- 8.5 Food was taken to wing serveries in trolleys via an electric 'tug'. Food temperatures were taken before leaving the kitchen, on arrival at the wings and at the point of serving. There were sometimes long periods between the food being placed in the trolleys and being served on the wings, mainly due to the requirement to send the food out before prisoner movement (see section on security and rules). This led to a deterioration in the quality of the food, which was the main issue that prisoners in our groups and on the wings complained about. There was a comprehensive record sheet for each mealtime but only the temperatures were recorded and not the times of delivery and service. There was also no record of the amounts of food wastage.
- 8.6 Serveries were clean and adequately equipped, and servery workers were appropriately dressed when serving food. Prison staff we saw behind the serveries did not wear white coats, hats or gloves. Serveries were not all cleaned after the evening meal and food was left on

hotplates and on some serveries until the next morning, when the servery was cleaned before breakfast.

- 8.7 All diets were catered for. Prisoners pre-selected their meals from a four-week menu cycle which included hot and cold choices for lunch and tea. A cooked breakfast was available to all prisoners, except those going to court. Menus indicated halal, vegetarian, vegan and low-fat options. A large number of special menus were provided following medical requests.
- 8.8 Fresh fruit was provided with lunch each day. We were told that oranges were not allowed, as drugs had once been found in one. Similarly, cling film was not permitted in the kitchen, leading to the use of non-food-grade waste bags to cover food. The current security governor was not aware of any of these sanctions and undertook to review them.
- 8.9 The storage of halal and non-halal food was inadequate. We saw a rack of trays of uncooked halal sausages being kept next to a rack of trays of cooked pork joints, with neither being covered. Storage facilities were similarly poor, with no demarcation of halal or non-halal areas in refrigerators and freezers and only small identification markers on the boxes of food. Storage areas were generally untidy. There were two fryers set aside for cooking halal food but they were not marked as such. Food was prepared using separate tools but the same cooking trays. Prisoners on wing serveries were aware of the requirement to use separate tools for serving halal and non-halal meals, but this was not the case in the reception servery, where there was a cross-contamination issue.
- 8.10 There were no food comments books at the serveries. There was provision on the back of the servery monitoring form for comments to be added but most of the prisoners we spoke to (including servery workers) were not aware of its existence. In our survey, only 17% of respondents, worse than the 24% comparator, said that the food was good or very good. There was no current formal consultative committee for catering and there had been no consultation meetings for over 18 months. There had been few formal complaints about the catering in the first six months of 2010. A food survey had been conducted in February 2010, with just over half of the surveys being returned. The quality, quantity, temperature, variety and standard of service had been rated as fair or poor in almost equal amounts. There was an impact assessment available but this had been completed over four years earlier.
- 8.11 Vulnerable prisoners complained about contamination of their food. There was no evidence for this, although trolleys in the kitchen were marked to identify their destination. We observed the loading of the trolleys and there was no indication of which trays were going to be used until they were put in the trolleys, and there was adequate supervision of the trolleys from that point on.
- 8.12 The quality and portion size of the food we tasted were reasonable. Supervision was adequate at the serveries we observed. Meals were served at reasonable times, with the exception of the evening meal, which was served at 4pm on weekdays and at a reported 3.15pm at the weekend.
- 8.13 With the exception of house block 6, there were no facilities for prisoners to eat communally and meals had to be eaten in-cell, with inadequately screened toilets.

Recommendations

- 8.14 **There should be daily cleaning routines for all areas of the kitchen, to ensure that it is maintained daily at an appropriate standard. Serveries should be cleaned thoroughly after each use and waste food disposed of.**
- 8.15 **Prisoners and staff working in food areas should undergo appropriate training.**
- 8.16 **The catering manager should review the requirements of food management in consultation with the race equality officer and the Muslim chaplain and ensure appropriate training to avoid cross-contamination of halal meals delivered to all staff and prisoners involved in the preparation and serving of food.**
- 8.17 **The prison should investigate prisoners' poor perception of the catering service and consult with them regularly about it.**
- 8.18 **A full equality impact assessment should be conducted taking into consideration the changing demographics of the prison's population.**
- 8.19 **The evening meal should not be served before 5pm.**
- 8.20 **Toilets should be fully screened off where prisoners have to dine in-cell.**

Housekeeping points

- 8.21 **There should be an agreed period between the reporting of breakdowns of kitchen appliances and the attendance of the maintenance contractors to effect repairs.**
- 8.22 **Cabinets in serveries containing hazardous substances should be secured.**
- 8.23 **The times that food is cooked, placed in the hot trolleys, delivered to wings and served should be recorded.**
- 8.24 **All staff should wear protective clothing behind the serveries during mealtimes.**
- 8.25 **Food comment books should be readily available at all mealtimes.**

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.

- 8.26 **The prison shop list was reviewed through separate committees and there was no up-to-date impact assessment. Our survey showed that more than half of respondents were satisfied with the range of goods offered. It could take up to 14 days for a new prisoner to receive his first shop order. A 'swap box' was taken round at the time of shop order issue, to minimise returns and offer an alternative for items, such as birthday cards. Prisoners could purchase newspapers daily.**

- 8.27 The prison shop was run under the national contract by DHL. The current shop list comprised approximately 350 items. This had been reviewed regularly but not by a specific committee. There was evidence in the minutes of a range of prisoner committees that the prison shop was a regular discussion item. There had been an impact assessment but this was over four years old and it had not been reviewed.
- 8.28 In our survey, more than the comparator said that the shop sold a range of goods to meet their needs (52% versus 42%).
- 8.29 Shop orders were delivered to prisoners in their cells on different days, depending on their location in the prison. There was a catalogue ordering system; access to some of the catalogues was restricted to prisoners on the enhanced level of the incentives and earned privileges scheme. There was a £1 charge to cover the delivery cost of orders. New receptions could wait up to 14 days before they received their first full shop order but the prison had introduced advances and larger grocery and smokers' packs to ameliorate this (see section on first days in custody).
- 8.30 All prisoners could establish their current account balance by asking wing staff to retrieve the required information from the P-Nomis system.
- 8.31 Price lists were updated on residential units and special offers were advertised. A 'swap box' was taken round at the time of shop order issue, to minimise returns and offer an alternative for items, such as birthday cards.
- 8.32 Newspapers and periodicals were available for purchase through the library.

Recommendation

- 8.33 **A full equality impact assessment should be conducted taking into consideration the changing demographics of the prison's population.**

Housekeeping point

- 8.34 Prisoners should not be charged for catalogue orders.

Good practice

- 8.35 *A 'swap box' was taken round at the time of shop order issue, to minimise returns and offer an alternative for items, such as birthday cards.*

Section 9: 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.

- 9.1 The prison had a reducing reoffending strategy based on a 2008 needs assessment, both of which were under review. There was a comprehensive action plan but no agreed regional strategy. The bi-monthly reducing reoffending meeting provided a forum for staff and providers and was used effectively to oversee the strategy. There was little consideration or analysis of statistics relating to resettlement outcomes for prisoners. The integrated offender management project for high-risk prisoners was a recent positive innovation. There was no use of release on temporary licence to meet resettlement needs. House block 7 housed a resettlement unit, providing resettlement support and interventions for selected prisoners in the last 12 months of their sentence.
- 9.2 The prison had an up-to-date reducing reoffending strategy which addressed each of the resettlement pathways. There was no agreed regional strategy for the prison to refer to, so it was based on the national strategy. The implementation of the strategy was well coordinated. A resettlement needs analysis had last been carried out in 2008 and a new assessment and review of the strategy was under way during the inspection. The needs analysis on which the strategy was based was comprehensive and included a detailed analysis of the prisoner population and the specific needs of different groups in the prison, such as black and minority ethnic prisoners, foreign nationals and prisoners with disabilities. The new needs analysis included a separate questionnaire for prisoners on remand. The existing needs analysis had resulted in the introduction of two offending behaviour programmes, as well as provision of the resettlement unit on house block 7.
- 9.3 The action plan accompanying the strategy was comprehensive and regularly discussed and updated at the bi-monthly reducing reoffending meeting. Pathway leads were clearly identified. The meeting membership included internal departments and external agencies involved in the delivery of resettlement initiatives. All the pathways were included, with current provision outlined and a plan for future provision, with time-bound actions and potential outcomes for prisoners identified. There was little consideration and analysis of collected data relating to resettlement outcomes for prisoner in order to assess existing services and to inform future provision. Release on temporary licence was not used for resettlement purposes.
- 9.4 An officer had been involved in the Middlesbrough integrated offender management scheme since September 2009. He had responsibility as an offender supervisor for offenders both in prison and in the local community. At the time of the inspection, his caseload was 160 prolific or priority offenders (PPOs) and high crime-causing offenders (offenders with numerous arrests and an addiction to a category A drug), and he provided pre- and post-release support. The project included joint working with the police, Probation Service and prescribing nurses in the community. A further three officers had been identified to undertake similar work in other surrounding areas.

- 9.5 House block 7 included a resettlement wing for prisoners serving over 12 months who were in the last 12 months of their sentence. Not all prisoners on the wing met this criterion and there was little integrated working between this wing and the offender management unit (OMU). This had been recognised by managers and an initiative was under way for offender supervisors to identify suitable prisoners for location on this wing. Prisoners on the wing underwent a resettlement assessment with Nacro staff, and outstanding resettlement courses and interventions were identified. Prisoners completed diaries of important events which were checked regularly by resettlement staff on the wing. Prisoners on the wing were able to access several courses, such as Family Matters, Choices and Sure Start. Nacro and Citizen's Advice held weekly surgeries on the wing and prisoners were involved in a monthly meeting which fed into the reducing reoffending meeting.
- 9.6 Two prisoners worked on the wing as coordinators to refer prisoners to courses and undertake administration work but were not undertaking a qualification associated with this work.

Recommendations

- 9.7 **Data relating to resettlement provision should be analysed and monitored at the reducing reoffending meeting, to monitor current outcomes and inform future provision.**
- 9.8 **The prisoner administrators on house block 7 should be able to undertake a qualification related to their work.**

Good practice

- 9.9 *The involvement of Holme House officers in the integrated offender management scheme showed a commitment to reducing reoffending in the local area.*

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.

- 9.10 The offender management unit was well resourced and staff were trained, but managers were too often diverted to other duties. Some assessments were delayed. Offender supervisors and offender managers in the local areas engaged well with prisoners and contributed to sentence planning. There was no custody planning for prisoners serving less than 12 months. There were no formal pre-discharge arrangements and contact with prisoners before release was piecemeal. Too many prisoners meeting the criteria for home detention curfew were released after their eligibility date. Public protection arrangements were robust. The small number of indeterminate-sentenced prisoners was managed well, although there were no formal consultation arrangements with this group. Some prolific or priority offenders were returned to the establishment to facilitate local release. Categorisation processes were not up to date following the implementation of P-Nomis. Moves to lower category establishments were dependent on spaces being available and those requiring access to courses were prioritised for moves.

Sentence planning and offender management

- 9.11 At the time of the inspection, the prison held 258 prisoners in scope of phase two of offender management, 37 in scope of phase three and 386 out of scope prisoners sentenced to 12 months or more. The OMU was well resourced, with 14 prison officers, all appropriately trained in risk assessment and planning. Three members of the team worked with indeterminate-sentenced prisoners. The PPOs were managed under the integrated offender management process (see section on strategic management of resettlement) and other prisoners were allocated across the team, so each offender supervisor had a mixed caseload. The prison was not able to tell us how many OASys assessments were overdue for prisoners in scope of offender management and they were late in some of the files we examined. There was a backlog of 21 assessments for out-of-scope prisoners. The backlog was managed proactively and had been reduced from over 50 three months previously. Offender supervisors told us that they were usually able to complete their work on time. There were two senior officers identified to manage offender management and indeterminate-sentenced prisoners. They were too often diverted to other duties and did not spend their allocated hours (30) in the unit. The hours assigned to the management of indeterminate-sentenced prisoners (15) were held by another group of senior officers. A number of functions were co-located in the OMU, including offender supervisors, case administrators, observation, classification and allocation (OCA) staff and staff working with PPOs. This facilitated information exchange and there was evidence in all of the files of good internal communication between prison staff and prisoners.
- 9.12 In most of the offender management files we examined, the likelihood of reoffending had been completed to a satisfactory standard. Most cases had a sentence plan and, in general, these contained objectives that were relevant to the early stage of the sentence. Risk of harm screenings had been done and the majority were correct.
- 9.13 The quality and detail of recording in the files was mixed, with some not sufficient to gain an understanding of all interactions with offenders and the totality of the work being done. Those for indeterminate-sentenced prisoners and PPOs were particularly detailed.
- 9.14 Offender supervisors told us that relationships with local offender managers were good and that the level of their participation in sentence planning boards was high. Offender managers assigned to prisoners from further afield sometimes used teleconferencing and video-link facilities for sentence planning boards.
- 9.15 Prisoners serving sentences of less than 12 months received no custody planning, although some resettlement needs, such as housing and educational needs, were identified during induction.
- 9.16 There were no formal pre-discharge arrangements, either on house block 7 or elsewhere in the establishment (see main recommendation HP55). Any contact with resettlement services was piecemeal, with some agencies contacting all prisoners before release and others contacting only those who made applications requesting specific assistance.
- 9.17 Prisoners meeting the criteria for home detention curfew (HDC) were contacted 10 weeks before their eligibility date if there was sufficient time left on their sentence to do so. In the previous seven months, 417 prisoners had been eligible but many had been screened out, and 159 applications had been considered by the HDC board, of which 73 prisoners (17%) had been released on HDC. Only six applications were considered every week, which, together with prisoners arriving at the establishment with less than 10 weeks to serve (some without adequate accommodation to go to) and other reasons, contributed to many prisoners being released after their eligibility date.

- 9.18 Prisoners sentenced to longer than 12 months were seen soon after arrival by offender supervisors and were signposted and referred promptly to internal prison facilities, such as health, drugs and education services. The files showed evidence of purposeful contact between offender supervisors and prisoners. Many of the sentence plans we examined had identified interventions that would be delivered at another establishment, and specific prisons had been identified. However, in a number of the cases there had been a delay in getting the prisoner moved to the next establishment.

Recommendations

- 9.19 **Managers should keep records of all overdue offender assessment system (OASys) assessments and manage any backlog proactively.**
- 9.20 **OMU management should ensure effective quality assurance of offender management supervision.**
- 9.21 **Custody planning should be introduced for prisoners serving under 12 months.**
- 9.22 **All prisoners who are eligible for home detention curfew (HDC) should be discharged on their eligibility date.**
- 9.23 **The number of HDC boards should be increased, so that all boards due in a particular week are undertaken on time.**

Categorisation

- 9.24 Initial categorisation was undertaken by OCA staff on the day after reception, using the standard algorithm. Recategorisation was undertaken by the same staff. The process was clear and the records we examined showed the consultation that had taken place with other departments, such as security and drug services, and the representations from legal representatives in reaching decisions. Prisoners were informed of the outcome in writing but were not given any targets to improve their chances, or details of how to appeal the decision, in cases where they had not been recategorised. There was a backlog of approximately 100 recategorisation reviews caused by the implementation of P-Nomis, which had given every prisoner a review date of six months. Staff were in the process of identifying those whose reviews were due annually and were working their way through the backlog. There were 15 category D, 753 category C and 40 category B prisoners at the time of the inspection.
- 9.25 There was a link between offender supervisors and the OCA department to identify prisoners for suitable transfers. Each week, the OCA department was notified of places in category C and D prisons and prioritised prisoners for transfers who required courses in the identified establishments. In the previous seven months, 99 life-sentenced prisoners and 66 serving indeterminate-sentences for public protection (IPP) had been transferred to other establishments to undertake courses. There was also evidence of prisoners being transferred back to Holme House – in particular PPOs – for local release.

Recommendation

- 9.26 **The backlog of categorisation reviews should be cleared.**

Housekeeping point

- 9.27 Prisoners who are unsuccessful in their recategorisation review should be advised how they can appeal the decision and on the behaviour which will improve their chances at their next review.

Public protection

- 9.28 The public protection team was notified of all new receptions and checked their current offence and criminal record for indications of public protection issues. Information about risk was also considered and this fed into decisions about the need for restrictions or monitoring of prisoners. A sift was carried out daily and further information sought from OASys assessments, the Probation Service and the police for any prisoners requiring a more in-depth evaluation. Any prisoners considered to present a high or very high risk of harm were monitored throughout their sentences by the monthly risk management meetings. All relevant alerts were sent to the police, social services and external probation services. There were links with external agencies for public protection matters, and prison staff attended external multi-agency public protection arrangements (MAPPA) meetings. Prisoners subject to any restrictions or monitoring were informed in person, when security considerations allowed, and told how to appeal.
- 9.29 At the time of the inspection, there were 32 prisoners subject to MAPPA monitoring and a further 131 prisoners whose MAPPA level had reduced from 2 to 1 while in custody. These prisoners would be seen by the public protection team before release, and their licences and all other relevant documentation would be explained to them. Prisoners required to sign the sex offenders register were given details of all the police stations in the UK. The public protection team also managed 24 prisoners who were being monitored following domestic violence offences.
- 9.30 Two officers were supposed to be allocated to the public protection unit daily to carry out mail monitoring. All mail for house block 3 passed through the unit, irrespective of whether or not the prisoners were subject to monitoring. This led to delays in them receiving their mail, which were further exacerbated by the officers being diverted to other duties.

Recommendation

- 9.31 **Mail for prisoners on house block 3 not subject to mail monitoring should be delivered directly to those prisoners without delay.**

Indeterminate-sentenced prisoners

- 9.32 The prison held 17 life-sentenced and 37 IPP prisoners. They were managed by three of the offender supervisors and the lifer manager and were generally transferred within six months. Lifers subject to recall stayed longer at the establishment, for periods of up to 12 months, as it was more difficult to move them on. Offender supervisors kept in regular contact with indeterminate-sentenced prisoners, and these case files were well documented.
- 9.33 Lifers were located across all wings in the prison and there were no arrangements for formal consultation or lifer days held. Ten IPP prisoners and 10 lifers were beyond their tariff. All

parole dossiers were up to date but one prisoner had been waiting for an oral hearing since March 2010.

Recommendation

- 9.34 **Formal consultation arrangements should be developed and implemented for indeterminate-sentenced prisoners.**

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

- 9.35 The accommodation services were in disarray due to uncertainty over future provision and funding. Financial services were reasonably well developed and pre-release prisoners had access to a skilled team, which could provide advice on benefits and assist with employment opportunities. There were no formal pre-release courses and procedures. Information, advice and guidance were available at key points during prisoners' sentences. There was good partnership working and links had been established with local businesses. Prisoners were offered a pre-release health check and medication to take home was prepared. Arrangements could be made for allocation to a doctor in the community. The mental health in-reach team liaised with community mental health teams to arrange aftercare.

Accommodation

- 9.36 The number of prisoners released without an address had increased from 6% to 10% in the three months before the inspection, mainly involving prisoners who had arrived at the establishment with short sentences to serve and little time to plan for their release. Accommodation services were provided by Nacro, and there was uncertainty about future funding and provision, as the contract was going through a retendering process. A good tenants course had been put on hold and the prisoner peer support team had been disbanded. Three members of staff worked with prisoners to provide advice and assistance with housing matters. All prisoners were seen on induction and given information about the services provided and how to contact Nacro staff. The processes for referring prisoners with accommodation needs varied. Some referrals came from induction, arising from prisoners' initial screening, some from offender supervisors, some from the counselling, assessment, referral, advice and throughcare (CARAT) team, and prisoners could also self-refer. In our survey, 25% of prisoners, against the 31% comparator, said that they had received help in finding accommodation on release.
- 9.37 Services included termination of tenancies and addressing homelessness and rent arrears. A specialist team – Preventing Offenders' Accommodation Loss (POAL) – had been operating in the prison for some months and was due to continue until November 2010. The Nacro team

provided a signposting service to other agencies and reported having more success in dealing with local prisoners than with those from further afield. Prisoners who were of no fixed abode were referred to the OMU. There were no formal arrangements for contacting prisoners due for release, who were expected to make an application to see Nacro staff.

Recommendation

- 9.38 **A specialist accommodation service which meets the needs of the prison population should be established and the prisoner peer support team and good tenancy courses reinstated.**

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

- 9.39 Despite weaknesses in induction (see section on learning and skills and work activities), information, advice and guidance provided by A4E were available to prisoners at key points during their sentence and immediately before release. Individual interviews with prisoners reviewed the courses they had taken and qualifications gained during their sentence. Agencies including Jobcentre Plus, Pertemps, The Manchester College and A4E worked well together to provide a useful two-week full-time pre-release course. Partnership working with external agencies was also effective. Collaborative working with JobCentre Plus, Pertemps and Middlesbrough integrated offender management service supported prisoners before and after release.
- 9.40 Planning within learning and skills to develop the curriculum had taken good account of the requirements of local businesses, and industry-recognised qualifications were provided that would help prisoners' employment prospects on release. For example, the prison kitchen was being adapted to provide a bakery section to train prisoners in bakery skills, to respond to local skills shortages. A local agency, InBiz, worked with prisoners who were interested in pursuing self-employment as a career option. Links with industry were developing. A jobs fair held at the prison for local industry was planned for autumn 2010.

Recommendation

- 9.41 **Links with local industry should be further developed.**

Mental and physical health

- 9.42 During the inspection, the senior health care team and clinical representatives from primary care, mental health and the integrated drug treatment system (IDTS) met to define the health care resettlement pathway through process mapping, gap analysis and redesign.
- 9.43 The health centre received notification of a prisoner's discharge up to five days in advance and the house block nurses offered the prisoner a pre-release health check. The nurse also prepared take-home medication and assisted prisoners to locate a doctor or dentist if necessary.
- 9.44 There was an end-of-life care policy that had been developed in partnership with the Foundation Trust and, when required, liaison and joint working with a local hospice.

- 9.45 The mental health in-reach team arranged pre-release care programme approach case conferences to ensure care coordination and liaised with external community mental health teams to promote aftercare.

Finance, benefit and debt

- 9.46 Prisoners were informed about debt and benefit services during induction. One member of staff from Citizens Advice (CA) provided assistance with all aspects of debt, including maximising income, tax returns and assessments, insolvency, bankruptcy and employment rights. There were 150 prisoners on the CA caseload and contact was made with families when they held information about prisoners' debts and were being contacted by creditors. A new service to provide bank accounts for prisoners had started. Financial awareness courses were provided in the education department by external CA staff.
- 9.47 Jobcentre Plus staff provided benefits and employment services. They saw all new receptions during induction and made arrangements to notify benefits offices of imprisonment. They arranged for any monies due to prisoners to go to nominated accounts or persons. When family members were left without incomes, Jobcentre Plus staff contacted them and gave advice about how they could proceed with claims. All prisoners were contacted six weeks before release and given information on the benefits they could claim and how to claim them.

Drugs and alcohol

- 9.48 An excellent needs analysis had informed a comprehensive drug and alcohol strategy. Primary alcohol users had access only to clinical detoxification, although psychosocial support was planned. The short duration drug programme had difficulty in recruiting sufficient participants. Therapeutic community staff maintained programme activities seven days a week, ensuring excellent continuity of support over weekends. Prisoners reported high levels of positive attitude and behavioural change.
- 9.49 There was an up-to-date and comprehensive drug and alcohol strategy, which had been informed by an excellent needs analysis. A full-time project manager was overseeing the implementation of IDTS but there was no overall action plan.
- 9.50 The drug strategy meeting took place bi-monthly, with good representation from across the establishment. At the time of the inspection, there was little in place for primary alcohol users, other than detoxification and a basic alcohol awareness course provided by the offending behaviour programmes department. However, we were told that funding for an alcohol worker had been approved, initially only for a year but it was hoped that it would be extended from additional funding streams. Neither Alcoholic Anonymous (AA) nor Narcotics Anonymous meetings were available, although negotiations were under way with external facilitators to enable meetings to take place in the near future.
- 9.51 The CARAT service caseload was 474, with 172 cases active, 125 suspended and 177 having been triaged but not wanting or needing to engage with the service.
- 9.52 The staff team had vacancies for two workers and the manager was on long-term sick leave. A temporary acting manager had been in place for three weeks before the inspection, and more staff were being recruited. Many clinical reviews were not up to date but assessments were completed on time.

- 9.53 Jointly conducted group work was organised by IDTS administration, which had caused some friction with CARAT workers, who complained that no consideration was made of prisoners' levels of motivation (see also section on substance use).
- 9.54 The therapeutic community (TC) delivered the standard Interventions and Substance Misuse Group-defined programme. It ran for 10–12 months, with each resident spending an initial four weeks on the TC wing (house block 6) to measure their motivation before starting the programme.
- 9.55 At the time of the inspection, the TC was full, with 48 residents, eight officer facilitators, a treatment manager and deputy, and two (half-time) administration workers. Staff–prisoner relationships in the TC were excellent. De-selections were relatively low, as lapses into drug use were dealt with on their own merits, with no automatic de-selection. Prisoners told us that the community operated on the basis of positive peer pressure and that residents were only de-selected as a result of a community decision. A range of activities was available in the TC in the evenings, including bingo, table tennis, pool and quizzes devised by the residents. Evening meals were taken communally, which gave many opportunities for social interaction. TC staff were on duty on the wing seven days a week, enabling the support programme to be continued at weekends. Prisoners told us that the TC had had a positive influence on their attitude and behaviour.
- 9.56 Recently, there had been difficulty in obtaining referrals to the TC. Staff cited IDTS as main reason, especially as there was still a large number of prisoners on methadone maintenance, which necessarily precluded them from the abstinence-based TC. Some TC residents had been transferred in from other establishments, and there were plans to explore this referral pathway further.
- 9.57 A short duration drug programme (SDP) was housed on house block 5. The key performance target was for 120 starts and 78 completions, and this had been exceeded in the previous year. Managers told us that it had recently been difficult to get referrals to this programme, mainly because of CARAT staff shortages, as they handled all the SDP referrals. Overall, the programme was delivered according to Resettlement Services Group (RSG) regulations.
- 9.58 A previously widely available compact-based drug testing programme had ceased operation at the end of March 2010, in line with all establishments in the north-east region. Tests were, however, still conducted on prisoners in the TC and on the SDP. The testing suites were on house blocks 5 and 6 and were clean and appropriately equipped.

Recommendations

- 9.59 **The drug strategy should be updated to include the planned alcohol services, and contain detailed action plans and performance measures.**
- 9.60 **The CARAT staff team should be brought up to full strength as soon as possible to ensure adequate psychosocial service provision.**

Good practice

- 9.61 *Therapeutic community staff were on duty seven days a week, enabling the support programme to be continued at weekends.*

Children and families of offenders

- 9.62 The visits allowance was generous. Complaints about difficulties in booking visits had prompted the provision of an extra telephone line. Searching procedures were polite and proportionate but a few visitors were strip-searched when intelligence had been received concerning contraband. The visitors' centre had good facilities, with informative notices about services for visitors and prisoner safety. The visits area was large and comfortable, with a supervised play area and a snack bar. Staff were helpful to visitors and supervised visits without being intrusive. The popular Family Learning course no longer ran. The Sure Start programme ran on the resettlement wing and the Family Matters course was well established.
- 9.63 Access to visits was good and in our survey a comparatively large number of respondents told us that they had had a visit in their first week at the establishment (50% against the 35% comparator) and that they had received one or more visits in the previous week (45% versus 41%). Social visits were available every day except Monday, and on Tuesday and Thursday evenings. Remand prisoners were allowed three full visits a week, which had been changed from daily shorter visits. Sentenced prisoners could get up to eight visits a month. The visits policy allowed for accumulated visits, and inter-prison video links were facilitated. Vulnerable prisoners had full access to visits in a separate area of the visits hall, which was well supervised.
- 9.64 Visitors and prisoners complained that it was difficult to book a visit. Telephone access had been inadequate, given the large number of visits available, and during the inspection an additional telephone line had been installed. There were plans to introduce email booking. The changes to the telephone booking lines had not been updated on the website or in prisoners' visiting orders.
- 9.65 The entry procedures and searching of visitors was well organised and respectful. Prison staff told us that there was a serious problem with drugs coming into the prison through visits. A passive drugs dog operated and the process was carried out efficiently.
- 9.66 It took less than five minutes for the visitors we observed to enter the visits hall, and prisoners were brought down to them promptly. There were no restrictions on late arrivals and, unlike in many prisons, prisoners and visitors alike were allowed to continue visits after using toilet facilities.
- 9.67 There were three closed visits booths, one of which could accommodate three prisoners. They were adequate in size and clean.
- 9.68 A prison visitor scheme was coordinated by the chaplaincy. Four volunteers were visiting four prisoners at the time of the inspection.
- 9.69 A survey of visitors had been carried out and there were complaints boxes available in the visits hall and visitors' centre.
- 9.70 A large modern, purpose-built visitors' centre was located outside the prison. It was run by a dedicated voluntary organisation, Holme House Visitors Centre Associations. It contained adequate seating, toilets, baby changing facilities and a child play area. There was plentiful information on notices covering assisted visits, drug supply prevention, contacting the prison and safer custody. It was open from 11am on weekdays and 8.30am at weekends until the end of visits. Sandwiches and drinks could be purchased from a snack bar staffed by a prisoner from a nearby open establishment.

- 9.71 Visitors booked in at the visitors' centre. They could use a telephone in the centre to book their next visit when the booking line was open. The staff in the visitors' centre could not make bookings directly.
- 9.72 The visits area was large, with fixed seating for more than 50 prisoners and their visitors. Prisoners were required to wear standard prison clothing during visits and male visitors were issued wristbands. Prisoners and their visitors were allowed a reasonable level of contact, and supervision of visits was not intrusive. In our groups, some prisoners complained that visits staff were over-restrictive, especially with children, but we observed children playing happily and moving around the visits room in the evening visit we attended. There was a large supervised play area, managed by the North Eastern Prisoner After Care Society (NEPACS), and we saw children involved in play activities with the trained supervisor. Visits staff knew which prisoners presented a potential risk and ensured that children were safe during visits. NEPACS also provided a snack bar.
- 9.73 The Family Learning course, which had previously run successfully with prisoners and their children in the visits area, had been suspended because the teacher responsible had resigned approximately 12 months earlier. A 10-week Sure Start programme had been running on the resettlement wing since 2007. This was a parenting course, linking in to community projects for up to eight prisoners at a time, but because of the duration of the programme (one morning a week for 10 weeks), there were often few completions. The current course had started with eight prisoners but ended with five completions. The Family Matters programme was well established and involved a partnership with the New Bridge Foundation. It comprised a parenting course for 10 prisoners at a time and led to a family day organised by gym staff. These were held during every school holiday and were open to prisoners on the course, those who had completed it previously and other prisoners in trusted positions, such as orderlies and wing representatives. In the previous year there had been eight family days, open to up to 24 prisoners and their families.
- 9.74 At times of family difficulty, the chaplaincy could arrange for special visits in the visits area but there was no facility for prisoners to meet their families in private rooms.

Recommendations

- 9.75 **The effectiveness of the improved booking system should be reviewed within six months of commencement and further improvements made if necessary.**
- 9.76 **Visitors should be able to book visits directly in the visitors' centre.**
- 9.77 **A range of parenting and family courses to assist prisoners with parenting skills should continue to be developed and maintained.**
- 9.78 **Prisoners should be able to meet their families in private when sanctioned by the chaplain.**

Housekeeping point

- 9.79 Booking details for visits should be updated to reflect the improved arrangements.

Attitudes, thinking and behaviour

- 9.80 The thinking skills programme was provided. Two additional courses, Healthy Relationships and Focus on Resettlement, had been introduced following the most recent resettlement needs analysis but there were no sex offending courses. Prisoners requiring other interventions had to transfer to other establishments. The psychology department provided an assessment service to speed up the transfer process.
- 9.81 The prison provided the thinking skills programme (TSP), running five or six programmes a year and aiming for 45 completions. The facilities for programme delivery were good. There was a long waiting list of 164 prisoners, and this was managed appropriately, with IPP prisoners, lifers and PPOs being prioritised ahead of those coming up to release. Although referrals came from a variety of sources, they were checked with offender supervisors for compatibility with sentence plan targets. The waiting list was monitored bi-monthly. Some prisoners (mainly with determinate sentences) could wait up to 12 months and some were released without accessing the programme. Family members and friends or supporters were invited to post-course reviews and two to three attended after every course.
- 9.82 Two additional courses, Healthy Relationships (HR) and Focus on Resettlement (FoR), were due to start in August 2010 following the most recent resettlement needs analysis. Selection of prisoners for these courses was under way at the time of the inspection. There were no alternative interventions for prisoners who were unsuitable for TSP, HR or FoR. The psychology department undertook assessments for other courses to enable such prisoners to transfer to other establishments more speedily to access interventions. Close liaison with OCA staff had enabled a number of prisoners to transfer (see section on categorisation).
- 9.83 All sex offenders were assessed within a reasonable time of their arrival at the establishment for their readiness for the sex offender treatment programme (SOTP). A database had been compiled and all were given a rating of 1 (to be transferred as soon as possible to access the course), 2 (to be transferred if it became operationally necessary and no other sex offenders were waiting to access a course) or 3 (not to be transferred, as not suitable for SOTP for whatever reason). Sex offenders undertook a specific induction, which included a video for those in denial and information sharing about SOTP. Those in denial were monitored every six months but no further provision was made.

Recommendation

- 9.84 **Interventions and motivational work should be provided for prisoners in denial of sexual offending.**

Section 10: 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 recommendations

To the governor

-
- 10.1 Violence should not be tolerated and awareness should be raised among staff and prisoners in order to improve reporting, recording, investigation and management of associated procedures. (HP53)
 - 10.2 There should be a written care plan for each prisoner identified as having a disability which addresses his needs, including a personal emergency evacuation plan where necessary, and any arrangements for using a wheelchair, and this should be accessible by all staff responsible for his care. (HP54)
 - 10.3 Formal discharge arrangements for all prisoners should be introduced to ensure discharge needs are met. (HP55)

Recommendations

To the governor

First days in custody: reception

-
- 10.4 All reception interviews should take place in private. (1.23)
 - 10.5 Prisoners should be received and moved to their first night accommodation as quickly as possible. (1.24)
 - 10.6 Prisoners should not be routinely asked to squat during strip-searches in reception. (1.25)
 - 10.7 All newly arrived prisoners should be able to take a shower on their residential block and make a telephone call, regardless of the time of their arrival or location. (1.26)
 - 10.8 The £2.50 PIN telephone credit should remain active until used, and PIN telephone accounts should be activated with minimal delays. (1.27)
 - 10.9 A Listener should be based in reception. (1.28)

First days in custody: first night

-
- 10.10 First night arrangements for vulnerable prisoners should be improved and be equitable with the arrangements for other prisoners. (1.35)

First days in custody: induction

- 10.11 Induction arrangements for vulnerable prisoners and those located in the health care department and segregation unit should be improved. (1.40)

Residential units: accommodation and facilities

- 10.12 External areas should be kept free of litter. (2.19)
- 10.13 All cells should be redecorated regularly to provide clean and decent living accommodation. (2.20)
- 10.14 The automated cell call response data should be accessible and used by residential managers to ensure prompt response to alarms. (2.21)
- 10.15 Prisoners' mail should be posted out on Saturdays. (2.22)
- 10.16 Only mail subject to public protection measures or otherwise subject to scrutiny for security means should pass through the public protection unit. (2.23)

Residential units: clothing and possessions

- 10.17 The amount and type of own clothing allowed should be expanded. (2.35)
- 10.18 Laundry arrangements should ensure prisoners have sufficient, properly fitting kit in a good state of repair. (2.36)
- 10.19 Prisoners should be fairly and speedily compensated for clothing and possessions lost or damaged through no fault of their own. (2.37)

Staff–prisoner relationships

- 10.20 Senior managers should model the behaviour they expect of staff and actively encourage residential staff to interact with prisoners during association and exercise. (2.56)
- 10.21 The use of peer supporters should be increased. (2.57)
- 10.22 Wider consultation with prisoners should be undertaken in key areas. (2.58)
- 10.23 Residential staff should actively encourage prisoners to engage in activities and support them in applying for employment. (2.59)

Personal officers

- 10.24 The personal officer scheme should avoid unnecessary changes of personal officer and personal officers should be trained to carry out this role. (2.67)
- 10.25 Staff should be able to access the necessary information technology to fulfil their role as personal officers. (2.68)

- 10.26 Improved management checks should assess the level and quality of input into P-Nomis wing files and remedial action should be taken as necessary. (2.69)

Bullying and violence reduction

- 10.27 The negative perceptions of prisoners about staff attitudes and response to violence should be explored and remedial action taken. (3.16)
- 10.28 The violence reduction strategy should be informed by the annual safety survey, exit surveys and other appropriate data sources. (3.17)
- 10.29 Information sharing between the security and safer custody teams should be improved. (3.18)
- 10.30 The anti-bullying policy should be clarified and staff awareness of bullying raised in order to ensure that all incidents of alleged bullying are appropriately recorded, investigated and managed and that victims are offered appropriate and individualised support. (3.19)
- 10.31 Staff and prisoner violence reduction representatives should be appointed, provided with a job description, be promoted across the establishment and play an active role in identifying, addressing and reducing levels of violence across the prison. (3.20)

Vulnerable prisoners

- 10.32 The prison should have a protocol that clearly describes the systems to support vulnerable prisoners. (3.26)
- 10.33 The negative perceptions held by vulnerable prisoners about their treatment should be explored and remedial action taken. (3.27)

Self-harm and suicide

- 10.34 The bi-monthly safer custody forum should analyse information about self-harm and specify action to be taken. (3.41)
- 10.35 All self-harm incidents requiring outside hospital treatment should be investigated. (3.42)
- 10.36 Care maps should routinely encourage prisoners on assessment, care in custody and teamwork (ACCT) documents to participate in daily purposeful activities. (3.43)
- 10.37 Prisoners on open ACCT documents who are subject to constant observations should not be accommodated in camera cells. (3.44)

Applications and complaints

- 10.38 The formal quality assurance system for complaints should be reviewed to improve objectivity. (3.56)
- 10.39 The complaint boxes should be opened by staff responsible for administering the complaints process. (3.57)

Legal rights

- 10.40 All staff involved in providing legal services should be fully trained in the role. (3.64)

Faith and religious activity

- 10.41 A chaplain from the Buddhist faith should be available to prisoners from that religion. (3.75)
- 10.42 Prisoners on normal location should not be required to book their attendance at religious services or prayers. (3.76)
- 10.43 The provision of individual sessions between chaplains and prisoners should be reviewed to make them more easily available. (3.77)
- 10.44 Prisoners attending Muslim prayers should be unlocked to allow time for a shower before they go to pray.(3.78)
- 10.45 The chaplaincy should provide courses which address offending behaviour and ethics. (3.79)

Substance use: clinical management

- 10.46 All sections of the integrated drug treatment system (IDTS) should be adequately staffed to ensure further integration of services and achievement of effective joint case reviews. (3.87)
- 10.47 The clinical team manager and the counselling, assessment, referral, advice and throughcare (CARAT) manager should work in the same office to facilitate joint working, information sharing and overall integration of drug and alcohol services. (3.88)

Substance use: drug testing

- 10.48 A mechanism to manage target testing more effectively should be developed to ensure that tests are undertaken within the required timeframe. (3.96)

Diversity

- 10.49 Out-of-date impact assessments should be updated. (4.11)

Diversity: race equality

- 10.50 An intervention to challenge attitudes and behaviour should be applied to prisoners found to have behaved in a racist way. (4.23)
- 10.51 Regular consultation meetings should be held with black and minority ethnic prisoners. (4.24)

Diversity: foreign nationals

- 10.52 The nationality of all prisoners should be determined and accurate records maintained. (4.36)

- 10.53 An up-to-date list of prisoners and staff willing to provide interpreting services should be made available to all staff dealing with foreign national prisoners. (4.37)

Diversity: disability and older prisoners

- 10.54 Records of the number of prisoners with a disability should be kept up to date. (4.51)
- 10.55 Consultation should be held with prisoners identifying themselves as having a disability, to investigate why they feel less safe and more victimised. (4.52)
- 10.56 Prisoners past the statutory retirement age and those with a disability who are unable to work should be allowed out of their cells during the day. (4.53)
- 10.57 Prisoners past the statutory retirement age should not be required to pay for their television. (4.54)

Diversity: gender and sexual orientation

- 10.58 A policy for meeting the needs of transsexual prisoners should be developed. (4.58)

Health services: primary care

- 10.59 Prisoners should have access to confidential one-to-one consultations with doctors and other health services professionals unless individual risk assessment indicates otherwise. (5.32)
- 10.60 Health care policies and procedures should be reviewed by the dates stipulated in the policies and procedures. (5.33)
- 10.61 All prisoners should receive information about health promotion and what to do in the event of communicable diseases. (5.34)

Health services: pharmacy

- 10.62 All medicine trolleys should be attached to the fabric of the building when not in use. (5.45)
- 10.63 A description of the medication supplied in the monitored dosage system should be written and be of sufficient detail to enable individual items to be differentiated. The description should be supplied to the patient. (5.46)
- 10.64 Care should be taken to make full and complete records of administered medicines. This should include records of all occasions where the patient has refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate. (5.47)
- 10.65 A special sick policy should be developed and reviewed regularly by the medicines and therapeutics committee, to ensure that all appropriate medicines can be supplied. (5.48)
- 10.66 A pharmacist and/or pharmacy technicians should be involved in the provision of a number of primary care services. (5.49)

Health services: dentistry

- 10.67 The date of the last primary care trust (PCT) surgery inspection should be confirmed and, if not within the last three years, a full surgery inspection should be carried out by/on behalf of County Durham NHS PCT. (5.58)
- 10.68 A protocol should be developed to assist the triaging of dental applications. (5.59)
- 10.69 Work should be done to assess the dental 'did not attend' rates and the reasons why appointments are missed. (5.60)
- 10.70 A protocol should be developed for dental out-of-hours cover and there should be formal arrangements to cover the dentist's annual leave. (5.61)
- 10.71 The procedures for the keeping of clinical records and the taking of radiographs should be reviewed, with reference to the guidelines published by the Faculty of General Dental Practice (UK). (5.62)

Health services: inpatient care

- 10.72 The design and aesthetics of the inpatient unit should be subject to a modernisation exercise. (5.69)

Health services: mental health

- 10.73 Uniformed staff should receive mental health awareness training. (5.77)

Learning and skills and work activities: leadership and management

- 10.74 Quality improvement processes should be implemented to inform the self-assessment procedure. (6.6)

Learning and skills and work activities: induction

- 10.75 The quality of the new induction process should be monitored and improvements implemented to ensure that it functions effectively and efficiently. (6.10)
- 10.76 Plans to allocate activities from a central unit should be implemented and waiting lists analysed regularly. (6.11)

Learning and skills and work activities: work

- 10.77 The opportunities for prisoners to acquire accredited skills at work should be increased. (6.15)
- 10.78 Attendance and punctuality should be improved in all activities. (6.16)

Learning and skills and work activities: vocational training

- 10.79 The range of vocational training should be increased for vulnerable prisoners. (6.21)

10.80 Literacy and numeracy should better integrated into workshops. (6.22)

Learning and skills and work activities: education

10.81 The range of personal development employability courses should be increased. (6.28)

10.82 The collection of achievement data by the prison should be improved, to ensure that course performance can be monitored regularly. (6.29)

10.83 Tutors should develop individual learning plans, to set clear targets to measure learning, and involve prisoners more in the process. (6.30)

Physical education and health promotion

10.84 The new outside facilities should be fully utilised as soon as possible. (6.42)

Time out of cell

10.85 Staff should actively supervise all areas where prisoners are located during association. (6.55)

10.86 Prisoners should be allowed access to their cells during association. (6.56)

10.87 Prisoners should have the opportunity and clothing to enable them to use outside exercise areas every day and, where possible, this should include sports activities supervised by staff. (6.57)

Security and rules

10.88 Protocols with the police should ensure that prompt and effective police support is provided to any incident where there is substantial evidence that a visitor is bringing drugs into the prison. The visitor should not be strip searched but in these circumstances should be detained for a short time until the police arrive. (7.12)

10.89 The video equipment in the control room should be updated. (7.16)

10.90 The quality of security assessments of prisoners' suitability for activity places should be clear and balanced. (7.17)

10.91 There should be no collective punishments. (7.18)

10.92 Prisoners who are accommodated on the upper landing should not be denied access to their landing during association periods. (7.19)

Discipline: the use of force

10.93 Prisoners should not be routinely handcuffed when being taken to the segregation unit. (7.34)

10.94 De-escalation should be used where appropriate. (7.35)

- 10.95 The control and restraint committee should regularly review all use of force documentation and videos, monitor trends and highlight areas for improvement. (7.36)
- 10.96 Injury report forms should be completed and included in the management check of use of force paperwork. (7.37)
- 10.97 The use of special cells should be as a last resort and for the minimum amount of time possible. (7.38)

Discipline: segregation unit

- 10.98 Alternative uses should be found for the two strip-search cells. (7.51)
- 10.99 Prisoners being located on the segregation unit should only be strip-searched when a risk assessment indicates that this is necessary. When this is deemed to be required, a log of all strip-searches should be maintained, including the reasons for them. (7.52)
- 10.100 Subject to risk assessment, prisoners in segregation should be allowed to attend work, education, religious activities and programmes. (7.53)
- 10.101 The IEP scheme should be run in parallel with that on normal location. (7.54)
- 10.102 Staff working on the segregation unit should be trained in de-escalation, race equality, suicide prevention, mental health awareness, personality disorder and motivational interviewing. (7.55)
- 10.103 Care plans, and reintegration strategies where appropriate, should be developed for long-term residents of the segregation unit. (7.56)

Incentives and earned privileges

- 10.104 The differential between the standard and enhanced levels of the IEP scheme should be sufficient to motivate prisoners to achieve enhanced status. (7.68)
- 10.105 There should be regular IEP entries in P-Nomis files according to the stated policy. (7.69)
- 10.106 Prisoners should not automatically have their IEP level downgraded following an adjudication without a separate review. (7.70)

Catering

- 10.107 There should be daily cleaning routines for all areas of the kitchen, to ensure that it is maintained daily at an appropriate standard. Serveries should be cleaned thoroughly after each use and waste food disposed of. (8.14)
- 10.108 Prisoners and staff working in food areas should undergo appropriate training. (8.15)
- 10.109 The catering manager should review the requirements of food management in consultation with the race equality officer and the Muslim chaplain and ensure appropriate training to avoid cross-contamination of halal meals delivered to all staff and prisoners involved in the preparation and serving of food. (8.16)

- 10.110 The prison should investigate prisoners' poor perception of the catering service and consult with them regularly about it. (8.17)
- 10.111 A full equality impact assessment should be conducted taking into consideration the changing demographics of the prison's population. (8.18)
- 10.112 The evening meal should not be served before 5pm. (8.19)
- 10.113 Toilets should be fully screened off where prisoners have to dine in-cell. (8.20)

Prison shop

- 10.114 A full equality impact assessment should be conducted taking into consideration the changing demographics of the prison's population. (8.33)

Strategic management of resettlement

- 10.115 Data relating to resettlement provision should be analysed and monitored at the reducing reoffending meeting, to monitor current outcomes and inform future provision. (9.7)
- 10.116 The prisoner administrators on house block 7 should be able to undertake a qualification related to their work. (9.8)

Offender management and planning: sentence planning and offender management

- 10.117 Managers should keep records of all overdue offender assessment system (OASys) assessments and manage any backlog proactively. (9.19)
- 10.118 OMU management should ensure effective quality assurance of offender management supervision. (9.20)
- 10.119 Custody planning should be introduced for prisoners serving under 12 months. (9.21)
- 10.120 All prisoners who are eligible for home detention curfew (HDC) should be discharged on their eligibility date. (9.22)
- 10.121 The number of HDC boards should be increased, so that all boards due in a particular week are undertaken on time. (9.23)

Offender management and planning: categorisation

- 10.122 The backlog of categorisation reviews should be cleared. (9.26)

Offender management and planning: public protection

- 10.123 Mail for prisoners on house block 3 not subject to mail monitoring should be delivered directly to those prisoners without delay. (9.31)

Offender management and planning: indeterminate-sentenced prisoners

10.124 Formal consultation arrangements should be developed and implemented for indeterminate-sentenced prisoners. (9.34)

Resettlement pathways: accommodation

10.125 A specialist accommodation service which meets the needs of the prison population should be established and the prisoner peer support team and good tenancy courses reinstated. (9.38)

Resettlement pathways: education, training and employment

10.126 Links with local industry should be further developed. (9.41)

Resettlement pathways: drugs and alcohol

10.127 The drug strategy should be updated to include the planned alcohol services, and contain detailed action plans and performance measures. (9.59)

10.128 The CARAT staff team should be brought up to full strength as soon as possible to ensure adequate psychosocial service provision. (9.60)

Resettlement pathways: children and families of offenders

10.129 The effectiveness of the improved booking system should be reviewed within six months of commencement and further improvements made if necessary. (9.75)

10.130 Visitors should be able to book visits directly in the visitors' centre. (9.76)

10.131 A range of parenting and family courses to assist prisoners with parenting skills should continue to be developed and maintained. (9.77)

10.132 Prisoners should be able to meet their families in private when sanctioned by the chaplain. (9.78)

Resettlement pathways: attitudes, thinking and behaviour

10.133 Interventions and motivational work should be provided for prisoners in denial of sexual offending. (9.84)

Housekeeping points

Courts, escorts and transfers

10.134 Graffiti should be removed from escort vehicles. (1.9)

- 10.135 Prisoners being transferred on a planned basis should be advised in advance, unless there is evidence that security may be compromised. (1.10)
- 10.136 Prisoners should be given written information about the establishment at court, in a language they understand (1.11)

First days in custody: reception

- 10.137 All reception holding rooms should be equipped with up-to-date information, reading materials and activities to keep prisoners occupied. (1.29)
- 10.138 The information booklet given to new arrivals should be updated and available in a range of languages. (1.30)

First days in custody: first night

- 10.139 First night cells should be clean and free from graffiti. (1.36)

Residential units: accommodation and facilities

- 10.140 Staff should check for graffiti daily and take action to have it removed when discovered. (2.24)
- 10.141 Cell furniture should be kept in a good state of repair. (2.25)
- 10.142 The display of offensive materials policy should be adhered to by prisoners and fully policed by staff. (2.26)
- 10.143 Prisoner representative meeting minutes should record follow-up action from issues raised at previous meetings. (2.27)
- 10.144 Prisoners should be told of the mechanism to write to their children on unmarked writing paper. (2.28)
- 10.145 Staff should not open legally privileged correspondence. (2.29)
- 10.146 Notices informing prisoners that telephone calls may be monitored should be in languages relevant to the prison population. (2.30)

Residential units: clothing and possessions

- 10.147 There should be a generic list of the property allowed in local prisons. (2.38)

Residential units: hygiene

- 10.148 All toilets should undergo regular descaling. (2.44)
- 10.149 Materials for keeping cells clean should be readily available to prisoners. (2.45)
- 10.150 Showers on residential blocks should be separated by partitions. (2.46)

10.151 Mattresses and pillows should be checked regularly and inadequate items replaced. (2.47)

Staff–prisoner relationships

10.152 Staff should refer to prisoners by their title or preferred name. (2.60)

Bullying and violence reduction

10.153 Minutes of the violence reduction steering group should record actions decided. (3.21)

10.154 The violence reduction action plan should include all appropriate actions. (3.22)

Self-harm and suicide

10.155 Minutes of the safer custody team forum should reflect discussions and record appropriate analysis of data and any actions arising. (3.45)

10.156 All incidents of self-harm should be recorded and there should be consistency between the data sources. (3.46)

10.157 The formal quality assurance process for ACCT documents should be reviewed, to include a mechanism for feeding back to staff when shortfalls or good practice have been identified. (3.47)

10.158 The rota for using Listeners should be adhered to. (3.48)

10.159 When ACCT documents are opened for residents of the segregation unit, new safety screens should be routinely completed. (3.49)

10.160 The availability of the free Samaritans service should be publicised to prisoners. (3.50)

Applications and complaints

10.161 All house blocks should maintain a readily accessible supply of envelopes to allow complaints to be submitted confidentially. (3.58)

10.162 Minutes from senior management team meetings in which complaints have been discussed should record any discussions and actions that have arisen to address the issues highlighted. (3.59)

Substance use: drug testing

10.163 The observation window in the mandatory drug testing suite should be obscured a minimum of 600 millimetres up from the bottom of the window, to create a decent and respectful testing environment. (3.97)

Health services: general

10.164 The wooden benches in the waiting area should be replaced with more comfortable seating. (5.11)

Health services: clinical governance

10.165 Receipt of clinical supervision should be recorded in staff personal files. (5.19)

Health services: primary care

10.166 Health promotion material in the health centre should be kept up to date. (5.35)

10.167 There should be sufficient noticeboards available in the house blocks to enable the health centre to display health promotion materials. (5.36)

Health services: pharmacy

10.168 Old reference books should be discarded, and only the most recent copy should be kept, to ensure that any information used is up to date. (5.50)

10.169 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms, to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (5.51)

Health services: dentistry

10.170 Regular meetings should be held between the dentists and health services staff. (5.63)

10.171 The management structure of the dental service should be clearly defined. (5.64)

Learning and skills and work activities: library

10.172 All prisoners should be facilitated to access to the library at least once a week. (6.35)

Physical education and health promotion

10.173 All remand prisoners should be offered gym access at least twice a week. (6.43)

10.174 The size of the free weights area should be increased and ventilation improved. (6.44)

Time out of cell

10.175 Seating should be provided in all exercise yards. (6.58)

Discipline: disciplinary procedures

10.176 A pencil and paper should be provided for each prisoner undergoing adjudication, and the appeals procedure should be explained verbally. (7.27)

10.177 Prisoners should not be held for long periods awaiting adjudications. They should have something to occupy them while they wait. (7.28)

Discipline: the use of force

- 10.178 All video recordings should provide a sequential account of the incident and record the full relocation process. (7.39)
- 10.179 Staff should be trained to complete use of force paperwork to an appropriate standard. (7.40)

Discipline: segregation unit

- 10.180 The segregation unit exercise yards should be clean, free of graffiti and contain adequate seating. (7.57)
- 10.181 Records should accurately reflect the levels of interaction with prisoners in the segregation unit and the staff involved. (7.58)
- 10.182 Paperwork which authorises cellular confinement should contain detailed explanations for the decision. (7.59)

Incentives and earned privileges

- 10.183 Prisoners should be provided with privileges and facilities appropriate to their IEP level. (7.71)

Catering

- 10.184 There should be an agreed period between the reporting of breakdowns of kitchen appliances and the attendance of the maintenance contractors to effect repairs. (8.21)
- 10.185 Cabinets in serveries containing hazardous substances should be secured. (8.22)
- 10.186 The times that food is cooked, placed in the hot trolleys, delivered to wings and served should be recorded. (8.23)
- 10.187 All staff should wear protective clothing behind the serveries during mealtimes. (8.24)
- 10.188 Food comment books should be readily available at all mealtimes. (8.25)

Prison shop

- 10.189 Prisoners should not be charged for catalogue orders. (8.34)

Offender management and planning: categorisation

- 10.190 Prisoners who are unsuccessful in their recategorisation review should be advised how they can appeal the decision and on the behaviour which will improve their chances at their next review. (9.27)

Resettlement pathways: children and families of offenders

- 10.191 Booking details for visits should be updated to reflect the improved arrangements. (9.79)

Examples of good practice

Health services: clinical governance

10.192 The register of training opportunities, staff attendance, alert system and database were immediately accessible and concise. (5.20)

Security and rules

10.193 There was a weekly security briefing meeting for middle managers, where all areas of the prison were given information about current themes and areas of concerns. (7.20)

Prison shop

10.194 A 'swap box' was taken round at the time of shop order issue, to minimise returns and offer an alternative for items, such as birthday cards. (8.35)

Strategic management of resettlement

10.195 The involvement of Holme House officers in the integrated offender management scheme showed a commitment to reducing reoffending in the local area. (9.9)

Resettlement pathways: drugs and alcohol

10.196 Therapeutic community staff were on duty seven days a week, enabling the support programme to be continued at weekends. (9.61)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Sara Snell	Team leader
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Karen Dillon	Inspector
Kellie Reeve	Inspector
Paul Tarbuck	Health care inspector
Paul Roberts	Substance misuse inspector
Helen Jackson	Pharmacy inspector
Martin Wall	Dental inspector
Sheila Willis	Ofsted inspector
Stephen Miller	Ofsted inspector
Kerry Boffey	Ofsted inspector
Kim Blinkhorn	Guest inspector
Louise Falshaw	Lead researcher
Adam Altoft	Researcher
Amy Summerfield	Researcher
Hayley Cripps	Researcher

Appendix II: Prison population profile

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

a. Status	Number of prisoners	%
Sentenced	822	81
Convicted but un-sentenced	64	6
Trial	99	10
Remand	24	2
Detainees	3	0.2
YOI	2	0.2
Other	1	0.1
Total	1015	100

b. Sentence	Number of sentenced prisoners	%
Less than 6 months	69	7
6 months to less than 12 months	56	6
1 year to 2 years	157	15
2 years to 3 years	139	14
3 years-less than 4 years	110	11
4 years to 10 years	216	21
10 years and over (not life)	17	2
Lifer	53	5
No sentence	198	19
Total	1015	100

c. Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to 6 months				
6 months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
Total		100		100

d. Main offence	Number of prisoners	%
Arson	14	1
Drug offences	502	37
Escape	-	-
Firearms	4	0.3
MAPPAs offences	47	3
Racially aggravated	1	0.1
Requires enhanced	282	21
Sexual	198	14
Violent	321	23
Total	1015	100

e. Age	Number of prisoners	%
18 years to 20 years	3	0.3
21 years to 29 years	484	48
30 years to 39 years	323	32
40 years to 49 years	145	14
50 years to 59 years	47	5
60 years to 69 years	10	1
70 plus years	3	0.3
Total	1015	100

f. Nationality	Number of prisoners	%
British	948	93
Foreign nationals	27	3
Not known	40	4
Total	1015	100

g. Ethnicity	Number of prisoners	%
<i>Any other ethnic group</i>		
Asian : Bangladeshi	2	0.2
Asian : Indian	2	0.2
Asian : Other	15	1
Asian : Pakistani	13	1
Black : African	6	0.6
Black : Caribbean	5	0.5
Black : Other	3	0.3
Chinese	-	-
Mixed : African	1	0.1
Mixed : Asian	2	0.2
<i>Mixed : Caribbean</i>	4	0.4
Mixed: Other	-	-
White : British	924	91
White : Irish	2	0.2
White : Other	7	0.7
Code Missing	29	3
Total	1015	100

h. Religion	Number of prisoners	%
Agnostic	10	1
Atheist	3	0.3
Adventist	-	-
Baptist	1	0.1
Black Muslim	1	0.1
Buddhist	4	0.4
Celestial Church of God	1	0.1
Christian	25	3
Church of England	260	26
Church of Scotland	1	0.1
Church of Wales	-	-
Jewish	-	-
Methodist	4	0.4
Mormon	1	0.1

Muslim	37	4
Non-conformist	2	0.2
No religion	421	41
Not specified	91	9
Orthodox (Greek/Russian)	2	0.2
Pentecostal	-	-
Pagan	2	0.2
Protestant	5	0.5
Roman Catholic	139	14
Sikh	2	0.2
Spiritualist	-	-
Unknown	3	0.3
Total	1015	100

i. Home address	Number of prisoners	%
Within 50 miles of the prison	529	51
Between 50 and 100 miles of the prison	43	4
Over 100 miles from the prison	66	6
Overseas	-	-
Not defined	6	0.6
Information not available	392	38
Total	1036	100

PLEASE NOTE this report is produced from information gained from MIS from P-Nomis. The prison was unable to supply the information on length of stay.

Appendix III: Wing file analysis

Background

On 19 and 20 July 2010, the population at HMP Holme House was 1,017. A sample of wing history sheets was randomly selected from P-Nomis, with a total sample of 20 files analysed across all house blocks. This represented 2% of the population. All history sheets were assessed in terms of the frequency and quality of comments over the previous six months.

Identification of the prisoner

All history sheets stated the prisoner's name and number and identified their ethnicity. Photographs were found in 75% (n=15) of the files.

Frequency of entries

The frequency of entries was calculated in terms of the average number of days since the last entry and the average number of entries made per month.

	Average number of days since last entry in file	Average number of entries per month
House block 1	34	0.7
House block 2	25	3.8
House block 3	17	1.3
House block 4	12	1.5
House block 5	26	1
House block 6	11	2.5
House block 7	17	2.3
Overall	21	2

There were no management checks in any of the files analysed.

Quality of comments

Comments were assessed in terms of the level of positive interaction with prisoners. All other comments were noted to be simply observational or functional. No comments were assessed as inappropriate.

House block	Interactional	Observational
1	0	6
2	2	8

3	1	11
4	0	5
5	0	10
6	1	5
7	3	8
Overall	7	53

Of the total of 60 comments assessed, only 12% (n=7) were assessed as demonstrating constructive and positive interaction with the prisoner. Therefore, 88% (n=53) were deemed to be observational or functional in nature, for example, 'x has presented no problems to staff'.

Personal officers

History sheets were assessed in terms of whether it was clear who the personal officer was, and the quantity and quality of comments made by the personal officer. In 90% (n=18) of the files, the personal officer was identified. However, there were comments made by the personal officer in only 39% (n=7) of these files. Of the seven files with personal officer comments only, two were assessed as demonstrating interaction with the prisoner; the others were simply observational or functional.

Other comments

- One prisoner had been at Holme House since April 2008 and had no entries in his P-Nomis wing file, despite the establishment being transferred to the P-Nomis system in August 2009.
- There were no comments regarding sentence plan or offending behaviour needs.
- There were no comments referencing family or family contact.
- There were no comments on detoxification or withdrawal.

Overall state of the file

All files were rated with a score from 1 (poor) to 4 (very good). The ratings were based on the level of evidence of interaction with prisoners, evidence of personal officer interaction and the frequency of comments.

All files were given a rating of 1 (poor), 2 (fair) or 3 (good). The most frequent rating was poor. In total, 70% (n=14) were rated poor; 30% (n=6) were rated as fair.

Appendix IV: Safety and staff–prisoner relationships interviews

Twenty prisoners were approached by the research team to undertake structured interviews regarding issues of safety and staff–prisoner relationships at HMP Holme House. Two individuals were randomly selected from house block 5; three individuals were randomly selected from each other wing in the establishment.

Location of interviews

	Number of interviews
House block 1	3
House block 2	3
House block 3	3
House block 4	3
House block 5	2
House block 6	3
House block 7	3
Total	20

Interviews were undertaken in a private interview room, and participation was voluntary. An interview schedule was used to maintain consistency; therefore, all interviewees were asked the same questions. The interview schedule had two distinct sections, the first covering safety and the second staff–prisoner relationships.

The demographic information of interviewees is detailed below, followed by the results from each section.

Demographic information

- Length of time in prison on this sentence ranged from one week to eight years.
- Length of time at HMP Holme House ranged from one week to 22 months.
- Seventeen prisoners were sentenced; three prisoners were being held on remand.
- Of the sentenced prisoners, the sentence length ranged from six months to life; one prisoner was serving an indeterminate sentence.
- Average age was 34; this ranged from 21 to 54.
- All interviewees reported their ethnicity as white British.
- All interviewees spoke English as a first language.
- Seven interviewees stated their religion as Christian; four interviewees stated that they were Catholic; the other nine stated that they had no religion.
- Four interviewees stated that they had a disability.
- No interviewees stated that they were a foreign national.

Safety

All interviewees were asked to identify areas of concern with regard to safety in HMP Holme House, as well as rating the problem on a scale of 1–4 (1 = a little unsafe, to 4 = extremely

unsafe). A 'seriousness score' was then calculated, by multiplying the number of individuals who thought the issue was a problem by the average rating score.

	Yes, this is a problem (number of respondents)	Average rate (1 = a little unsafe, to 4 = extremely unsafe)	Seriousness score
Staff behaviour with prisoners	6	2.3	14
Lack of trust in staff	4	2.8	11
Overcrowding	4	2.3	9
Isolation (within the prison)	3	2.3	7
Lack of information about prison regime	4	1.5	6
Aggressive body language of staff	3	2	6
The way meals are served	2	3	6
Number of staff on duty during association	3	1.7	5
Existence of an illegal market	3	1.7	5
Availability of drugs	3	1.7	5
Number of staff on duty during the day	2	2.5	5
Layout/structure of the prison	2	2.5	5
Health care facilities	2	2.5	5
Staff members giving favours in return for something	1	3	3
Lack of confidence in staff	1	3	3
Movement to work/education/gym	1	3	3
Surveillance cameras	1	2	2
Aggressive body language of prisoners	1	2	2
Gang culture	1	2	2
Response of staff with regard to fights/bullying/self-harm in the prison	0	0	0
Procedures for discipline (adjudications)	0	0	0

The top five issues were:

1. Staff behaviour with prisoners
2. Lack of trust in staff
3. Overcrowding
4. Isolation (within the prison)
5. Lack of information about prison regime; aggressive body language of staff; the way meals are served

Overall rating

Interviewees were asked to give an overall rating for safety at HMP Holme House, with 1 being very bad and 4 being very good. **The average rating was 3.**

A breakdown of the scores given are shown in the table below:

1	2	3	4
1 (5%)	5 (25%)	8 (40%)	6 (30%)

Differences in responses from vulnerable prisoners

The only safety issues raised by the three vulnerable prisoners interviewed were:

- Overcrowding
- Not enough surveillance cameras in the prison

All three vulnerable prisoners rated the prison as 'good' or 'very good' for safety overall.

Staff-prisoner relationships

All interviewees were asked to rate their relationship with wing staff for the following questions. For each question, a breakdown of responses is provided, as well as an average rating, where applicable.

1. Do you feel that staff are respectful towards you?

1 Completely	2	3	4 Not at all
5 (25%)	12 (60%)	3 (15%)	0

The average rating was 1.9.

2. How often are staff appropriate in their comments and attitudes to you?

1 Always	2	3	4 Never
7 (35%)	8 (40%)	5 (25%)	0

The average rating was 1.9

3. How often do wing staff address you by your first name or by Mr?

1 Always	2	3	4 Never
0	2 (10%)	5 (25%)	13 (65%)

The average rating was 3.6.

4. How often do wing staff knock before entering your cell?

1 Always	2	3	4 Never
0	3 (15%)	0	17 (85%)

The average rating was 3.7.

5. How helpful are staff generally with questions and day-to-day issues?

1 Very helpful	2	3	4 Not at all helpful
3 (15%)	15 (75%)	1 (5%)	1 (5%)

The average rating was 2.

6. How often are staff appropriate in their behaviour?

1 Always	2	3	4 Never
10 (50%)	6 (30%)	3 (15%)	1 (5%)

The average rating was 1.8.

7. Do staff treat prisoners fairly?

1 Completely	2	3	4 Not at all
7 (35%)	10 (50%)	1 (5%)	2 (10%)

The average rating was 1.9.

8. Do staff members treat you fairly when applying the rules of the prison?

1 Completely	2	3	4 Not at all
10 (50%)	8 (40%)	2 (10%)	0

The average rating was 1.6.

9. Are staff fair and consistent in their approach to the IEP scheme?*

1 Completely	2	3	4 Not at all
11 (61%)	4 (22%)	1 (6%)	2 (11%)

*18 respondents

The average rating was 1.7

10. Would staff take it seriously if you were being victimised or bullied on the wing? *

Yes	No	Depends who you approach
15 (79%)	2 (11%)	2 (11%)

*19 respondents

11. How often do staff interact with you?

1 Always	2	3	4 Never
8 (40%)	3 (15%)	5 (25%)	4 (20%)

The average rating was 2.3.

12. Do you have a member of staff to turn to if you have a problem?

Four (20%) stated they did not. Of the 16* (80%) who said that they did, they gave the following rating of how many staff they felt they could approach:

1 Many	2	3	4 One
4 (25%)	3 (19%)	5 (38%)	3 (19%)

*15 respondents (one missing)

The average rating was 2.5.

13. Can you approach your personal officer?

Yes	No	Don't have one
12 (60%)	7 (35%)	1 (5%)

14. Do staff challenge inappropriate behaviour?

1 Always	2	3	4 Never
11 (55%)	3 (15%)	5 (25%)	1 (5%)

The average rating was 1.8.

15. Do staff promote responsible behaviour?

1 Always	2	3	4 Never
8 (40%)	8 (40%)	2 (10%)	2 (10%)

The average rating was 1.9.

16. Do staff provide assistance if you need it in applying for jobs/education/ROTL etc.??*

1 Always	2	3	4 Never
8 (42%)	5 (26%)	3 (16%)	3 (16%)

*19 respondents

The average rating was 2.1.

17. Do staff actively encourage you to take part in activities outside your cell?

1 Always	2	3	4 Never
5 (25%)	5 (25%)	7 (35%)	3 (15%)

The average rating was 2.4.

18. Have you ever been discriminated against by staff because of:

- Your nationality

Yes	No
1 (5%)	19 (95%)

- Your religion

Yes	No
1 (5%)	19 (95%)

- Your disability

Yes	No
3 (15%)	17 (75%)

- Your sentence status (i.e. vulnerable prisoner/remand/sentenced/recalled/IPP/lifer)

Yes	No
1 (5%)	19 (95%)

Overall rating

Interviewees were asked to give an overall rating for staff–prisoner relationships at HMP Holme House, with 1 being excellent and 4 being poor. **The average rating was 2.2.**

A breakdown of the scores given is shown in the table below:

1	2	3	4
4 (20%)	9 (45%)	6 (30%)	1 (5%)

Appendix V: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

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 13 July 2010, the prisoner population at HMP Holme House was 1,027. The sample size was 226. Overall, this represented 22% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. This basically means that every second person is selected from a P-Nomis 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. Four respondents refused to complete a questionnaire.

Methodology

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

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

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

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

Response rates

In total, 203 respondents completed and returned their questionnaires. This represented 20% of the prison population. The response rate was 90%. In addition to the four respondents who refused to complete a questionnaire, 14 questionnaires were not returned and five were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment were 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 2010 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 36 local prisons since April 2006.
- The current survey responses in 2010 against the responses of prisoners surveyed at HMP Holme House in 2005.
- A comparison within the 2010 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

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

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. 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 are excluded). The actual numbers will match up as the data are cleaned to be consistent.

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

Summary of prisoner survey results

Section 1: About you

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

Q1.2 How old are you?

<i>Under 21</i>	1 (0%)
<i>21 - 29</i>	97 (48%)
<i>30 - 39</i>	58 (29%)
<i>40 - 49</i>	36 (18%)
<i>50 - 59</i>	8 (4%)
<i>60 - 69</i>	1 (0%)
<i>70 and over</i>	1 (0%)

Q1.3 Are you sentenced?

<i>Yes</i>	149 (74%)
<i>Yes - on recall</i>	22 (11%)
<i>No - awaiting trial</i>	18 (9%)
<i>No - awaiting sentence</i>	13 (6%)
<i>No - awaiting deportation</i>	0 (0%)

Q1.4 How long is your sentence?

<i>Not sentenced</i>	31 (16%)
<i>Less than 6 months</i>	13 (7%)
<i>6 months to less than 1 year</i>	20 (10%)
<i>1 year to less than 2 years</i>	34 (17%)
<i>2 years to less than 4 years</i>	50 (25%)
<i>4 years to less than 10 years</i>	43 (22%)
<i>10 years or more</i>	4 (2%)
<i>IPP (Indeterminate Sentence for Public Protection)</i>	2 (1%)
<i>Life</i>	2 (1%)

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>	31 (17%)
<i>6 months or less</i>	99 (53%)
<i>More than 6 months</i>	56 (30%)

Q1.6 How long have you been in this prison?

<i>Less than 1 month</i>	28 (14%)
<i>1 to less than 3 months</i>	39 (19%)
<i>3 to less than 6 months</i>	52 (26%)

6 to less than 12 months.....	34 (17%)
12 months to less than 2 years.....	29 (14%)
2 to less than 4 years.....	17 (8%)
4 years or more.....	4 (2%)

Q1.7 Are you a foreign national (i.e. do not hold UK citizenship)?

Yes.....	8 (4%)
No.....	191 (96%)

Q1.8 Is English your first language?

Yes.....	192 (99%)
No.....	1 (1%)

Q1.9 What is your ethnic origin?

White - British.....	186 (92%)	Asian or Asian British - Bangladeshi.....	1 (0%)
White - Irish.....	2 (1%)	Asian or Asian British - other.....	1 (0%)
White - other.....	3 (1%)	Mixed heritage - white and black Caribbean.....	1 (0%)
Black or black British - Caribbean.....	1 (0%)	Mixed heritage - white and black African.....	0 (0%)
Black or black British - African.....	0 (0%)	Mixed heritage - white and Asian.....	0 (0%)
Black or black British - other.....	1 (0%)	Mixed heritage - other.....	0 (0%)
Asian or Asian British - Indian.....	1 (0%)	Chinese.....	0 (0%)
Asian or Asian British - Pakistani.....	5 (2%)	Other ethnic group.....	0 (0%)

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes.....	9 (5%)
No.....	187 (95%)

Q1.11 What is your religion?

None.....	58 (29%)	Hindu.....	0 (0%)
Church of England.....	70 (35%)	Jewish.....	1 (0%)
Catholic.....	39 (19%)	Muslim.....	10 (5%)
Protestant.....	10 (5%)	Sikh.....	1 (0%)
Other Christian denomination.....	7 (3%)	Other.....	2 (1%)
Buddhist.....	3 (1%)		

Q1.12 How would you describe your sexual orientation?

Heterosexual/straight.....	196 (98%)
Homosexual/gay.....	1 (1%)
Bisexual.....	1 (1%)
Other.....	2 (1%)

Q1.13 Do you consider yourself to have a disability?

Yes.....	29 (15%)
No.....	169 (85%)

Q1.14	How many times have you been in prison before?				
	0	1	2 to 5	More than 5	
	39 (19%)	19 (9%)	44 (22%)	100 (50%)	
Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?				
	1	2 to 5	More than 5		
	113 (57%)	66 (34%)	18 (9%)		
Q1.16	Do you have any children under the age of 18?				
	Yes				114 (56%)
	No				88 (44%)

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?	12 (6%)	103 (52%)	30 (15%)	37 (19%)	9 (5%)	5 (3%)	4 (2%)
	Your personal safety during the journey?	20 (11%)	107 (58%)	23 (12%)	15 (8%)	12 (6%)	5 (3%)	3 (2%)
	The comfort of the van?	7 (4%)	19 (10%)	28 (14%)	78 (40%)	61 (31%)	1 (1%)	3 (2%)
	The attention paid to your health needs?	7 (4%)	41 (22%)	44 (23%)	50 (26%)	29 (15%)	6 (3%)	12 (6%)
	The frequency of toilet breaks?	5 (3%)	25 (13%)	31 (16%)	40 (21%)	50 (26%)	3 (2%)	40 (21%)
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>	
		108 (54%)	55 (28%)	29 (15%)	3 (2%)		4 (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>	
		31 (15%)	120 (60%)	30 (15%)	14 (7%)	4 (2%)	2 (1%)	
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?				164 (81%)	35 (17%)	3 (1%)	
	Before you arrived here did you receive any written information about what would happen to you?				36 (18%)	152 (76%)	11 (6%)	
	When you first arrived here did your property arrive at the same time as you?				170 (86%)	20 (10%)	7 (4%)	

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> | 36 (19%) | <i>Money worries</i> | 23 (12%) |
| <i>Loss of property</i> | 19 (10%) | <i>Feeling depressed or suicidal</i> | 109 (58%) |
| <i>Housing problems</i> | 47 (25%) | <i>Health problems</i> | 116 (62%) |
| <i>Contacting employers</i> | 17 (9%) | <i>Needing protection from other prisoners</i> | 53 (28%) |
| <i>Contacting family</i> | 97 (52%) | <i>Accessing phone numbers</i> | 79 (42%) |
| <i>Ensuring dependants were being looked after</i> | 29 (16%) | <i>Other</i> | 6 (3%) |
- Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**
- | | | | |
|--|----------|--|----------|
| <i>Didn't have any problems</i> | 50 (28%) | <i>Money worries</i> | 32 (18%) |
| <i>Loss of property</i> | 18 (10%) | <i>Feeling depressed or suicidal</i> .. | 34 (19%) |
| <i>Housing problems</i> | 44 (25%) | <i>Health problems</i> | 55 (31%) |
| <i>Contacting employers</i> | 10 (6%) | <i>Needing protection from other prisoners</i> | 13 (7%) |
| <i>Contacting family</i> | 52 (29%) | <i>Accessing phone numbers</i> | 48 (27%) |
| <i>Ensuring dependants were looked after</i> | 11 (6%) | <i>Other</i> | 5 (3%) |
- Q3.3 Please answer the following questions about reception:**
- | | Yes | No | Don't remember |
|---|-----------|----------|----------------|
| Were you seen by a member of health services? | 190 (95%) | 7 (4%) | 3 (2%) |
| When you were searched, was this carried out in a respectful way? | 145 (74%) | 46 (23%) | 5 (3%) |
- Q3.4 Overall, how well did you feel you were treated in reception?**
- | | Very well | Well | Neither | Badly | Very badly | Don't remember |
|--|-----------|-----------|----------|----------|------------|----------------|
| | 14 (7%) | 106 (53%) | 38 (19%) | 36 (18%) | 5 (3%) | 1 (1%) |
- Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)**
- | | |
|--|-----------|
| <i>Information about what was going to happen to you</i> | 99 (51%) |
| <i>Information about what support was available for people feeling depressed or suicidal</i> | 101 (52%) |
| <i>Information about how to make routine requests</i> | 82 (42%) |
| <i>Information about your entitlement to visits</i> | 98 (51%) |
| <i>Information about health services</i> | 96 (50%) |
| <i>Information about the chaplaincy</i> | 79 (41%) |
| <i>Not offered anything</i> | 53 (27%) |

Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)	
	<i>A smokers/non-smokers pack</i>	192 (96%)
	<i>The opportunity to have a shower</i>	67 (34%)
	<i>The opportunity to make a free telephone call</i>	145 (73%)
	<i>Something to eat</i>	144 (72%)
	Did not receive anything	2 (1%)
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 to you.)	
	<i>Chaplain or religious leader</i>	77 (41%)
	<i>Someone from health services</i>	140 (74%)
	<i>A Listener/Samaritans</i>	19 (10%)
	Did not meet any of these people	30 (16%)
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	<i>Yes</i>	16 (8%)
	<i>No</i>	178 (92%)
Q3.9	Did you feel safe on your first night here?	
	<i>Yes</i>	159 (81%)
	<i>No</i>	26 (13%)
	<i>Don't remember</i>	11 (6%)
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course	37 (19%)
	<i>Within the first week</i>	120 (62%)
	<i>More than a week</i>	26 (13%)
	<i>Don't remember</i>	12 (6%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	37 (19%)
	<i>Yes</i>	92 (48%)
	<i>No</i>	43 (23%)
	<i>Don't remember</i>	18 (9%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it 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?	25 (13%)	70 (36%)	27 (14%)	43 (22%)	22 (11%)	9 (5%)
	Attend legal visits?	27 (14%)	95 (50%)	31 (16%)	17 (9%)	6 (3%)	15 (8%)

Obtain bail information?	11 (6%)	37 (21%)	41 (23%)	30 (17%)	24 (14%)	33 (19%)
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Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?

<i>Not had any letters</i>	20 (10%)
Yes	91 (46%)
No	86 (44%)

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

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	84 (42%)	116 (57%)	1 (0%)	1 (0%)
Are you normally able to have a shower every day?	184 (92%)	14 (7%)	0 (0%)	1 (1%)
Do you normally receive clean sheets every week?	154 (77%)	38 (19%)	6 (3%)	2 (1%)
Do you normally get cell cleaning materials every week?	68 (34%)	126 (62%)	6 (3%)	2 (1%)
Is your cell call bell normally answered within five minutes?	46 (23%)	140 (71%)	11 (6%)	0 (0%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	130 (65%)	67 (34%)	3 (2%)	0 (0%)
Can you normally get your stored property if you need to?	55 (28%)	97 (49%)	40 (20%)	6 (3%)

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>
0 (0%)	33 (17%)	36 (18%)	61 (31%)	67 (34%)

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?

<i>Have not bought anything yet</i>	10 (5%)
Yes	103 (52%)
No	84 (43%)

Q4.6 Is it easy or difficult to get:

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	100 (50%)	64 (32%)	10 (5%)	13 (6%)	3 (1%)	11 (5%)
An application form	107 (55%)	71 (37%)	7 (4%)	5 (3%)	0 (0%)	3 (2%)

Q4.7 Have you made an application?

Yes	183 (92%)
No	16 (8%)

- Q4.8 Please answer the following questions concerning applications:**
(If you have not made an application please tick the 'not made one' option.)
- | | Not made one | Yes | No |
|--|---------------------|------------|-----------|
| Do you feel <i>applications</i> are dealt with fairly? | 16 (9%) | 101 (54%) | 71 (38%) |
| Do you feel <i>applications</i> are dealt with promptly (within seven days)? | 16 (9%) | 89 (48%) | 79 (43%) |
- Q4.9 Have you made a complaint?**
- | | |
|-----------|-----------|
| Yes | 83 (43%) |
| No | 112 (57%) |
- Q4.10 Please answer the following questions concerning complaints:**
(If you have not made a complaint please tick the 'not made one' option.)
- | | Not made one | Yes | No |
|--|---------------------|------------|-----------|
| Do you feel <i>complaints</i> are dealt with fairly? | 112 (57%) | 24 (12%) | 59 (30%) |
| Do you feel <i>complaints</i> are dealt with promptly (within seven days)? | 112 (58%) | 26 (13%) | 56 (29%) |
| Were you given information about how to make an appeal? | 73 (41%) | 41 (23%) | 66 (37%) |
- Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?**
- | | |
|-----------------------------------|-----------|
| Not made a complaint | 112 (58%) |
| Yes | 20 (10%) |
| No | 61 (32%) |
- Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?**
- | <i>Don't know who they are</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|--------------------------------|------------------|-------------|----------------|------------------|-----------------------|
| 71 (38%) | 5 (3%) | 31 (17%) | 30 (16%) | 32 (17%) | 18 (10%) |
- Q4.13 What level of the IEP scheme are you on now?**
- | | |
|--|-----------|
| Don't know what the IEP scheme is | 16 (8%) |
| Enhanced | 37 (19%) |
| Standard | 136 (69%) |
| Basic | 4 (2%) |
| Don't know | 3 (2%) |
- Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?**
- | | |
|--|-----------|
| Don't know what the IEP scheme is | 16 (9%) |
| Yes | 101 (54%) |
| No | 49 (26%) |
| Don't know | 20 (11%) |

Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?

<i>Don't know what the IEP scheme is</i>	16 (9%)
Yes	80 (43%)
No	74 (40%)
<i>Don't know</i>	16 (9%)

Q4.16 Please answer the following questions about this prison:

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	21 (11%)	176 (89%)
In the last six months have you spent a night in the segregation/care and separation unit?	32 (16%)	163 (84%)

Q4.17 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?	93 (48%)	29 (15%)	72 (37%)
Are you able to speak to a religious leader of your faith in private if you want to?	98 (51%)	18 (9%)	75 (39%)

Q4.18 Can you speak to a Listener at any time if you want to?

Yes	No	<i>Don't know</i>
118 (60%)	12 (6%)	68 (34%)

Q4.19 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?	126 (64%)	70 (36%)
Do most staff treat you with respect?	121 (63%)	71 (37%)

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?

Yes	72 (37%)
No	125 (63%)

Q5.2 Do you feel unsafe in this prison at the moment?

Yes	20 (10%)
No	175 (90%)

Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)

<i>Never felt unsafe</i>	125 (65%)	<i>At mealtimes</i>	12 (6%)
<i>Everywhere</i>	15 (8%)	<i>At health services</i>	7 (4%)
<i>Segregation unit</i>	7 (4%)	<i>Visit's area</i>	21 (11%)
<i>Association areas</i>	22 (11%)	<i>In wing showers</i>	29 (15%)

<i>Reception area</i>	14 (7%)	<i>In gym showers</i>	3 (2%)
<i>At the gym</i>	17 (9%)	<i>In corridors/stairwells</i>	11 (6%)
<i>In an exercise yard</i>	25 (13%)	<i>On your landing/wing</i>	15 (8%)
<i>At work</i>	9 (5%)	<i>In your cell</i>	13 (7%)
<i>During movement</i>	19 (10%)	<i>At religious services</i>	2 (1%)
<i>At education</i>	4 (2%)		

Q5.4 Have you been victimised by another prisoner or group of prisoners here?

Yes	45 (23%)	
No	152 (77%)	If No, go to question 5.6

Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	23 (12%)	<i>Because of your sexuality</i>	1 (1%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	15 (8%)	<i>Because you have a disability</i>	3 (2%)
<i>Sexual abuse</i>	1 (1%)	<i>Because of your religion/religious beliefs</i>	1 (1%)
<i>Because of your race or ethnic origin</i>	4 (2%)	<i>Because of your age</i>	3 (2%)
<i>Because of drugs</i>	14 (7%)	<i>Being from a different part of the country than others</i>	11 (6%)
<i>Having your canteen/property taken</i>	10 (5%)	<i>Because of your offence/crime</i>	7 (4%)
<i>Because you were new here</i> ...	11 (6%)	<i>Because of gang related issues</i>	7 (4%)

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes	52 (27%)	
No	141 (73%)	If No, go to question 5.8

Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	32 (17%)	<i>Because you have a disability</i>	6 (3%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	14 (7%)	<i>Because of your religion/religious beliefs</i>	2 (1%)
<i>Sexual abuse</i>	0 (0%)	<i>Because of your age</i>	5 (3%)
<i>Because of your race or ethnic origin</i>	5 (3%)	<i>Being from a different part of the country than others</i>	8 (4%)
<i>Because of drugs</i>	11 (6%)	<i>Because of your offence/crime</i>	7 (4%)
<i>Because you were new here</i> ...	17 (9%)	<i>Because of gang related issues</i>	2 (1%)
<i>Because of your sexuality</i>	1 (1%)		

Q5.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised	116 (63%)
Yes	23 (13%)
No	45 (24%)

- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**
 Yes 53 (28%)
 No 138 (72%)
- Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**
 Yes 52 (27%)
 No 142 (73%)
- Q5.11 Is it easy or difficult to get illegal drugs in this prison?**
- | | | | | | |
|------------------|-------------|----------------|------------------|-----------------------|-------------------|
| <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> | <i>Don't know</i> |
| 52 (27%) | 32 (17%) | 16 (8%) | 13 (7%) | 10 (5%) | 70 (36%) |

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 | 23 (12%) | 17 (9%) | 42 (22%) | 16 (8%) | 66 (34%) | 30 (15%) |
| The nurse | 16 (8%) | 25 (13%) | 81 (42%) | 24 (13%) | 32 (17%) | 14 (7%) |
| The dentist | 27 (14%) | 11 (6%) | 23 (12%) | 16 (8%) | 67 (35%) | 48 (25%) |
| The optician | 53 (28%) | 13 (7%) | 28 (15%) | 23 (12%) | 43 (23%) | 28 (15%) |
- Q6.2 Are you able to see a pharmacist?**
 Yes 66 (38%)
 No 109 (62%)
- 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 | 35 (18%) | 12 (6%) | 44 (23%) | 29 (15%) | 41 (21%) | 32 (17%) |
| The nurse | 20 (10%) | 26 (13%) | 63 (33%) | 31 (16%) | 28 (15%) | 25 (13%) |
| The dentist | 51 (27%) | 15 (8%) | 31 (16%) | 27 (14%) | 31 (16%) | 33 (18%) |
| The optician | 72 (39%) | 18 (10%) | 33 (18%) | 29 (16%) | 20 (11%) | 15 (8%) |
- Q6.4 What do you think of the overall quality of the health services here?**
- | | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|--|-----------------|------------------|-------------|----------------|------------|-----------------|
| | 11 (6%) | 15 (8%) | 55 (28%) | 28 (15%) | 54 (28%) | 30 (16%) |
- Q6.5 Are you currently taking medication?**
 Yes 102 (53%)
 No 92 (47%)
- Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**
Not taking medication 92 (48%)
 Yes 59 (31%)
 No 42 (22%)

Q6.7	Do you feel you have any emotional well-being/mental health issues?			
	Yes			66 (34%)
	No			127 (66%)
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)			
	<i>Do not have any issues/not receiving any help</i>			148 (83%)
	<i>Doctor</i>			11 (6%)
	<i>Nurse</i>			13 (7%)
	<i>Psychiatrist</i>			9 (5%)
	<i>Mental health in-reach team</i>			16 (9%)
	<i>Counsellor</i>			4 (2%)
	<i>Other</i>			4 (2%)
Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	97 (53%)	86 (47%)	
	Alcohol	52 (35%)	97 (65%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes			32 (16%)
	No			162 (84%)
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes			79 (42%)
	No			37 (20%)
	<i>Did not/do not have a drug or alcohol problem</i>			72 (38%)
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?			
	Yes			70 (37%)
	No			48 (25%)
	<i>Did not / do not have a drug or alcohol problem</i>			72 (38%)
Q6.13	Was the intervention or help you received, while in this prison, helpful?			
	Yes			51 (27%)
	No			17 (9%)
	<i>Did not have a problem/have not received help</i>			121 (64%)
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	Don't know
	Drugs	41 (22%)	118 (62%)	30 (16%)
	Alcohol	23 (14%)	118 (70%)	27 (16%)

Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?

Yes	46 (24%)
No	40 (21%)
N/A.....	106 (55%)

Section 7: Purposeful activity

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

Prison job	85 (45%)
Vocational or skills training	10 (5%)
Education (including basic skills).....	39 (21%)
Offending behaviour programmes.....	16 (8%)
Not involved in any of these	69 (36%)

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

	<i>Not been involved</i>	Yes	No	<i>Don't know</i>
Prison job	32 (20%)	53 (34%)	48 (31%)	24 (15%)
Vocational or skills training	44 (41%)	29 (27%)	25 (23%)	9 (8%)
Education (including basic skills)	36 (28%)	52 (41%)	30 (23%)	10 (8%)
Offending behaviour programmes	44 (37%)	35 (29%)	30 (25%)	11 (9%)

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

<i>Don't want to go</i>	31 (17%)
<i>Never</i>	61 (34%)
<i>Less than once a week</i>	38 (21%)
<i>About once a week</i>	36 (20%)
<i>More than once a week</i>	2 (1%)
<i>Don't know</i>	13 (7%)

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

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	<i>Don't know</i>
49 (26%)	31 (16%)	6 (3%)	15 (8%)	48 (26%)	25 (13%)	14 (7%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	<i>Don't know</i>
19 (10%)	19 (10%)	54 (28%)	44 (23%)	47 (24%)	9 (5%)

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.)

<i>Less than 2 hours</i>	49 (26%)
<i>2 to less than 4 hours</i>	40 (21%)
<i>4 to less than 6 hours</i>	26 (14%)
<i>6 to less than 8 hours</i>	28 (15%)
<i>8 to less than 10 hours</i>	16 (9%)

10 hours or more 22 (12%)
 Don't know 6 (3%)

Q7.7 On average, how many times do you have association each week?
 Don't want to go 0 1 to 2 3 to 5 More than 5 Don't know
 7 (4%) 5 (3%) 10 (5%) 31 (16%) 135 (70%) 4 (2%)

Q7.8 How often do staff normally speak to you during association time?
 Do not go on association 12 (6%)
 Never 53 (28%)
 Rarely 58 (30%)
 Some of the time 39 (20%)
 Most of the time 17 (9%)
 All of the time 13 (7%)

Section 8: Resettlement

Q8.1 When did you first meet your personal officer?
 Still have not met him/her 124 (64%)
 In the first week 21 (11%)
 More than a week 22 (11%)
 Don't remember 27 (14%)

Q8.2 How helpful do you think your personal officer is?
 Do not have a personal officer/
 still have not met him/her Very helpful Helpful Neither Not very helpful Not at all helpful
 124 (64%) 13 (7%) 28 (14%) 13 (7%) 11 (6%) 5 (3%)

Q8.3 Do you have a sentence plan/OASys?
 Not sentenced 31 (16%)
 Yes 90 (45%)
 No 77 (39%)

Q8.4 How involved were you in the development of your sentence plan?
 Do not have a sentence plan/OASys 108 (55%)
 Very involved 14 (7%)
 Involved 31 (16%)
 Neither 14 (7%)
 Not very involved 15 (8%)
 Not at all involved 13 (7%)

Q8.5 Can you achieve all or some of your sentence plan targets in this prison?
 Do not have a sentence plan/OASys 108 (57%)
 Yes 59 (31%)
 No 24 (13%)

- Q8.6 Are there plans for you to achieve all/some of your sentence plan targets in another prison?**
Do not have a sentence plan/OASys 108 (57%)
 Yes 30 (16%)
 No 51 (27%)
- Q8.7 Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?**
Not sentenced 31 (16%)
 Yes 45 (23%)
 No 121 (61%)
- Q8.8 Do you feel that any member of staff has helped you to prepare for your release?**
 Yes 29 (15%)
 No 161 (85%)
- Q8.9 Have you had any problems with sending or receiving mail?**
 Yes 82 (43%)
 No 95 (49%)
 Don't know 15 (8%)
- Q8.10 Have you had any problems getting access to the telephones?**
 Yes 56 (29%)
 No 131 (68%)
 Don't know 6 (3%)
- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet 11 (6%)
 Yes 97 (50%)
 No 78 (40%)
 Don't remember 8 (4%)
- Q8.12 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>
11 (6%)	94 (49%)	81 (42%)	3 (2%)	2 (1%)
- Q8.13 How are you and your family/friends usually treated by visits staff?**
Not had any visits 40 (22%)
 Very well 14 (8%)
 Well 44 (24%)
 Neither 22 (12%)
 Badly 31 (17%)
 Very badly 13 (7%)
 Don't know 21 (11%)
- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**
 Yes 59 (31%)
 No 131 (69%)

**Q8.15 Do you know who to contact to get help with the following within this prison?
(Please tick all that apply to you.)**

<i>Don't know who to contact ..</i>	92 (56%)	<i>Help with your finances in preparation for release</i>	19 (12%)
<i>Maintaining good relationships</i>	18 (11%)	<i>Claiming benefits on release ...</i>	55 (34%)
<i>Avoiding bad relationships</i>	9 (5%)	<i>Arranging a place at college/continuing education on release</i>	16 (10%)
<i>Finding a job on release</i>	41 (25%)	<i>Continuity of health services on release</i>	26 (16%)
<i>Finding accommodation on release</i>	41 (25%)	<i>Opening a bank account</i>	14 (9%)

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

<i>No problems</i>	61 (33%)	<i>Help with your finances in preparation for release</i>	50 (27%)
<i>Maintaining good relationships</i>	32 (17%)	<i>Claiming benefits on release ...</i>	45 (24%)
<i>Avoiding bad relationships</i>	27 (15%)	<i>Arranging a place at college/continuing education on release</i>	25 (14%)
<i>Finding a job on release</i>	98 (53%)	<i>Continuity of health services on release</i>	30 (16%)
<i>Finding accommodation on release</i>	77 (42%)	<i>Opening a bank account</i>	64 (35%)

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>	31 (16%)
<i>Yes</i>	68 (36%)
<i>No</i>	91 (48%)

Thank you for completing this survey.

Main comparator and comparator to last time



Prisoner survey responses HMP Holme House 2010

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 Holme House 2010	Local prison comparator	HMP Holme House 2010	HMP Holme House 2005
	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		203	4516	203	95
SECTION 1: General information					
2	Are you under 21 years of age?	1%	5%	1%	2%
3a	Are you sentenced?	85%	65%	85%	89%
3b	Are you on recall?	11%	12%	11%	0%
4a	Is your sentence less than 12 months?	17%	17%	17%	16%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	4%	1%	0%
5	Do you have six months or less to serve?	53%	32%	53%	40%
6	Have you been in this prison less than a month?	14%	20%	14%	
7	Are you a foreign national?	4%	14%	4%	4%
8	Is English your first language?	100%	88%	100%	99%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	6%	27%	6%	7%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	5%	5%	
11	Are you Muslim?	5%	11%	5%	
12	Are you homosexual/gay or bisexual?	2%	3%	2%	
13	Do you consider yourself to have a disability?	15%	21%	15%	
14	Is this your first time in prison?	19%	29%	19%	20%
15	Have you been in more than five prisons this time?	9%	9%	9%	
16	Do you have any children under the age of 18?	57%	55%	57%	66%
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?	58%	50%	58%	42%
1b	Was your personal safety during the journey good/very good?	69%	59%	69%	66%
1c	Was the comfort of the van good/very good?	13%	14%	13%	13%
1d	Was the attention paid to your health needs good/very good?	25%	29%	25%	28%
1e	Was the frequency of toilet breaks good/very good?	16%	16%	16%	9%
2	Did you spend more than four hours in the van?	2%	4%	2%	5%
3	Were you treated well/very well by the escort staff?	75%	65%	75%	77%
4a	Did you know where you were going when you left court or when transferred from another prison?	81%	72%	81%	89%
4b	Before you arrived here did you receive any written information about what would happen to you?	18%	15%	18%	17%
4c	When you first arrived here did your property arrive at the same time as you?	86%	81%	86%	87%

Main comparator and comparator to last time

Key to tables

Key to tables		HMP Holme House 2010	Local prison comparator	HMP Holme House 2010	HMP Holme House 2005
	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				
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?	10%	12%	10%	
1c	Housing problems?	25%	30%	25%	
1d	Problems contacting employers?	9%	13%	9%	
1e	Problems contacting family?	52%	50%	52%	
1f	Problems ensuring dependants were looked after?	16%	14%	16%	
1g	Money problems?	12%	18%	12%	
1h	Problems of feeling depressed/suicidal?	58%	54%	58%	
1i	Health problems?	62%	62%	62%	
1j	Problems in needing protection from other prisoners?	28%	21%	28%	
1k	Problems accessing phone numbers?	42%	41%	42%	
2	When you first arrived:				
2a	Did you have any problems?	72%	77%	72%	72%
2b	Did you have any problems with loss of property?	10%	13%	10%	10%
2c	Did you have any housing problems?	25%	24%	25%	16%
2d	Did you have any problems contacting employers?	6%	7%	6%	4%
2e	Did you have any problems contacting family?	29%	34%	29%	20%
2f	Did you have any problems ensuring dependants were being looked after?	6%	8%	6%	4%
2g	Did you have any money worries?	18%	24%	18%	11%
2h	Did you have any problems with feeling depressed or suicidal?	19%	22%	19%	16%
2i	Did you have any health problems?	31%	29%	31%	16%
2j	Did you have any problems with needing protection from other prisoners?	7%	9%	7%	4%
2k	Did you have problems accessing phone numbers?	27%	30%	27%	
3a	Were you seen by a member of health services in reception?	95%	88%	95%	87%
3b	When you were searched in reception, was this carried out in a respectful way?	74%	72%	74%	65%
4	Were you treated well/very well in reception?	60%	58%	60%	61%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	51%	44%	51%	59%
5b	Information about what support was available for people feeling depressed or suicidal?	52%	44%	52%	63%
5c	Information about how to make routine requests?	43%	36%	43%	43%
5d	Information about your entitlement to visits?	51%	42%	51%	54%
5e	Information about health services?	50%	49%	50%	
5f	Information about the chaplaincy?	41%	46%	41%	

Main comparator and comparator to last time

Key to tables

		HMP Holme House 2010	Local prison comparator	HMP Holme House 2010	HMP Holme House 2005
	Any percent highlighted in green is significantly better				
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	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 continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	97%	85%	97%	78%
6b	The opportunity to have a shower?	34%	34%	34%	22%
6c	The opportunity to make a free telephone call?	73%	56%	73%	76%
6d	Something to eat?	72%	80%	72%	82%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	41%	48%	41%	38%
7b	Someone from health services?	74%	73%	74%	69%
7c	A listener/Samaritans?	10%	24%	10%	31%
8	Did you have access to the prison shop/canteen within the first 24 hours?	8%	16%	8%	33%
9	Did you feel safe on your first night here?	81%	71%	81%	85%
10	Have you been on an induction course?	81%	76%	81%	81%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	60%	58%	60%	69%
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?	49%	41%	49%	
1b	Attend legal visits?	64%	59%	64%	
1c	Obtain bail information?	27%	24%	27%	
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	46%	39%	46%	58%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	42%	49%	42%	46%
3b	Are you normally able to have a shower every day?	93%	79%	93%	86%
3c	Do you normally receive clean sheets every week?	77%	81%	77%	81%
3d	Do you normally get cell cleaning materials every week?	34%	63%	34%	50%
3e	Is your cell call bell normally answered within five minutes?	23%	36%	23%	29%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	65%	65%	65%	56%
3g	Can you normally get your stored property, if you need to?	28%	26%	28%	37%
4	Is the food in this prison good/very good?	17%	24%	17%	19%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	42%	52%	48%
6a	Is it easy/very easy to get a complaints form?	82%	79%	82%	88%
6b	Is it easy/very easy to get an application form?	92%	85%	92%	91%
7	Have you made an application?	92%	84%	92%	87%

Main comparator and comparator to last time

Key to tables

Any percent highlighted in green is significantly better		HMP Holme House 2010	Local prison comparator	HMP Holme House 2010	HMP Holme House 2005
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?	59%	54%	59%	65%
8b	Do you feel applications are dealt with promptly (within seven days)?	53%	46%	53%	74%
9	Have you made a complaint?	43%	43%	43%	47%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	29%	30%	29%	41%
10b	Do you feel complaints are dealt with promptly (within seven days)?	32%	33%	32%	60%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	25%	26%	25%	20%
10c	Were you given information about how to make an appeal?	23%	22%	23%	37%
12	Is it easy/very easy to see the Independent Monitoring Board?	19%	25%	19%	36%
13	Are you on the enhanced (top) level of the IEP scheme?	19%	29%	19%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	54%	52%	54%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	45%	43%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	11%	7%	11%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	16%	11%	16%	
13a	Do you feel your religious beliefs are respected?	48%	54%	48%	51%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	51%	56%	51%	62%
14	Are you able to speak to a Listener at any time if you want to?	60%	58%	60%	65%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	64%	70%	64%	66%
15b	Do most staff, in this prison, treat you with respect?	63%	69%	63%	67%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	37%	41%	37%	25%
2	Do you feel unsafe in this prison at the moment?	10%	18%	10%	
4	Have you been victimised by another prisoner?	23%	22%	23%	15%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	12%	11%	12%	8%
5b	Hit, kicked or assaulted you?	8%	7%	8%	3%
5c	Sexually abused you?	1%	1%	1%	3%
5d	Victimised you because of your race or ethnic origin?	2%	4%	2%	1%
5e	Victimised you because of drugs?	7%	4%	7%	5%
5f	Taken your canteen/property?	5%	5%	5%	2%
5g	Victimised you because you were new here?	6%	6%	6%	2%
5h	Victimised you because of your sexuality?	1%	1%	1%	
5i	Victimised you because you have a disability?	2%	3%	2%	
5j	Victimised you because of your religion/religious beliefs?	1%	2%	1%	
5k	Victimised you because of your age?	2%	2%	2%	
5l	Victimised you because you were from a different part of the country?	6%	4%	6%	5%
5m	Victimised you because of your offence/crime?	4%	5%	4%	
5n	Victimised you because of gang related issues?	4%	3%	4%	

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	27%	26%	27%	30%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	17%	12%	17%	18%
7b	Hit, kicked or assaulted you?	7%	5%	7%	6%
7c	Sexually abused you?	0%	1%	0%	2%
7d	Victimised you because of your race or ethnic origin?	3%	5%	3%	3%
7e	Victimised you because of drugs?	6%	4%	6%	5%
7f	Victimised you because you were new here?	9%	6%	9%	5%
7g	Victimised you because of your sexuality?	1%	1%	1%	
7h	Victimised you because you have a disability?	3%	3%	3%	
7i	Victimised you because of your religion/religious beliefs?	1%	3%	1%	
7j	Victimised you because of your age?	3%	2%	3%	
7k	Victimised you because you were from a different part of the country?	4%	4%	4%	5%
7l	Victimised you because of your offence/crime?	4%	5%	4%	
7m	Victimised you because of gang related issues?	1%	3%	1%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	34%	34%	34%	33%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	28%	24%	28%	
10	Have you ever felt threatened or intimidated by a member of staff in here?	27%	23%	27%	
11	Is it easy/very easy to get illegal drugs in this prison?	44%	31%	44%	34%
SECTION 6: Health care					
1a	Is it easy/very easy to see the doctor?	30%	27%	30%	
1b	Is it easy/very easy to see the nurse?	55%	50%	55%	
1c	Is it easy/very easy to see the dentist?	18%	10%	18%	
1d	Is it easy/very easy to see the optician?	22%	11%	22%	
2	Are you able to see a pharmacist?	38%	45%	38%	
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?	35%	47%	35%	50%
3b	The nurse?	51%	59%	51%	54%
3c	The dentist?	34%	33%	34%	35%
3d	The optician?	44%	35%	44%	54%
4	The overall quality of health services?	38%	41%	38%	30%

Main comparator and comparator to last time

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Health care continued					
5	Are you currently taking medication?	53%	48%	53%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	58%	57%	58%	
7	Do you feel you have any emotional well-being/mental health issues?	34%	34%	34%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	43%	40%	43%	
8b	A doctor?	22%	34%	22%	
8c	A nurse?	24%	17%	24%	
8d	A psychiatrist?	18%	19%	18%	
8e	The mental health in-reach team?	31%	27%	31%	
8f	A counsellor?	8%	12%	8%	
9a	Did you have a drug problem when you came into this prison?	53%	33%	53%	37%
9b	Did you have an alcohol problem when you came into this prison?	35%	24%	35%	16%
10a	Have you developed a drug problem since you have been in this prison?	17%	9%	17%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	68%	81%	68%	
12	Have you received any help or intervention whilst in this prison?	59%	69%	59%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	75%	76%	75%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	38%	31%	38%	36%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	30%	26%	30%	31%
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?	54%	60%	54%	48%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	45%	44%	45%	
1b	Vocational or skills training?	5%	11%	5%	
1c	Education (including basic skills)?	21%	27%	21%	
1d	Offending behaviour programmes?	8%	8%	8%	
2ai	Have you had a job while in this prison?	80%	65%	80%	66%
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	42%	40%	42%	38%
2bi	Have you been involved in vocational or skills training whilst in this prison?	59%	52%	59%	54%
For those who have had vocational or skills training whilst in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	46%	51%	46%	61%
2ci	Have you been involved in education while in this prison?	72%	62%	72%	66%
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	57%	59%	57%	60%
2di	Have you been involved in offending behaviour programmes while in this prison?	63%	49%	63%	46%
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	46%	49%	46%	53%
3	Do you go to the library at least once a week?	21%	37%	21%	33%
4	On average, do you go to the gym at least twice a week?	47%	42%	47%	44%
5	On average, do you go outside for exercise three or more times a week?	47%	37%	47%	37%
6	On average, do you spend ten or more hours out of your cell on a weekday?	12%	9%	12%	9%
7	On average, do you go on association more than five times each week?	70%	48%	70%	78%
8	Do staff normally speak to you most of the time/all of the time during association?	16%	17%	16%	16%
SECTION 8: Resettlement					
1	Do you have a personal officer?	36%	45%	36%	47%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	59%	62%	59%	58%
For those who are sentenced:					
3	Do you have a sentence plan?	54%	39%	54%	41%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	52%	58%	52%	62%
5	Can you achieve some/all of your sentence plan targets in this prison?	71%	61%	71%	
6	Are there plans for you to achieve some/all your targets in another prison?	37%	46%	37%	
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?	27%	26%	27%	
8	Do you feel that any member of staff has helped you to prepare for release?	15%	14%	15%	
9	Have you had any problems with sending or receiving mail?	43%	45%	43%	49%
10	Have you had any problems getting access to the telephones?	29%	31%	29%	44%
11	Did you have a visit in the first week that you were here?	50%	35%	50%	57%
12	Did you receive one or more visits in the last week?	45%	41%	45%	

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	40%	50%	40%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	31%	36%	31%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	11%	14%	11%	
15c	Avoiding bad relationships?	6%	10%	6%	
15d	Finding a job on release?	25%	28%	25%	53%
15e	Finding accommodation on release?	25%	31%	25%	43%
15f	With money/finances on release?	12%	19%	12%	37%
15g	Claiming benefits on release?	34%	33%	34%	58%
15h	Arranging a place at college/continuing education on release?	10%	18%	10%	37%
15i	Accessing health services on release?	16%	23%	16%	39%
15j	Opening a bank account on release?	9%	18%	9%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	17%	14%	17%	
16c	Avoiding bad relationships?	15%	14%	15%	
16d	Finding a job?	53%	50%	53%	
16e	Finding accommodation?	42%	42%	42%	
16f	Money/finances?	27%	38%	27%	
16g	Claiming benefits?	24%	34%	24%	
16h	Arranging a place at college/continuing education?	14%	23%	14%	
16i	Accessing health services?	16%	20%	16%	
16j	Opening a bank account?	35%	32%	35%	
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?	43%	48%	43%	49%

Main comparator and comparator to last time



Prisoner survey responses (vulnerable prisoners) HMP Holme House 2010

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 prisoners	All other 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		
Number of completed questionnaires returned		35	168
SECTION 1: General information			
2	Are you under 21 years of age?	0%	1%
3a	Are you sentenced?	83%	85%
3b	Are you on recall?	11%	11%
4a	Is your sentence less than 12 months?	9%	18%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	1%
5	Do you have six months or less to serve?	47%	55%
6	Have you been in this prison less than a month?	9%	15%
7	Are you a foreign national?	9%	3%
8	Is English your first language?	97%	100%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	3%	6%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	9%	4%
11	Are you Muslim?	3%	6%
12	Are you homosexual/gay or bisexual?	3%	2%
13	Do you consider yourself to have a disability?	26%	13%
14	Is this your first time in prison?	27%	18%
15	Have you been in more than five prisons this time?	9%	9%
16	Do you have any children under the age of 18?	59%	56%
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?	65%	56%
1b	Was your personal safety during the journey good/very good?	71%	68%
1c	Was the comfort of the van good/very good?	19%	12%
1d	Was the attention paid to your health needs good/very good?	24%	26%
1e	Was the frequency of toilet breaks good/very good?	10%	17%
2	Did you spend more than four hours in the van?	0%	2%
3	Were you treated well/very well by the escort staff?	92%	72%
4a	Did you know where you were going when you left court or when transferred from another prison?	77%	82%
4b	Before you arrived here did you receive any written information about what would happen to you?	23%	17%
4c	When you first arrived here did your property arrive at the same time as you?	80%	88%

Main comparator and comparator to last time

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		
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?	3%	12%
1c	Housing problems?	10%	28%
1d	Problems contacting employers?	6%	10%
1e	Problems contacting family?	39%	55%
1f	Problems ensuring dependants were looked after?	6%	17%
1g	Money problems?	3%	14%
1h	Problems of feeling depressed/suicidal?	45%	61%
1i	Health problems?	42%	66%
1j	Problems in needing protection from other prisoners?	36%	27%
1k	Problems accessing phone numbers?	19%	47%
2	When you first arrived:		
2a	Did you have any problems?	90%	68%
2b	Did you have any problems with loss of property?	13%	10%
2c	Did you have any housing problems?	37%	22%
2d	Did you have any problems contacting employers?	13%	4%
2e	Did you have any problems contacting family?	40%	27%
2f	Did you have any problems ensuring dependants were being looked after?	3%	7%
2g	Did you have any money worries?	20%	18%
2h	Did you have any problems with feeling depressed or suicidal?	37%	16%
2i	Did you have any health problems?	27%	32%
2j	Did you have any problems with needing protection from other prisoners?	34%	2%
2k	Did you have problems accessing phone numbers?	34%	26%
3a	Were you seen by a member of health services in reception?	97%	95%
3b	When you were searched in reception, was this carried out in a respectful way?	74%	74%
4	Were you treated well/very well in reception?	61%	60%
5	On your day of arrival, were you offered any of the following information:		
5a	Information about what was going to happen to you?	38%	54%
5b	Information about what support was available for people feeling depressed or suicidal?	44%	54%
5c	Information about how to make routine requests?	27%	46%
5d	Information about your entitlement to visits?	30%	55%
5e	Information about health services?	33%	54%
5f	Information about the chaplaincy?	23%	45%

Main comparator and comparator to last time

Key to tables

	Any percent highlighted in green is significantly better	Vulnerable prisoners	All other prisoners
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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?	88%	98%
6b	The opportunity to have a shower?	17%	37%
6c	The opportunity to make a free telephone call?	47%	78%
6d	Something to eat?	59%	75%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	37%	41%
7b	Someone from health services?	63%	76%
7c	A Listener/Samaritans?	10%	10%
8	Did you have access to the prison shop/canteen within the first 24 hours?	19%	6%
9	Did you feel safe on your first night here?	61%	85%
10	Have you been on an induction course?	73%	83%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	42%	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?	47%	49%
1b	Attend legal visits?	65%	64%
1c	Obtain bail information?	22%	28%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	56%	44%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	29%	44%
3b	Are you normally able to have a shower every day?	92%	93%
3c	Do you normally receive clean sheets every week?	70%	78%
3d	Do you normally get cell cleaning materials every week?	26%	35%
3e	Is your cell call bell normally answered within five minutes?	17%	25%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	51%	68%
3g	Can you normally get your stored property if you need to?	29%	28%
4	Is the food in this prison good/very good?	12%	18%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	55%	52%
6a	Is it easy/very easy to get a complaints form?	62%	86%
6b	Is it easy/very easy to get an application form?	88%	93%
7	Have you made an application?	89%	93%

Main comparator and comparator to last time

Key to tables

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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?	45%	62%
8b	Do you feel applications are dealt with promptly (within seven days)?	37%	57%
9	Have you made a complaint?	52%	41%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	17%	32%
10b	Do you feel complaints are dealt with promptly (within seven days)?	17%	35%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	19%	26%
10c	Were you given information about how to make an appeal?	19%	24%
12	Is it easy/very easy to see the Independent Monitoring Board?	34%	16%
13	Are you on the enhanced (top) level of the IEP scheme?	14%	20%
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	50%	55%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	43%
16a	In the last six months have any members of staff physically restrained you (C&R)?	3%	12%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	21%	16%
13a	Do you feel your religious beliefs are respected?	53%	47%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	50%	52%
14	Are you able to speak to a Listener at any time if you want to?	70%	58%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	64%
15b	Do most staff, in this prison, treat you with respect?	61%	63%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	56%	33%
2	Do you feel unsafe in this prison at the moment?	22%	8%
4	Have you been victimised by another prisoner?	49%	18%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	31%	8%
5b	Hit, kicked or assaulted you?	12%	7%
5c	Sexually abused you?	0%	1%
5d	Victimised you because of your race or ethnic origin?	3%	2%
5e	Victimised you because of drugs?	15%	6%
5f	Taken your canteen/property?	15%	3%
5g	Victimised you because you were new here?	12%	4%
5h	Victimised you because of your sexuality?	0%	1%
5i	Victimised you because you have a disability?	3%	1%
5j	Victimised you because of your religion/religious beliefs?	0%	1%
5k	Victimised you because of your age?	0%	2%
5l	Victimised you because you were from a different part of the country?	12%	4%
5m	Victimised you because of your offence/crime?	15%	1%
5n	Victimised you because of gang related issues?	6%	3%

Main comparator and comparator to last time

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SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	31%	26%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	28%	14%
7b	Hit, kicked or assaulted you?	3%	8%
7c	Sexually abused you?	0%	0%
7d	Victimised you because of your race or ethnic origin?	6%	2%
7e	Victimised you because of drugs?	9%	5%
7f	Victimised you because you were new here?	6%	9%
7g	Victimised you because of your sexuality?	0%	1%
7h	Victimised you because you have a disability?	6%	3%
7i	Victimised you because of your religion/religious beliefs?	0%	1%
7j	Victimised you because of your age?	0%	3%
7k	Victimised you because you were from a different part of the country?	0%	5%
7l	Victimised you because of your offence/crime?	6%	3%
7m	Victimised you because of gang related issues?	0%	1%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	52%	26%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	56%	22%
10	Have you ever felt threatened or intimidated by a member of staff in here?	41%	24%
11	Is it easy/very easy to get illegal drugs in this prison?	48%	43%
SECTION 6: Health care			
1a	Is it easy/very easy to see the doctor?	18%	33%
1b	Is it easy/very easy to see the nurse?	55%	55%
1c	Is it easy/very easy to see the dentist?	9%	20%
1d	Is it easy/very easy to see the optician?	18%	23%
2	Are you able to see a pharmacist?	25%	40%
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?	27%	37%
3b	The nurse?	45%	53%
3c	The dentist?	33%	34%
3d	The optician?	46%	44%
4	The overall quality of health services?	32%	40%

Main comparator and comparator to last time

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Health care continued			
5	Are you currently taking medication?	62%	51%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	65%	57%
7	Do you feel you have any emotional well-being/mental health issues?	44%	32%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	33%	45%
8b	A doctor?	0%	26%
8c	A nurse?	22%	24%
8d	A psychiatrist?	22%	17%
8e	The mental health in-reach team?	56%	26%
8f	A counsellor?	11%	7%
9a	Did you have a drug problem when you came into this prison?	48%	54%
9b	Did you have an alcohol problem when you came into this prison?	29%	36%
10a	Have you developed a drug problem since you have been in this prison?	31%	14%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	56%	70%
12	Have you received any help or intervention whilst in this prison?	53%	61%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	60%	78%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	38%	38%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	38%	28%
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?	25%	60%

Main comparator and comparator to last time

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SECTION 7: Purposeful activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	42%	45%
1b	Vocational or skills training?	0%	6%
1c	Education (including basic skills)?	13%	22%
1d	Offending behaviour programmes?	0%	10%
2ai	Have you had a job while in this prison?	86%	78%
For those who have had a prison job while in this prison:			
2aii	Do you feel the job will help you on release?	42%	43%
2bi	Have you been involved in vocational or skills training while in this prison?	55%	60%
For those who have had vocational or skills training while in this prison:			
2bii	Do you feel the vocational or skills training will help you on release?	55%	44%
2ci	Have you been involved in education while in this prison?	67%	73%
For those who have been involved in education while in this prison:			
2cii	Do you feel the education will help you on release?	63%	55%
2di	Have you been involved in offending behaviour programmes whilst in this prison?	53%	65%
For those who have been involved in offending behaviour programmes while in this prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	30%	49%
3	Do you go to the library at least once a week?	16%	22%
4	On average, do you go to the gym at least twice a week?	40%	48%
5	On average, do you go outside for exercise three or more times a week?	32%	51%
6	On average, do you spend ten or more hours out of your cell on a weekday?	13%	12%
7	On average, do you go on association more than five times each week?	62%	72%
8	Do staff normally speak to you most of the time/all of the time during association?	19%	15%
SECTION 8: Resettlement			
1	Do you have a personal officer?	40%	35%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	58%	59%
For those who are sentenced:			
3	Do you have a sentence plan?	59%	53%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	57%	51%
5	Can you achieve some/all of your sentence plan targets in this prison?	57%	75%
6	Are there plans for you to achieve some/all your targets in another prison?	15%	41%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	31%	26%
8	Do you feel that any member of staff has helped you to prepare for release?	15%	15%
9	Have you had any problems with sending or receiving mail?	65%	38%
10	Have you had any problems getting access to the telephones?	41%	27%
11	Did you have a visit in the first week that you were here?	50%	50%
12	Did you receive one or more visits in the last week?	45%	45%

Main comparator and comparator to last time

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Resettlement continued			
For those who have had visits:			
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	46%	39%
14	Have you been helped to maintain contact with family/friends while in this prison?	29%	31%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	11%	11%
15c	Avoiding bad relationships?	7%	5%
15d	Finding a job on release?	18%	26%
15e	Finding accommodation on release?	22%	26%
15f	With money/finances on release?	11%	12%
15g	Claiming benefits on release?	34%	34%
15h	Arranging a place at college/continuing education on release?	15%	9%
15i	Accessing health services on release?	26%	14%
15j	Opening a bank account on release?	11%	8%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	24%	16%
16c	Avoiding bad relationships?	18%	14%
16d	Finding a job?	67%	50%
16e	Finding accommodation?	55%	39%
16f	Money/finances?	28%	27%
16g	Claiming benefits?	40%	21%
16h	Arranging a place at college/continuing education?	21%	12%
16i	Accessing health services?	31%	13%
16j	Opening a bank account?	37%	34%
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?	50%	41%

Diversity Analysis - Disability



Key questions (disability analysis) HMP Holme House 2010

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

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Number of completed questionnaires returned		29	169
1.3	Are you sentenced?	75%	86%
1.7	Are you a foreign national?	3%	4%
1.8	Is English your first language?	100%	99%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	0%	7%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	4%
1.11	Are you Muslim?	3%	5%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	21%	20%
2.1d	Was the attention paid to your health needs good/very good?	29%	25%
2.3	Were you treated well/very well by the escort staff?	80%	74%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	83%	81%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	58%	51%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	58%	58%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	54%	63%
3.2a	Did you have any problems when you first arrived?	78%	70%
3.3a	Were you seen by a member of health care staff in reception?	93%	95%
3.3b	When you were searched in reception, was this carried out in a respectful way?	73%	74%
3.4	Were you treated well/very well in reception?	68%	58%
3.7b	Did you have access to someone from health care within the first 24 hours?	82%	72%
3.9	Did you feel safe on your first night here?	76%	82%
3.10	Have you been on an induction course?	80%	82%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	49%

Diversity Analysis - Disability

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	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	31%	43%
4.3b	Are you normally able to have a shower every day?	100%	92%
4.3e	Is your cell call bell normally answered within five minutes?	21%	25%
4.4	Is the food in this prison good/very good?	25%	16%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	39%	53%
4.6a	Is it easy/very easy to get a complaints form?	76%	82%
4.6b	Is it easy/very easy to get an application form?	83%	94%
4.9	Have you made a complaint?	55%	41%
4.13	Are you on the enhanced (top) level of the IEP scheme?	11%	21%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	37%	58%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	42%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	3%	12%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	11%	18%
4.17a	Do you feel your religious beliefs are respected?	52%	46%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	52%	51%
4.18	Are you able to speak to a Listener at any time if you want to?	75%	57%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	69%	64%
4.19b	Do most staff, in this prison, treat you with respect?	68%	62%
5.1	Have you ever felt unsafe in this prison?	52%	34%
5.2	Do you feel unsafe in this prison at the moment?	22%	7%
5.4	Have you been victimised by another prisoner?	42%	19%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	2%
5.5i	Victimised you because you have a disability?	10%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
5.6	Have you been victimised by a member of staff?	35%	26%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	2%
5.7h	Victimised you because you have a disability?	17%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%

Diversity Analysis - Disability

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5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	42%	24%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	21%	28%
5.11	Is it easy/very easy to get illegal drugs in this prison?	32%	45%
6.1a	Is it easy/very easy to see the doctor?	35%	30%
6.1b	Is it easy/ very easy to see the nurse?	54%	56%
6.2	Are you able to see a pharmacist?	36%	37%
6.5	Are you currently taking medication?	59%	51%
6.7	Do you feel you have any emotional well-being/mental health issues?	62%	30%
7.1a	Are you currently working in the prison?	43%	46%
7.1b	Are you currently undertaking vocational or skills training?	4%	6%
7.1c	Are you currently in education (including basic skills)?	32%	18%
7.1d	Are you currently taking part in an offending behaviour programme?	7%	8%
7.3	Do you go to the library at least once a week?	24%	20%
7.4	On average, do you go to the gym at least twice a week?	36%	50%
7.5	On average, do you go outside for exercise three or more times a week?	38%	50%
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.)	11%	12%
7.7	On average, do you go on association more than five times each week?	68%	71%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	24%	14%
8.1	Do you have a personal officer?	55%	33%
8.9	Have you had any problems sending or receiving mail?	52%	41%
8.10	Have you had any problems getting access to the telephones?	27%	28%