

Report on an unannounced inspection of

HMP Pentonville

by HM Chief Inspector of Prisons

27 August–6 September 2013

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Victory House
6th floor
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England

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Introduction

HMP Pentonville is a large local prison for adult men in North London. At the time of this inspection the prison was characterised by instability and faced some significant challenges. The prison was seriously overcrowded and held 1,236 adult men, 35% above its certified normal accommodation. The population was constantly changing; more than half the population were held on remand or for sentences of less than six months. All local prisons hold needy and challenging populations but at Pentonville this was especially so. The governor told us that 11% of the men had been assessed as malnourished when they were admitted to the prison. Thirty-four per cent of the population were foreign nationals. Almost 200 prisoners were receiving opiate substitution treatment and about half of all the men held were on the caseload of the prison's drug and alcohol service. The mental health service received about 100 referrals a month and 31 prisoners with acute problems had been transferred to NHS mental health facilities in the first six months of the year. The prison was shortly to start taking remanded young adults who would no longer be held at HMP YOI Feltham.

The staffing reductions the prison was required to make were having a number of serious consequences. A number of staff who had been accepted for voluntary redundancy were still working at the prison; some of them were disengaged and hostile and their attitudes were having a detrimental effect on the prison as a whole. In other areas, Prison Service procedures, which did not take account of the London recruitment market, were making it difficult to fill some critical posts. Sickness and absence levels were high. As a consequence, the prison was operating at well below its agreed staffing levels and this was evident in most areas we inspected. The governor was due to move to another prison shortly after the inspection. In the face of all this, we were impressed that in some areas there had been improvement since our last inspection. Many staff and governors worked heroically against the odds but despite their best efforts we remained very concerned about many aspects of the prison.

Managers had worked hard to address prisoners' problematic behaviour and some good systems were in place to monitor and tackle antisocial behaviour. The very high levels of violence we found at the last inspection had significantly reduced but levels remained slightly higher than in similar prisons and not all incidents were reported. Almost half of prisoners said they had felt unsafe in the prison at some time and almost a quarter said they felt unsafe at the time of the inspection. The core day was unpredictable and prisoners were often unlocked late and association cancelled because of staff shortages. Prisoner movements were disorganised and staff lost track of individual prisoners' whereabouts. During the inspection the governor introduced an emergency core day which severely restricted prisoners' time out of cell and access to activities, but was intended to ensure the prison remained safe and secure.

First night arrangements had improved, but prisoners often experienced long delays on vans outside reception. On average, 19 prisoners self-harmed each month and there were about 60 prisoners on suicide and self-harm management procedures at any one time. Support for those most vulnerable to self-harm was good, but the application of some safer custody processes needed to be more consistent and cell call bells took too long to answer. The segregation unit environment and regime were particularly poor. The prison was vigorously combating the supply of drugs and alcohol. Despite this, positive drug testing results were high and 30% of prisoners said it was easy to get drugs. Support for the large number of prisoners with substance misuse issues was well developed.

The physical conditions were poor. The prison had significant, easily visible vermin infestations. Many men shared small, dirty, badly ventilated, single cells with broken furniture and, in some cases, broken windows. The prison lacked sufficient space to provide the activities and other services its population required. Prisoners struggled with basic needs such as access to showers, telephones and cleaning materials.

Staff-prisoner relationships were mixed and the pressures in the prison created obvious tensions. While we saw some staff carry out good work, too many were distant and, on occasion, dismissive. Managers had worked hard to improve the personal officer scheme, with some success, but too few prisoners said they had a member of staff they could turn to if they had a problem. In our survey, 40% of prisoners said they had been victimised by staff, compared with 23% in similar prisons.

Equality and diversity overall was reasonable, although still somewhat mixed. Good work had been undertaken to understand poorer outcomes in some areas for black and minority ethnic prisoners, but other groups received less attention. The large number of foreign national prisoners received some good support, but the officer responsible was too frequently deployed to other duties, which was increasingly affecting this support. The Home Office's input on immigration matters was inadequate, as was the use of translation services and access to independent legal advice. The prison was not an appropriate place in which to hold a large number of immigration detainees.

Prisoners lacked confidence in the complaints process, although legal services support was good. Prisoners were unhappy with health provision and some waiting lists were too long, but levels of care when prisoners were seen were reasonable. Secondary mental health provision was good, but more specialist provision was needed for prisoners with mental health issues of low- to medium-level severity.

The prison was experiencing substantial problems in delivering a consistent and adequate core working day. Staff shortages and poor management of prisoner movements was leading to a severe curtailment of the core day, and many prisoners spent too long locked in cells or without much purposeful activity.

Management of learning and skills had not sufficiently progressed since our last inspection and many problems remained, although managers were aware of what needed to be addressed. There were insufficient activity places for the population, and those available were not well used. Attendance, punctuality and the allocations process were poor. Outcomes for vulnerable prisoners were particularly poor. However, the quality of teaching was mostly good, and achievements for those who attended activities were reasonable. The library and gym provided prisoners with some good opportunities, but access to both was too limited.

Strategic management of resettlement work had improved and the approach was based on a good needs analysis of the population. Management of the offender management process needed to be improved and better coordinated. While it was reassuring that good work was being carried out with high risk and indeterminate sentence prisoners, the prison's focus on other groups was less well developed. This meant that some medium- and lower-risk prisoners were not being properly managed and did not receive a full risk assessment. This impeded work to identify and address their risk of harm to the public. Nevertheless, public protection arrangements were robust.

Reintegration planning was reasonable, but too many prisoners were being overlooked and the pre-release review was ineffective. The short-term offender plan (STOP) pilot initiative was positive but not yet embedded. Prisoners received some good support through the reducing reoffending pathways, but in some key areas this was not sufficient to ensure all prisoners received help with employment, housing and finance, benefit and debt. Ten per cent of prisoners were discharged with no fixed abode. The prison's focus on supporting men to maintain contact with children and families was good, although some aspects of the visits process needed attention. A small number of good offending behaviour courses were offered.

Pentonville faces huge challenges and many staff and governors have worked with determination and skill to meet them. At the time of the inspection the prison was going through a particularly difficult time as it made the transition to new staffing levels. Nevertheless, it is clear that Pentonville cannot

operate as a modern 21st century prison without investment in its physical condition, adequate staffing levels to manage its complex population and effective support from the centre. If these things cannot be provided, considerations should be given to whether HMP Pentonville has a viable future.

Nick Hardwick
HM Chief Inspector of Prisons

February 2014

Fact page

Task of the establishment

Local

Prison status

Public

Region

Greater London

Number held

1236 on 29 August 2013

Certified normal accommodation

913

Operational capacity

1310

Date of last full inspection

24 February–4 March 2011

Brief history

Pentonville was built over 170 years ago and remained in use ever since as a local prison. Although considerable refurbishment has taken place, the original four cell blocks remain as they were when the prison opened in 1842.

Short description of residential units

A – First night and induction unit

C – General population

D – Full-time workers' wing

E1 – Segregation unit

E2-E5 – Integrated drug treatment system maintenance and treatment unit

F1-F4 – Integrated drug treatment system (drug and alcohol) stabilisation unit

F5 – Vulnerable persons unit

G1 – Resettlement unit

G2-G5 – General population

Health care centre – 22-bed inpatient unit

J – Unit for prisoners who want to remain drug free and address their substance misuse.

Name of governor

Gary Monaghan

Escort contractor

Serco

Health service providers

Whittington Health in partnership with Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health NHS Trust

Learning and skills provider

A4E

Independent Monitoring Board chair

Gordon Cropper

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

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

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

- S1** *Most journeys were short. Prisoners waited on vans outside reception for too long, but thereafter processes were generally swift. First night arrangements had improved, but not everyone received a full induction. Too many prisoners felt unsafe. Staffing shortages and other changes were creating instability. Prisoners reported high levels of victimisation, despite some good violence reduction arrangements. Support for prisoners who were most vulnerable to self-harm was reasonable. An approach to safeguarding was being developed, but formal prison-wide protocols were required. Security arrangements were proportionate, but the positive mandatory drug testing (MDT) rate was too high. The incentives and earned privileges (IEP) scheme was used to address problematic behaviour, but the regime for those on the basic level was too punitive. Disciplinary procedures were well managed. The number of use of force incidents was not high. The segregation environment and regime were very poor. Substance misuse services were well developed. Outcomes for prisoners were not sufficiently good against this healthy prison test.*
- S2 *At the last inspection in 2011 we found that outcomes for prisoners in Pentonville were not sufficiently good against this healthy prison test. We made 41 recommendations in the area of safety. At this follow-up inspection we found that 23 of the recommendations had been achieved, eight had been partially achieved and 10 had not been achieved.*
- S3 Most journeys to the prison were short. Several groups of prisoners often arrived simultaneously in the early evening and waited for long periods in vehicles outside reception. Poor conditions in reception were somewhat mitigated by effective processing systems that usually allowed prisoners to move promptly to the first night centre. However, those arriving during lunchtime sometimes experienced delays.
- S4 All new prisoners went to the first night unit. The environment was poor, particularly in cells, and prisoners had little to occupy them while waiting to be seen. Initial safety screening had improved since the last inspection and was generally good. Prisoners' immediate needs were identified during private interviews with officers and health care staff. Collaborative work between first night officers, peer support workers and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was good. Most prisoners received a good induction, but those on F Wing did not receive the full programme.
- S5 In our survey, nearly half of prisoners said they had felt unsafe at some time and approximately a quarter said they felt unsafe at the time of the survey. Staff shortages at the prison were causing instability. The environment, underdeveloped staff-prisoner relationships and unpredictable regimes may also have been contributory factors. Many prisoners felt victimised, particularly by staff. An emergency core day was to be introduced in an attempt to stabilise the prison and ensure safety.
- S6 Violence reduction work had improved; prison data indicated a 24% reduction in the level of violence. The current levels of recorded violence were slightly higher than the comparator but levels of violence were under-reported. Multidisciplinary violence reduction intervention boards provided the prison with the opportunity to investigate and challenge poor behaviour and were used effectively in conjunction with the IEP scheme. Investigations had improved,

but not all were completed promptly. Vulnerable prisoners felt safe, but their regime was poor. Overspill provision had moved from the segregation unit to F4.

- S7 On average, 19 prisoners self-harmed each month. We observed long delays in staff answering cell bells, as was the case at previous inspections. Investigations of serious incidents of self-harm were comprehensive. An average of 58 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were established every month. Processes were mixed, assessments were often detailed and some reviews were multidisciplinary, but case management lacked continuity. Many prisoners on open ACCTs were not involved in much purposeful activity, which added to their vulnerability. More Listener support was needed to meet the specific needs of foreign nationals who were more likely to be on an ACCT.
- S8 A number of prisoners on open ACCTs had been held in segregation and appropriately placed on enhanced observations. The reasons for this were appropriately recorded in the ACCT document and those we reviewed demonstrated that the use of the segregation unit was justified, although the environment was poor. The log recording the use of gated cells was poorly kept and the safer custody team failed to monitor it. We found strip-clothing used only once. Recommendations from investigation reports into deaths were up to date and lessons learned were discussed at suicide prevention meetings.
- S9 There were no formal adult safeguarding procedures, but initial contact had been established with the local adult safeguarding board. Some limited help was available for those at greatest risk, including day care and counselling.
- S10 Security was managed proportionately. Links between security and other prison departments were good, particularly with the drug strategy and violence reduction committees. There was a good flow of intelligence. Supply reduction strategies were achieving some successes, but MDT rates were still high.
- S11 The IEP scheme was central to the overall approach to violence reduction. The number of prisoners on each regime level was reasonable, but the basic regime was too punitive.
- S12 Disciplinary procedures were well managed. The number of adjudications was high, but charges appeared appropriate and hearings were conducted fairly. The number of incidents involving the use of force was not excessive. Paperwork we examined was usually completed properly and officers' written accounts assured us that force was used as a last resort. Monitoring and information analysis arrangements were effective. We found dirty cells with graffiti on walls in the segregation unit. Conditions in the special cells were grim, but they were rarely used. The number of prisoners held in segregation was not excessive and stays were, on average, reasonably short. However, the regime was particularly poor. Relationships between staff and prisoners were good, but case management arrangements and reintegration planning was not well developed.
- S13 Clinical substance misuse services were of a high quality and were well integrated with psychosocial services. The case management team had allocated workers to specific wings, which was helping to reducing waiting lists. The interventions team delivered an excellent range of group work courses, but demand outstripped supply.

Respect

- S14** *The prison was overcrowded. Communal areas were clean, but some living conditions were very poor. Too many men shared cells designed for one and prisoners were frustrated about many aspects of life at the prison. Staff-prisoner relationships were mixed and tensions were evident. Personal officer arrangements had improved, but too many prisoners said they did not have a member of staff who would help them. Equality and diversity support had improved, but more support was needed for men with disabilities. The prison was not suitable for foreign national detainees. Prisoners did not have confidence in the complaints process. Legal services support was good. Health services were adequate. The food was better than we normally see and canteen arrangements were reasonable. Outcomes for prisoners were not sufficiently good against this healthy prison test.*
- S15** *At the last inspection in 2011 we found that outcomes for prisoners in Pentonville were reasonably good against this healthy prison test. We made 65 recommendations in the area of respect. At this follow-up inspection we found that 24 of the recommendations had been achieved, 14 had been partially achieved and 27 had not been achieved.*
- S16** The prison was overcrowded. Communal areas were generally clean, but the living environment was poor and overcrowded. Cells were mostly untidy and dirty, furniture was either missing or damaged and most toilets needed de-scaling. Many prisoners did not have a lockable cupboard. Some showers were not screened and many required refurbishment. There were mouse and cockroach infestations. Exercise yards were austere and litter accumulated below cell windows.
- S17** Prisoners complained about many issues, for example access to cleaning material and daily showers. Access to telephones was poor and many were not working. Prisoners lacked confidence in the applications process, for which forms were not available on all the wings, despite the introduction of a new system. The prison's TV channel provided some good information.
- S18** Our survey showed that prisoners were more negative about staff than in comparator prisons. There were obvious tensions between staff and prisoners, particularly relating to the curtailment of the regime. However, staff-prisoner relationships were very mixed: we observed some good interactions, but too many were distant or dismissive. The personal officer scheme had been re-launched in spring 2013 and was much better than when we last inspected.
- S19** Equality and diversity were reasonably well planned, although action plans needed to reflect the developing needs of the population. The senior management team was actively involved in managing diversity. Good use was made of monitoring data for black and minority ethnic prisoners and there was evidence that action had been taken to address concerns raised, but this did not apply to other groups. The prison did not sufficiently consult prisoners from all protected groups.
- S20** A foreign nationals coordinator provided prisoners with good support, but redeployment to other duties was having a negative impact. The prison's use of telephone interpretation was very low considering the large number of non-English speaking prisoners. We saw evidence that foreign nationals received a good induction, but poor communication between Home Office immigration staff and the prison was causing prisoners unnecessary distress. Access to independent immigration legal advice was very limited and too many detainees were held,

some for excessive periods. Overall, Pentonville was not an appropriate place in which to hold immigration detainees.

- S21 Arrangements were in place to evacuate prisoners with disabilities in the case of an emergency, but care planning lacked coordination. Support for those with the most acute needs was good, but we were not assured that prisoners' less urgent needs were met. Support plans were not held on all wings. Arrangements to accommodate young adults focused largely on safety, and limited consideration had been given to the broader needs of this group. Faith provision was reasonable, although the chaplaincy was stretched due to staff shortages. The chaplaincy played an active role in the life of the prison.
- S22 Prisoners did not have confidence in the complaints system, which had deteriorated since our last inspection. A number said they had not received a response, and monitoring showed that some were delayed. The quality of complaint responses was inconsistent. Some were very good, but too many were curt and did not demonstrate sufficient investigation. Most complaints concerned minor issues. Bail and legal services provision was good.
- S23 Prisoners were dissatisfied with health care services and waiting times for some services, including routine GP appointments, were excessive. Clinical governance was good, however continuing staff shortages adversely affected service provision and development. The prison had a reasonable range of nurse-led clinics; however several areas, including chronic disease management and triage, needed development. The weekly meeting for prisoners with complex needs was a positive initiative. The inpatient unit provided some prisoners with complex needs with good care, but the regime for others was very poor. Day care services were very good, but insufficient to meet the needs of the population; therefore plans to expand them were welcome. Pharmacy and dental services were good. Secondary mental health provision was very good, but primary mental health was inadequate.
- S24 Some prisoners were dissatisfied with the food, but it was better than we often see. Arrangements to provide prisoners with canteen were reasonably well developed.

Purposeful activity

S25 *There were major disruptions to the prison regime, which were poorly managed; this was substantially reducing time out of cell and purposeful activity. The planned 'emergency core day' would result in further curtailments. Management of learning and skills was inadequate, but managers were aware of what needed to improve. The number of activity places available was insufficient, allocation processes were poor and not all opportunities were being used. The quality of teaching was mostly good. Achievements were reasonable for those who attended activities, although the range was narrow. The library and gym provided some good opportunities, but access to both was inadequate. Outcomes for prisoners were poor against this healthy prison test.*

S26 *At the last inspection in 2011 we found that outcomes for prisoners in Pentonville were not sufficiently good against this healthy prison test. We made 18 recommendations in the area of purposeful activity. At this follow-up inspection we found that one of the recommendations had been achieved, two had been partially achieved and 15 had not been achieved.*

- S27 The prison operated several different core day schedules. It failed to carry out proper checks on movements or record curtailments to the regime adequately, making accurate roll checks difficult. Prisoner movements were disorganised. One check conducted found 25% of

prisoners locked up and a further 54% on wings, mostly in association. Regime curtailments occurred regularly. During the inspection we were told that staffing shortages meant that an 'emergency core day' would be in place for at least the following month, resulting in a further reduction in time out of cell and leaving some prisoners with no access to purposeful activity or education.

- S28 Improvements in learning and skills and work activities had been hampered by the lack of clear overall leadership and strategic planning, although senior managers clearly understood this and knew what needed to be done. The quality improvement group, which was set up in June 2013, had yet to have a positive impact on provision; quality improvement processes were generally weak and use of data was particularly poor. Management of the Offender Learning and Skills Service (OLASS) contract required improvement and the work needed to be embedded into the overall provision. Communication between various stakeholders was poor. There were some positive initiatives to improve links with employers and other agencies, but these were not sufficiently well coordinated to be effective.
- S29 The allocation of work was particularly weak and insufficient use was made of basic skills test results and other prisoner information. There were insufficient activity places for the population and not all available places were filled. Too many prisoners were unemployed or insufficiently occupied. The range of activities available for vulnerable prisoners was exceptionally poor. The variety of education programmes and vocational training courses was adequate, but there were not enough progression opportunities, particularly for longer-term prisoners.
- S30 Teaching, coaching and learning were mostly good. Initial diagnostic assessment results were used well to inform individual learning in education. Additional learning support was generally adequate for learners on education courses. More support was needed for those with poor English and maths skills who did not attend education. Employability skills in work areas were not accredited. Where qualifications were available, pass rates were generally high. Attendance and punctuality, however, were exceptionally poor. Prisoners demonstrated good practical and employability skills in some areas.
- S31 The library was spacious and well-resourced with efficient links to the main library service in the community. Access had improved over the past year, although it was still poor. The library provided a good range of additional activities.
- S32 Physical education (PE) staff were well qualified. However, access arrangements were poorly managed and PE capacity was not sufficient. Sessions were sometimes cancelled when staff were deployed to other duties. Only 38% of prisoners used the provision regularly twice a week. A reasonable variety of recreational PE was provided for most, but provision for older and vulnerable prisoners was not sufficient. Promotion of healthy living was adequate and links with the health care department were good. The range and level of vocational courses were good and qualification pass rates appeared to be high.

Resettlement

- S33 *Strategic management of resettlement was good and based on a comprehensive needs analysis. There were delays and backlogs in some key offender management processes, but the quality of the work with high risk prisoners was good. Public protection arrangements were robust. There was a good and developing initial assessment of needs, but too many prisoners were not included. Provision in the reducing reoffending pathways were mixed, and some needs were not being adequately met, but too many were released without settled accommodation. The***

prison had a good focus on children and families. A small number of accredited offending behaviour courses were offered. Outcomes for prisoners were not sufficiently good against this healthy prison test.

- S34 *At the last inspection in 2011 we found that outcomes for prisoners in Pentonville were not sufficiently good against this healthy prison test. We made 33 recommendations in the area of resettlement. At this follow-up inspection we found that 12 of the recommendations had been achieved, five had been partially achieved, 14 had not been achieved and two were no longer relevant.*
- S35 The prison's resettlement strategy, based on an up-to-date needs assessment, was good. There were objectives for each resettlement pathway, against which some progress was being made. Some positive initiatives to promote a whole prison approach had been established, but more work was needed to ensure that all staff and processes supported a resettlement ethos.
- S36 Overall, the offender management unit was disjointed, and the various teams did not cooperate sufficiently. There were several longstanding vacant posts, which affected the prison's capacity to deliver a good service. High risk prisoners and indeterminate sentence prisoners were generally appropriately managed: sentence planning boards took place in most cases. Many prisoners serving over 12 months were not allocated an offender supervisor and did not have an offender assessment system (OASys) document or sentence plan. Home detention curfew (HDC) decisions were almost never made in time for the prisoner's eligibility date. Probation offender supervisors received good case management supervision, but there was no similar process for prison-employed supervisors. Public protection arrangements were robust and categorisation was up to date.
- S37 The initial assessment of needs was valuable, but failed to cover a substantial number of prisoners. Custody planning for short-term prisoners was developing but was not yet fully embedded. The pre-discharge process only began two days before release, which meant there was not enough time to address any outstanding resettlement concerns. Outcomes of the work carried out to resettle prisoners were not being evaluated.
- S38 The accommodation provider was working hard, but some prisoners whose cases were complex were not being dealt with. Approximately 10% of prisoners were discharged with no fixed abode, which was too high, but fewer than at our last inspection.
- S39 Arrangements for resettlement into education, training and work were weak. Although a range of agencies offered some good advice and guidance, it was poorly coordinated. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not in use, limiting prisoners' job search opportunities.
- S40 Appropriate support to ensure prisoners had information about health services on release was available and good joint working with community services took place. 'Through the gate' substance misuse services were very well developed with a good range of support provided.
- S41 Prisoners could apply for finance, benefit and debt support, but the adviser could only deal with approximately half the referrals. A budgeting course was offered in education, and prisoners could open bank accounts.
- S42 Strategic oversight of the children, families and contact with the outside world pathway was good. The small visitor centre was cramped at busy times, but staff from Spurgeons, a children's charity, provided a good service. It took too long to register visitors, who frequently lost up to 40 minutes of their visiting time. A wide range of regular family-centred

visits, which received positive feedback from visitors, took place, although these were restricted to prisoners on the enhanced regime. The visits hall was bright and reasonably clean. There was a designated room for special visits, such as father and baby bonding.

- S43 The two accredited offending behaviour courses were reasonably well run, but there were continuing problems in identifying enough suitable prisoners.

Main concerns and recommendations

- S44 **Concern:** In our survey half of prisoners told us they had felt unsafe in the prison at some time and a quarter felt unsafe at the time of the inspection. Many told us they felt victimised by staff and other prisoners despite improvements in violence reduction work leading to a 2012 reported fall of 24% in violent incidents. Staff shortages, the poor environment and an unpredictable regime created instability which was impacting on many aspects of the prison and during the inspection the prison moved to a restricted emergency core day to ensure prisoner safety.

Recommendation: The Prison Service should ensure that staffing levels and investment in the physical environment of the prison are sufficient to create a decent and stable environment in which all the prison's activities can take place safely and securely.

- S45 **Concern:** The prison was overcrowded. A number of cells designed for one were being used by two prisoners. Many cells were not adequately ventilated or furnished and did not have a lockable cabinet for each prisoner or a kettle. Toilets were often dirty and stained, not fully screened and many did not have lids. Many areas, including exercise yards and gullies below cell windows were poorly maintained and dirty, and there were vermin infestations throughout the prison. Windows were not always repaired promptly nor was graffiti removed from cells. The offensive displays policy was not being enforced.

Recommendation: The prison should ensure that conditions in the cells and residential areas are improved and reflect modern standards of cleanliness and conditions.

- S46 **Concern:** The number of foreign nationals held purely under administrative powers was now substantial. Support from the Home Office for these individuals was insufficient, as was access to independent legal advice. Arrangements to notify prisoners that they would be held after their sentence had expired were not functioning correctly and this sometimes only happened at the point of release. Conditions in the prison were poor and in many respects not equivalent to those found in immigration removal centres, where many of them would have preferred to be.

Recommendation: Home Office immigration staff should serve all decisions to detain a person at least one month before the end of a prisoner's sentence. No-one in Pentonville should be detained under immigration powers.

- S47 **Concern:** There were severe disruptions to the regime. Staffing shortages and disorganised movement processes led to regular curtailments in the core day and for many, long periods locked up or without any purposeful activity. Staff were unclear where prisoners were, which made it extremely difficult to assess the full extent of the problem. Many prisoners never received evening association, which made it difficult for them to maintain contact with families. The unpredictable daily regime and lack of sufficient purposeful activity were major causes of friction between staff and prisoners and contributed to underlying tensions.

Recommendation: The published daily routines for prisoners, including association and exercise, should be adhered to consistently.

- S48 Concern: The prison still did not have sufficient purposeful activity places for the population and the range was too narrow, particularly for those seeking to progress, such as longer-term prisoners. Opportunities for vulnerable prisoners were particularly poor. The allocation process was poor and not all available opportunities were being used. The disruption to the regime meant that attendance and punctuality were also poor.

Recommendation: There should be sufficient suitable employment and other activity places for the population and these should be fully utilised. (Repeated recommendation HP47)

- S49 Concern: The offender management unit (OMU) was not organised effectively enough to deliver consistent outcomes for all eligible groups of prisoners. While it was reassuring that high risk prisoners received the most attention and a generally good service, outcomes for the majority of prisoners were less well developed. Many had no offender supervision support or up-to-date sentence plan, even if this was required. There were delays in prisoners being seen even when they were allocated an offender supervisor. Working arrangements in the OMU could not cope with the regular cross deployment of staff or staff shortages. The management of some key processes needed to be improved, such as OASys and HDC. Initial needs assessments were not completed for all prisoners, and the pre-release review process happened too close to the release date.

Recommendation: The management and organisation of the OMU and resettlement services should be reviewed and all staff vacancies filled in order to establish a case management approach. This should ensure that all key work objectives are more effectively met, for example, case allocations are effective, OASys documents are completed, HDC assessments take place within eligibility dates and initial and pre-release needs assessments are carried out.

Section 1. Safety

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Courts, escorts and transfers

Expected outcomes:

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

- I.1** *Many prisoners waited for long periods in vehicles outside reception. The prison's use of the video link to reduce the number of prisoners leaving the prison for court was reasonable, but conditions in the waiting room were poor.*
- I.2** Journeys for most prisoners were short, but it was not unusual for them to wait in escort vans outside reception for long periods. This happened particularly in the early evening when several vans often arrived together, causing a bottleneck in reception. In our survey, nearly a quarter said that they spent more than two hours in escort vans. As at the last inspection, too many person escort records showed that prisoners spent too long in court cells once their hearings had been completed.
- I.3** Our observations showed that reception staff were polite and respectful, and those we spoke to were appropriately focused on prisoner safety. Information about prisoners was shared, and written escort records were up to date and informative. However, many prisoners said their experience of transfers to the prison was poor. In our survey, 65% of respondents said that they felt safe during escorts, 54% that they were treated well by escort staff and 56% that they were told where they were going, in all cases lower than the comparators.
- I.4** The use of video link to reduce the number of prisoners attending court in person was reasonable, and about 120 prisoners a month used the service. However, the waiting room was filthy and poorly furnished.

Recommendation

- I.5 Prisoners should be held in court cells for the minimum possible period and should not have to wait long periods in vans. (Repeated recommendation I.1) (To the National Offender Management Service)**

Housekeeping point

- I.6** The video link waiting room should be clean and properly furnished.

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- 1.7** *The physical condition of reception was poor, but mitigated for most by effective processing systems that allowed prisoners to leave reception promptly. The environment in the first night unit was poor, particularly in cells, and prisoners had little to occupy them while waiting to be seen by first night officers. Prisoners' immediate needs were identified during private interviews with officers and health care staff who dealt with issues arising. Most prisoners received a good induction, but prisoners on F Wing missed some elements.*
- 1.8** Reception was busy with over 100 prisoner movements a day. Opening times appeared appropriate and were in keeping with local court schedules. The physical condition of reception was poor. Holding rooms were stark, corridors were cramped and many areas were dirty. The effective supervision of prisoners was hampered by inadequate sight lines, particularly in holding rooms.
- 1.9** These conditions were somewhat mitigated by processing systems that allowed prisoners to move swiftly to the first night centre, usually in less than two hours of their arrival. However, prisoners arriving at lunchtime had longer waits because of the limited availability of reception staff.
- 1.10** Searching procedures were carried out sensitively by two officers in one of the private searching cubicles. However, many prisoners were negative about their overall experience in reception. In our survey, only a little over half said that they had been treated well in reception, lower than the comparator.
- 1.11** All new prisoners were taken from reception to the first night unit on A Wing, which was old and worn. Many communal areas were clean, but there were no features, such as plants or posters, to help create a more relaxed environment. Some cells used to accommodate new prisoners were dirty and poorly prepared.
- 1.12** Initial safety screening had greatly improved since the previous inspection and was good. All new prisoners were seen by a range of health care and prison staff who interviewed them in private. However, prisoners sometimes waited too long before being seen and they had little to occupy them.
- 1.13** During the inspection we were assured that prisoners' first night needs were being effectively identified and managed. Staff were aware of the importance of dealing with immediate risks and needs and of the anxiety associated with a first night in prison. They were supported by prisoner peer workers, including Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and Insiders (prisoners who introduce new arrivals to prison life). Vulnerable prisoners and those requiring treatment for drug addiction were identified promptly and moved to F Wing for their first night following full safety assessments.

- I.14** All prisoners could have a shower, but the limited number of working telephones on the wing (see also section on residential units) meant that not everyone could make a phone call before being locked up. Most prisoners received information about how to access sources of help.
- I.15** Induction processes had improved since our last inspection. Prisoners on A Wing received good information about how to access services and deal with prison life. Induction sessions, which officers presented well, were interesting. Prisoners were given time for discussion and were encouraged to ask questions. Tracking systems to ensure that prisoners received a full induction were in place and we were assured that most prisoners received all important elements of the programme. However, prisoners on F Wing were not involved in all aspects of the induction.
- I.16** All new arrivals were also interviewed on the morning after reception by a representative from the London Initial Screening and Referral Tool (LISART), which captures information on prisoners relating to the resettlement pathways, and the bail information officer. An education assessment took place in the afternoon.

Recommendations

- I.17** **The physical environment in reception and on the first night unit should be improved.**
- I.18** **All prisoners should be processed through reception quickly, regardless of the time of their arrival and should not wait for long periods before being seen by first night staff.**
- I.19** **All prisoners should receive the full induction programme.**

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- I.20** *Too many prisoners felt unsafe. Staffing shortages and other changes were creating instability. Despite some good violence reduction arrangements, prisoners reported high levels of victimisation.*

- I.21** The safer custody team was led by a senior manager and two officers, but the officers involved were frequently redeployed to other tasks. A monthly violence reduction meeting was well attended and included prisoner representatives. Data was analysed and individual prisoners discussed. There was an up-to-date strategy document.
- I.22** In our survey, nearly half of prisoners said they had felt unsafe at the prison at some time, which was more than the comparator but fewer than at our last inspection. Approximately a quarter said they felt unsafe at the time of our survey, some of this was evident in the prison's own safety survey conducted in April 2013, where 23% of respondents reported that violence had been used against them. Staffing shortages, the environment, staff-prisoner relationships and unpredictable regimes contributed to underlying tensions which were

creating instability. For example, during the week of the inspection an emergency core day was announced to ensure sufficient resources could be deployed to maintain the stability and safety of the prison (see also section on time out of cell and learning and skills and work activities).

- I.23** Many prisoners felt victimised, particularly by staff. In our survey, 40% said that they had been victimised by staff compared to 26% in comparator prisons.
- I.24** Senior management had prompted improvements: the violence reduction annual report for 2012 indicated an overall 24% reduction in the level of violence. Fifty-one staff had received training in conflict management. On average 18 fights or assaults on prisoners and seven assaults on staff took place each month. The level of violence was slightly higher than in comparator prisons and there was some under-reporting, albeit of relatively minor incidents.
- I.25** Multidisciplinary violence reduction intervention boards were a positive initiative; they were used to investigate and challenge bullying or violent behaviour in conjunction with the incentives and earned privileges (IEP) scheme. Prisoners involved in two violent incidents within a three-month period or facing segregation under good order or discipline were referred to the board for a decision about the most appropriate response.
- I.26** Good links between with the security department helped identify gang associations, involvement with illicit drugs, mobile phone and debt issues, as well as mental health concerns. Investigations had improved, but not all were completed promptly. Prisoners were often moved between wings to reduce risks, and safer custody staff offered victims follow-up support. Violence reduction prisoner representatives liaised with safer custody officers, but received no training or formal support.
- I.27** Strategies were in place to manage vulnerable prisoners who were now held on the F5 landing. They largely felt safe, but their regime was poor and the staff group working on the landing was not consistent. During our inspection, the F4 landing rather than the segregation unit was used as additional accommodation when the F5 landing was full.

Recommendation

- I.28** **All violent incidents should be reported and investigated promptly and the cross-deployment of safer custody staff should be reduced.**

Housekeeping point

- I.29** Prisoner violence reduction representatives should be trained for their role and receive active supervision and support.

Good practice

- I.30** *Violence reduction intervention boards were a positive initiative that aimed to reduce levels of violence.*

Self-harm and suicide

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- I.31** *Risks in the early days of custody were high. Prisoners who were the most vulnerable to self-harm received reasonable support, but most prisoners identified as being at risk required more consistent case management.*
- I.32** Some prisoners found their early days in custody intimidating and stressful. The prison was aware of this period of heightened risk and prisoner peer support was good.
- I.33** A range of staff attended the monthly safer custody meeting, which was chaired by a senior manager. Data on the operation of the safer custody strategy was presented, but more needed to be done to analyse it. Death and serious incident investigations were discussed to identify lessons to be learned and an action plan was maintained. Reports from debriefs, which took place in the immediate aftermath of an incident, were also included in this process, but inquest reports were not. The prison did not review progress against action plans to ensure new arrangements were embedded, and we saw that some were not in place.
- I.34** An average of 19 prisoners self-harmed each month and comprehensive investigations of serious incidents of self-harm were completed by the health care department as necessary. As at previous inspections, we observed examples of long delays in staff answering cell bells (see section on residential units).
- I.35** On average, 58 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were opened each month. Processes were mixed. Assessments were often detailed and some reviews were multidisciplinary, but as at the last inspection, case management lacked continuity, and we saw that some reviews were held with only a case manager and the prisoner present. The quality of care plans varied. Many prisoners on open ACCTs had very little purposeful activity, making them more vulnerable. Most management checks were superficial and uninformative, and there was little focus on refresher training for staff.
- I.36** Some limited provision was available to support those at greatest risk, including day care and counselling as well as support for prisoners with mental health problems.
- I.37** There was only one Listener suite. Listeners often had to support distressed prisoners through locked cell doors, which compromised privacy. Prisoners who did not speak good English had no effective access to Listener or Samaritan support. Listeners were still rarely called to the health care centre but we found no impediments in place to prevent this.
- I.38** A number of prisoners on open ACCTs were held in the segregation unit and appropriately placed on enhanced observations. The reasons for holding them there were outlined in the ACCT document and those we reviewed were justified, but the segregation unit was not an appropriate environment for these men.

- I.39** There were still no safer cells on residential wings. The number of gated cells used to observe those at greatest risk had increased, but they were not in discrete locations and the log recording their use was poorly kept and not monitored. We found only one use of strip-clothing.

Recommendations

- I.40** The safer custody meeting should carefully analyse data and consider the recommendations of all relevant investigations and reports. Action plans should be reviewed periodically to ensure changes in practice are embedded.
- I.41** Case reviews and care plans for prisoners at risk of suicide and self-harm should be improved with consistent case management to ensure that identified needs are met. (Repeated recommendation HP44)
- I.42** A Listener/Samaritan-type support service should be available for prisoners at risk of self-harm who do not speak good English. (Repeated recommendation 3.32)
- I.43** Prisoners should be able to speak to Listeners in private.
- I.44** Safer cells should be available on all residential wings. (Repeated recommendation 3.17)

Housekeeping point

- I.45** The use of gated cells for prisoners at risk of self-harm should be monitored by the safer custody meeting. (Repeated recommendation 3.16)

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.²

- I.46** There were no formal adult safeguarding procedures, but initial contact had been established with the local safeguarding board.

- I.47** The prison had no prison-wide adult safeguarding policy or formal procedures, but initial contact had been established with the local safeguarding board and discussions had taken place about referral criteria. A presentation to a full staff meeting about safeguarding was planned for November 2013.

² We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

- I.48** The health care department had comprehensive adult safeguarding policies. Prisoners who were considered vulnerable were discussed at a weekly meeting for prisoners with complex needs, which was attended by the health care team and an independent medical adviser to ensure external scrutiny and governance. Some records we considered demonstrated that regular case reviews took place and that action taken to ensure prisoners' safety and help them progress was recorded appropriately.

Recommendation

- I.49** **The initial contact made with the local safeguarding adults board should be followed up to establish effective safeguarding adults processes across the prison.**

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

- I.50** *Security arrangements were proportionate. Links between the security department and the rest of the prison were good, particularly with the drug strategy and violence reduction committees. Supply reduction strategies were achieving some successes, but mandatory drug testing (MDT) rates were still too high and the MDT suite was unacceptably dirty. The number of prisoners on closed visits was high and not all were for visits-related issues.*

- I.51** A custodial manager, supported by a group of trained security analysts and collators, managed the small security department effectively. We saw no obvious anomalies in physical or procedural security. Regular checks and routine searches of perimeter fences and walls took place at appropriate times, along with routine searches of communal areas and activity buildings. However, some important elements of dynamic security were weak. Relationships between staff and prisoners were often distant and the supervision of prisoners was poor. Prisoners spent relatively little time out of their cells and the regime was unpredictable (see sections on staff-prisoner relationships and time out of cell).
- I.52** Risk assessments were generally effective and informed by details of the prisoner's recent custodial behaviour as well as historic data. The prison had a register of the risks associated with activity areas. During the inspection we saw nothing to suggest that activity allocation decisions were inappropriately risk averse; the restrictions in higher risk areas were rational.
- I.53** The security department received an average of 500 security information reports each month. They were processed and categorised promptly by full-time security collators and analysts. Intelligence was communicated effectively to other areas of the prison, allowing staff to make informed decisions about prisoners or to take necessary action. Information from these and other incident reports was collated into a comprehensive monthly intelligence report, detailing all information received across a number of areas, including violence reduction, disorder and control. Information about drugs was presented each month to a well constructed security committee.

- I.54** As at the last inspection, joint work with the local police force was effective, and additional police monitoring around the perimeter walls continued to help reduce the amount of drugs entering the prison. Processes to protect prisoners from staff misconduct were given a high priority and remained well managed.
- I.55** The MDT random rate for the six months to July 2013 was 15.25% against a target of 13%. To support the drug supply reduction strategy, 15% of the population were randomly tested each month, instead of the normal 5%. This, along with the searching strategy, had led to the identification and adjudication of a large number of cannabis users.
- I.56** The positive rate for suspicion tests for the same period was 60.3%. However, some tests were not completed, especially at weekends, as they fell outside the required 72-hour testing period. In July 2013, as many as 34 tests fell outside the period, but the extent of the slippage was not monitored. The MDT suite and holding room were both unacceptably untidy and dirty. The number of prisoners on closed visits was high at 36 and not all were for visits-related issues.

Recommendations

- I.57** **The prison should ensure that suspicion testing takes place within the required timeframe. (Repeated recommendation 3.60)**
- I.58** **Prisoners should only be placed on closed visits for illicit or inappropriate activity related to visits or when there is sufficient intelligence to indicate the likelihood of such activity. (Repeated recommendation 7.8)**

Housekeeping point

- I.59** The MDT suite and holding room should be kept clean and tidy to ensure an appropriate and respectful testing environment.

Incentives and earned privileges³

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

I.60 *The IEP scheme was central to the overall approach to violence reduction. A reasonable proportion of prisoners were on the enhanced level. The basic regime was not used excessively, but was too punitive and fewer prisoners than the comparator felt they had been treated fairly by the scheme.*

- I.61** Information about the IEP scheme was widely available. Enhanced status could be retained on transfer, and prisoners on the standard level could apply for enhanced status after one month. The proportion of prisoners on the three levels was similar to comparator prisons, but fewer than the comparator said they had been treated fairly by the scheme.

³ In the 2010 report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

- I.62** Prisoners could be demoted after three warnings or following one serious incident, such as an assault, but only after a review board had been held. There were weekly reviews and few prisoners remained on the basic level for more than 14 days. The maximum period that could be spent on the basic level was 42 days. The basic regime was too punitive, leaving little scope for prisoners to demonstrate improved behaviour; this included overly limited access to showers, telephone calls and time out of cell (see also section on children, families and contact with the outside world, paragraph 4.45).

Recommendation

- I.63** **The basic regime should provide minimum levels of daily access to some services and be designed to provide prisoners with sufficient opportunities to demonstrate an improvement in their behaviour.**

Discipline

Expected outcomes:

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

- I.64** *The number of adjudications was high, but charges appeared appropriate and hearings were conducted fairly. The number of incidents involving the use of force was equitable with similar prisons. Most use of force documentation was completed correctly and assured us that force was only used as a last resort. Planning systems to support prisoners segregated under good order or discipline in returning to the normal prison location were underdeveloped, but segregation reviews were completed on time.*

Disciplinary procedures

- I.65** The number of formal adjudications was high at an average of about 281 each month as was the number of cases dealt with by an independent adjudicator (a visiting judge), representing approximately 25% of the total number of adjudications. Prisoners involved in fights, assaults or drugs-related issues or possessing unauthorised articles were automatically referred.
- I.66** Records of all the adjudications we examined showed that hearings were conducted fairly and that charges were fully investigated. Punishments were fair and there were examples of adjudicating governors dismissing cases due to a lack of evidence or anomalies in the process.
- I.67** Prior to adjudication, prisoners received written information to explain what they could expect from the experience. Adjudicators took time to ensure that the prisoner understood each stage of the process before moving on, and all were offered the opportunity to seek legal advice. Prisoners could challenge the evidence, put across their version of events and call witnesses in their defence.

The use of force

- I.68** The number of incidents involving the use of force was similar to prisons of the same size and type, with 118 in the six-month period prior to our inspection. Most incidents did not involve full control and restraint techniques.
- I.69** Information sharing was good and links between the security department and the senior management team were effective. Information about the nature of all incidents was collated and the analysis was sufficient to enable representatives at the quarterly use of force review meetings to identify patterns and trends. Monitoring arrangements were very good and quality checks of all use of force forms were carried out personally by the deputy governor.
- I.70** Spontaneous and planned interventions were well organised and appropriately authorised. Senior staff supervised all incidents and planned interventions were recorded on video. On the whole, documentation was completed correctly. There was also evidence that de-escalation was often used to good effect.
- I.71** Special cells in the segregation unit had been used to accommodate prisoners four times for short periods in the six months prior to our inspection. We were satisfied that this was justified and properly authorised.

Segregation

- I.72** Living conditions in the segregation unit were poor. The environment was dark and dreary and the communal corridor, although reasonably clean, was old and worn. Some cells were filthy, with graffiti scratched on to plastic windows and on walls. Several were infested with cockroaches. Conditions in the special cells were grim, but they were rarely used.
- I.73** Given the size and nature of the prison, the number of prisoners requiring segregation was not excessive – about 40 cases per month. These included prisoners segregated for punishment or reasons of good order or discipline and those waiting for adjudication.
- I.74** Prisoners remained in segregation for a short time (about six days), with a few notable exceptions. Most prisoners returned to residential units. At the time of inspection, six were in the segregation unit, four of whom had been segregated under prison rule 45 (for good order) and two for punishment.
- I.75** Governance of segregation had improved since the last inspection and was good. A strategy document described working practices and management arrangements. A staff selection policy was also in place. A segregation monitoring and review group (SMARG), led by the deputy governor, met each quarter to monitor the number of those held in segregation and the reasons behind this.
- I.76** The daily regime included showers, exercise, and access to telephones. Prisoners segregated for reasons of good order or discipline could have televisions regardless of their IEP status, but the regime they were offered was poor and most spent nearly all day locked in their cells.
- I.77** Although relationships between prisoners and staff were good, planning processes to support prisoners segregated under good order or discipline in returning to the normal prison location were not well developed. Segregation reviews were completed on time, but did not contain evidence that behaviour was being monitored or that individual management plans were being developed. There were no individual care plans and no meaningful behaviour targets.

Recommendation

- 1.78 Prisoners in segregation should be supported with a much fuller regime and active case planning to help them return to the normal location.**

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

1.79 *Clinical services were of a high quality and were integrated with psychosocial services. The case management team had allocated workers to specific wings, which helped reduce waiting lists. The interventions team delivered a good range of group work courses, but waiting times to access programmes were too long. Peer support schemes, the drug-free wing and dual diagnosis arrangements were all working well. The drug and alcohol services needs analysis required updating. Attendance at drug strategy committee meetings was inconsistent.*

- 1.80** A total of 197 prisoners were receiving opiate substitution treatment. Given the nature of the population, the ratio of maintenance doses to reduction was good: 122 were on maintenance and 75 on reducing doses. Seventeen were receiving alcohol detoxification. Some new arrivals waited a long time to see the GP, but clinical care was good once prisoners were assessed and moved on to the stabilisation wing.
- 1.81** Once stabilised, most prisoners on opiate substitution moved to E wing, where clinical and psychosocial workers continued to work closely together delivering groups and conducting clinical reviews.
- 1.82** Phoenix Futures, a drug and alcohol charity, delivered psychosocial services (known as Building Futures) in two teams. The case management team conducted assessments and one-to-one work. Its caseload of 600 reflected a high level of need. Many of these prisoners required no clinical intervention. Waiting times after initial assessment had decreased and prisoners were now more satisfied with the service. The interventions team delivered a comprehensive range of high quality group work courses. The majority were single sessions, run in partnership with other agencies. Waiting times for these courses were too long. Managers were developing ways of monitoring and reducing waiting lists.
- 1.83** Peer supporters delivered induction, provided wing-based support and co-facilitated group sessions. They could achieve a level 2 qualification in mentoring skills.
- 1.84** A dual diagnosis lead worker in the Building Futures team liaised with mental health nurses to ensure joint care planning and the joint delivery of a special dual diagnosis awareness group work session.
- 1.85** The drug-free J Wing was well run by a team of specially selected officers who worked alongside the Building Futures teams. Each prisoner agreed to be tested a minimum of twice a month for drugs and alcohol. In addition to psychosocial support, the regime included art and drama therapy and involved visiting speakers from Narcotics Anonymous and Alcoholics Anonymous.

- I.86** The drug and alcohol strategy document was up to date and had an accompanying action plan, but the drug and alcohol services needs analysis required a review. A regular drugs strategy committee meeting, attended sporadically by representatives from key departments, took place.

Recommendations

- I.87** The availability of group work courses should match assessed needs.
- I.88** All relevant departments and service providers should regularly attend the drug strategy committee. (Repeated recommendation 9.46)

Housekeeping point

- I.89** The drug and alcohol services needs analysis should be completed annually.

Section 2. Respect

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

2.1 *Communal areas were generally clean, but some living conditions were very poor. Many men shared cells designed for one. Prisoners were frustrated about many aspects of life at the prison. Exercise yards were austere and littered. There were cockroach and mouse infestations.*

2.2 The prison was overcrowded with a population 35% above its certified normal accommodation level. Communal areas were generally clean, but the living environment was poor and overcrowded, and many men shared cells designed for one. Cells were cramped, and furniture was either missing or broken. There were no lockable cabinets, and few bunk beds had ladders. Toilets were poorly screened and some did not have lids. Virtually all were badly stained and needed de-scaling. Cells were generally dirty, untidy and poorly ventilated. There was an infestation of mice and cockroaches across the prison and we found evidence that broken windows were still taking too long to be repaired. Some showers were not screened and many needed refurbishing.

2.3 The offensive displays policy was not being implemented on some wings, and we found cells with graffiti and inappropriate pictures. Prisoners were not aware of any mattress exchange schemes. Some cells did not have a kettle.

2.4 Despite management checks of cell bell responses, only 24% of prisoners compared to 37% in comparator prisons said their cell bell was answered within five minutes; our own observations confirmed this. Fewer prisoners than the comparator said it was quiet enough to relax or sleep at night. In addition, fewer prisoners than the comparator said they could obtain cleaning materials every week. Toiletries were readily available, but only 45% of prisoners, less than the comparator, said they could take a shower every day.

2.5 Prison clothing was in good condition, but there were shortages of some items. Clean sheets were issued weekly, and wing laundries provided a good service. Only 12% of prisoners, less than the comparator, said they could access their stored property. Items could be handed in during visits or sent in by post during the first 28 days, and thereafter, every six months.

2.6 Access to telephones was poor, and many were not working. Officers who were meant to facilitate prisoner telephone calls were frequently redeployed to cover staff shortages. Post and emails were often delivered to prisoners late. Mail monitoring arrangements were appropriate.

2.7 Application forms were not readily available on all wings. The application system had been revised in November 2012, but this had not yet had a positive impact on confidence in the process. Responses mostly answered the questions raised, but tended to be curt, and it

often took more than seven days for prisoners to receive one. The prison TV channel provided some good information, and there were monthly well attended wing consultation meetings.

- 2.8** There were four littered and austere exercise yards serving the main wings. Each had two benches, one had some exercise equipment, and another had two telephone boxes; only one had any greenery. The health care exercise yard was particularly inadequate.

Recommendations

- 2.9** Cell bells should be answered within five minutes.
- 2.10** Prisoners should have daily access to clean showers with privacy screens.
- 2.11** Prisoners should have access to adequate supplies of all items of prison kit, including cleaning materials, and there should be more frequent access to stored property.
- 2.12** Prisoners should be able to use the telephone in private every day outside the working day. (Repeated recommendation 2.7)

Housekeeping points

- 2.13** There should be a mattress exchange scheme in place of which prisoners are aware.
- 2.14** Mail should be delivered to prisoners within 24 hours of its arrival in the prison.
- 2.15** Application forms should be readily available; responses should be polite and received within seven days.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

2.16 *Staff-prisoner relationships were mixed: tensions were evident, but personal officer arrangements had improved since our last inspection and we saw some good interactions. Too many prisoners said they did not have a member of staff to whom they could turn for help. Consultation arrangements were reasonable.*

- 2.17** Both staff and prisoners reported tensions in their relationships, particularly relating to curtailments in the regime. Our survey revealed that prisoners were less positive than the comparator about having a member of staff they could turn to if they had a problem. Only 25% of prisoners against the comparator of 31% said a member of staff had checked on them in the last week. Most staff referred to prisoners by their surnames only. Few prisoners said that staff normally spoke to them during association. We saw some good interactions, but too many were distant or dismissive. Foreign nationals and prisoners with disabilities were even more negative. Managers held regular consultation meetings with representatives from each wing.

2.18 The personal officer scheme had been re-launched in spring this year and had improved since our last inspection. Prisoners were given a personal officer information pack, which contained some useful information, as well as cards through which to book interviews relating to resettlement. There were some positive initiatives to support personal officers, including the help and information for Pentonville personal officers (HIPPO) intranet information resource. Personal officers also received a rolling programme of innovative modular training, covering subjects such as mental health awareness, drug awareness and motivational interviewing. Personal officer case note entries were generally regular but did not show much awareness of resettlement planning. Managers carried out robust checks of the quality of entries.

Recommendation

2.19 **The prison should identify weaknesses in staff-prisoner relationships and prepare an action plan to resolve them.**

Good practice

2.20 *The Pentonville HIPPO scheme was a useful source of support for personal officers.*

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁴ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.21 *Equality and diversity planning was reasonable and the senior management team was actively engaged in managing diversity. The prison did not sufficiently consult prisoners from protected groups. We were not assured that all less urgent needs of prisoners with disabilities were met. The foreign nationals coordinator provided prisoners with good support, but his impact was reduced because they were frequently redeployment to other duties. Pentonville was not an appropriate place in which to hold immigration detainees.*

Strategic management

2.22 The prison had a comprehensive equality policy. The needs of foreign national prisoners were addressed well, but those of other protected groups were less well met. The action plan was not comprehensive and contained a largely generic set of actions, rather than details of how to address specific needs.

⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.23** The senior management team was actively involved in managing diversity. Good use was made of monitoring data for the treatment of black and minority ethnic prisoners; they were discussed in detail at senior management meetings and resulted in some purposeful actions. The prison did not use similar monitoring data for other protected characteristics, for example, for the large foreign national or Muslim populations.
- 2.24** Equality meetings were held regularly. Foreign national prisoners and those from Gypsy, Romany or Traveller communities could attend regular consultation forums, but there were none for other protected groups.
- 2.25** A list of prisoners with current or previous racially aggravated offences was flagged up on the prison IT system. Investigations into reported discrimination incidents were conducted promptly and were reasonably thorough, but mediation was rarely used to resolve incidents. Complaints of discrimination made against staff were taken seriously, and there was evidence of action being taken in appropriate cases. The Zahid Mubarek Trust provided investigations with independent scrutiny.
- 2.26** An online staff diversity training programme had been introduced, but ineffective monitoring meant there was no record of who had undertaken it.

Recommendations

- 2.27** **A comprehensive diversity policy should be agreed based on a needs analysis of the population and should outline how the needs of all minority groups will be met. Action plans should be informed by systematic monitoring of all protected characteristics. (Repeated recommendation HP46)**
- 2.28** **The prison should establish regular forums and consultation with prisoners across each of the main diversity strands. (Repeated recommendation 4.5)**

Protected characteristics

- 2.29** Black and minority ethnic prisoners accounted for about 30% of the population. However, over a 10-month period in 2012/13, they accounted for over 42% of cellular confinements, 51% of disciplinary action and 60% of good order and discipline measures. The senior management team had taken some action to understand and tackle this over-representation (for example, by surveying and meeting with black and minority ethnic prisoners to explore the monitoring data), but recognised that further work was still needed.
- 2.30** Muslim prisoners reported less positively than others against a wide range of factors. However, there was no systematic monitoring of the experiences of this group and little diversity planning to meet their needs.
- 2.31** Over 30% of the population were foreign nationals. A foreign nationals officer (FNO) was in place to care for them, but had not received any training for the role and was redeployed to other duties for about 40% of his time due to staff shortages. We were told about shortages of Home Office immigration staff, which meant that there were often insufficient staff to answer prisoners' queries or to ensure progress was made on certain cases.
- 2.32** Useful foreign national prisoner workshops were held twice a month but were oversubscribed. During our inspection, a workshop which 60 prisoners were due to attend, was cancelled without notice due to the redeployment of the FNO.

- 2.33** Our survey suggested that 6% did not understand spoken English. However, in the four months before the inspection, very little funding had been invested in telephone interpretation. The central record of staff able to speak languages other than English was out of date. There was an up-to-date record of prisoners who spoke other languages, but it was not appropriate to use them for conversations where accuracy or confidentiality was important. An induction brochure specifically for foreign national prisoners had been translated into 25 languages; a number of other documents had also been translated into various languages.
- 2.34** Foreign national prisoners, including those who received visits at Pentonville, received well-publicised, free monthly international telephone calls.
- 2.35** Fifty-six foreign nationals had been detained at the end of their sentence. They were subject to the same regime as remand prisoners, rather than to a more relaxed regime, which would have been provided in an immigration removal centre (IRC). Foreign nationals who had reached the end of their sentence would often only be told on the day they were due to be released that they would be detained for immigration reasons following Home Office instructions (we witnessed one such incident during the inspection). This could cause considerable unnecessary distress. Detainees did not always receive monthly progress reports from the Home Office. Access to immigration legal representation was poor. The Detention Advisory Service no longer visited Pentonville and there were no independent immigration legal advice surgeries. Detainees were held in Pentonville despite being suitable for transfer to an IRC. Given these problems, levels of overcrowding and the extremely limited regime offered, we did not consider Pentonville to be an appropriate place in which to hold immigration detainees.
- 2.36** Arrangements were in place to evacuate prisoners with disabilities in the case of an emergency, but not all staff were aware of them. There was a lack of coordination in care planning. Support plans were not held on all wings to enable staff to meet needs. Support for those with the most acute needs was usually good, but we were not assured that all prisoners' less urgent needs were met. However, some good support was provided through a paid carer scheme. Retired men and those with disabilities were not locked up during the day. Older prisoners received the same pay as unemployed prisoners.
- 2.37** Pentonville was expecting to accommodate approximately 80 young adults by the end of the year, and good planning had taken place to ensure their safety. A mentoring scheme was also being established, but trained mentors would not be in place for some months.
- 2.38** The prison did not focus sufficiently on providing activities suitable for prisoners with disabilities, older prisoners or young adults.

Recommendations

- 2.39** **The prison should continue to investigate significant inequalities in outcomes for black and minority ethnic prisoners and devise specific plans to address them. A professional interpreting service should be used whenever matters of accuracy and/or confidentiality are a factor.**
- 2.40** **Prisoners with disabilities and older prisoners with identified needs should have a multidisciplinary care plan to which all staff have ready access and about which prisoners are consulted. (Repeated recommendation 4.40)**

- 2.41 Older prisoners and prisoners with disabilities should be provided with regular and appropriate regime activities; this should include specific activities for vulnerable prisoners.**
- 2.42 The wider needs of young adults held in the general population should be considered, and appropriate provision put in place to ensure these needs are met. Consideration should be given to safety, accommodation, activities and resettlement issues.**

Faith and religious activity

Expected outcomes:

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

2.43 *Faith provision was reasonable, but there were some problematic staff shortages. The chaplaincy played an active part in the life of the prison.*

- 2.44** In our survey, only 38% of prisoners said they could speak to a religious leader of their faith in private, compared with 55% in comparator prisons. The coordinating chaplain had left and the Muslim chaplain was filling this role, supported by the full-time Catholic chaplain. The other full-time post for a Church of England chaplain had been vacant for over a year. Additional sessional and volunteer chaplains covered other religions. Staff shortages placed a particular strain on pastoral care.
- 2.45** There was a good chapel and a bright, clean multi-faith room with adequate facilities. The Muslim population had outgrown the mosque, which could only accommodate 180 prisoners (over 200 wished to attend services). To keep the number down, some Muslim prisoners were excluded from corporate worship on the basis of their incentives and earned privileges status. From October, Muslim prayers would be held in two locations so that all prisoners could attend corporate worship.
- 2.46** All the main religious and cultural festivals were celebrated and regular religious classes and groups were held. Chaplains were well integrated into prison life, regularly attending appropriate meetings. They were actively involved, for example, in segregation and safer custody reviews.

Recommendation

- 2.47 All prisoners should be able to attend religious services of their faith irrespective of their IEP status**

Complaints

Expected outcomes:

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

2.48 *Prisoners did not have confidence in the complaints system, which had deteriorated since our last inspection. The quality of complaint responses was inconsistent.*

2.49 Only 18% of prisoners in our survey who had made a complaint considered them to have been dealt with fairly, compared with 25% at the last inspection. Some men said that they had not received a response and monitoring showed that there were some delays. The quality of responses varied significantly; some were good, but others were curt and dismissive and some complaints had not been fully investigated. Complaints generally involved minor issues.

2.50 The senior management team considered monthly complaints data, which included analysis by ethnicity, prison location and complaint subject. Managers were beginning to tackle the underlying causes of issues that were the subject of frequent complaints. Shortly before our inspection, managers had begun to select a random 10% of responses each week to be quality checked.

Recommendation

2.51 **All complaints should receive full and detailed responses. (Repeated recommendation 3.35)**

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

2.52 *Bail and legal services provision was good.*

2.53 The full-time legal services officer assisted prisoners with a broad range of needs, such as finding lawyers and making appeals, and advised prisoners who had been recalled. There was also a full-time bail information officer post (a second bail information post had just become vacant). In the six-month period, leading to the inspection bail information reports had been prepared for 38 prisoners, 18 of whom had been released on bail. There were only nine private booths for legal and professional visits, which was insufficient.

Recommendation

2.54 **More booths for legal and professional visits should be provided. (Repeated recommendation 3.46)**

Health services

Expected outcomes:

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

2.55 *Prisoners were dissatisfied with health care services. Clinical governance was good, but staffing shortages adversely affected service provision and development. Waiting times for GP clinics were excessive. Nurse-led services needed development. The inpatients unit provided prisoners with complex needs with good care, but the regime was inadequate for some. Pharmacy and dental services were good. Secondary mental health and day services were good, but primary mental health provision was not sufficient.*

Governance arrangements

- 2.56** Whittington Health provided primary health services and Camden and Islington NHS Trust (C&I) provided mental health and inpatient nursing services. Well attended clinical governance and partnership board meetings covered all essential areas. A comprehensive health needs assessment was being finalised. Lessons learned from serious incidents, complaints and audits were shared with staff and informed service delivery. There was no health service user forum.
- 2.57** Complaints were well managed through the local Patient Advice and Liaison Service (PALS) and included fortnightly PALS prison visits. Most of the 34 complaints received in 2013 related to medication and dissatisfaction with the care received. The responses sampled were good.
- 2.58** The new health senior management team was driving service improvement, but substantial staff shortages were having a negative effect. Recruitment was often unsuccessful, but a core group of regular agency staff was slowly being developed. The prison provided 24-hour wing-based nursing cover and 10 GP clinics each week.
- 2.59** There were well written, informative leaflets for new arrivals on mental health and the inpatient unit. Most prisoners could access health services easily. However, vulnerable prisoners told us that they often missed health appointments that were outside the wing because there were insufficient staff to escort them. Although the main health care centre and inpatient unit had reasonable facilities, remedial action was required in wing treatment rooms following a failed infection control audit. Waiting rooms were poor.
- 2.60** Primary health care staff wore uniforms, but other team members were not clearly identifiable. Health interactions we observed were good. Staff had good access to training, appraisal and clinical supervision, but many team members were new and required significant continuing training and support before they were fully proficient. The SystmOne electronic clinical records we examined were mixed and care planning was underdeveloped. A comprehensive range of appropriate policies was used, including those on communicable diseases, safeguarding and information sharing.
- 2.61** Health promotion was underdeveloped, although action was planned. Pharmacy staff offered an eight-week stop smoking course, but long waiting times meant some prisoners were released without being seen. Barrier protection was available from health staff, but was not

advertised and several staff we spoke to were unsure of the process. A senior nurse was developing a formal partnership approach with the prison for older prisoners and prisoners with disabilities, but individual prisoners with severe needs had already been identified and were receiving support. Access to mobility and health aids was good. Appropriate immunisations and screening for blood-borne viruses was available.

- 2.62** The emergency equipment available was suitable and was well located throughout the establishment, but checks were inconsistent and we found some out-of-date medication. There was a rapid response protocol with emergency services.

Recommendations

- 2.63** All clinical areas should be fully compliant with infection control guidelines.
- 2.64** Systematic health promotion should take place throughout the prison, overseen by a prison health promotion action group, which should include prisoner representation. Prisoners should have easy access to barrier protection and smoking cessation.

Housekeeping points

- 2.65** There should be regular health care service user consultation.
- 2.66** All health staff and their roles should be clearly identifiable.
- 2.67** Emergency equipment should receive comprehensive daily recorded checks that ensure all equipment is up to date and in good working order.

Delivery of care (physical health)

- 2.68** Nurses saw all new prisoners promptly for an initial assessment and appropriate follow-up referrals were made. Good community liaison ensured continuity of care. Follow-up comprehensive assessments were offered the next day. Most services, except for dentistry and specialist clinics, were delivered on the wings. Prisoners requested services by application or at the treatment hatch. The prisons needs analysis had identified that 11% of prisoners arrived at the prison malnourished; and some good individualised care was offered to address this issue
- 2.69** Prisoners in our survey were less satisfied than the comparator with their access to and the quality of health care services. Excessive waiting times for routine GP appointments and the lack of response to applications contributed to negative perceptions.
- 2.70** Access to urgent GP appointments was good, but prisoners waited over two weeks for routine appointments, which was too long. Most nurses were not trained in triage, lifelong conditions management or patient group directions (which enable nurses to supply and administer prescription-only medicine), which increased the demand for GP appointments. Waiting times for the physiotherapist and podiatrist were too long. The failure-to-attend rate of 30% was too high, but was being addressed.
- 2.71** Prisoners who needed additional input were identified, but clinical records we examined revealed that planned interventions did not occur. An appropriately trained nurse provided

sexual health clinics. GPs provided some lifelong conditions clinics, but they were not sufficient to meet needs. Out-of-hours cover was reasonable, but not monitored.

- 2.72** The weekly meeting for prisoners with complex needs was an effective forum. Mental health nurses supported by discipline officers provided some prisoners with complex needs with good care in the 22-bed inpatient unit. Admission was based on clinical need, supported by weekly bed management meetings. GPs and the psychiatric registrar carried out daily reviews and there were effective twice weekly consultant psychiatrist reviews with relevant community input. Patients who attended the day centre had a good regime, while the regime for those whose movement was restricted was poor. Arrangements for continuity of care when prisoners returned to the main wing were good.
- 2.73** Hospital appointments were well managed, but waiting times were long. There were advanced plans to introduce telemedicine (the use of telecommunication and information technology to provide clinical health care at a distance) to improve this.

Recommendations

- 2.74** Patients should be able to see a GP for a routine appointment within a week and waiting times for all other services should be equivalent to the community.
- 2.75** Sufficient nurses should be trained in clinical assessment and patient group directions to ensure prisoners receive prompt access to an appropriate intervention.
- 2.76** Prisoners with lifelong conditions should receive regular reviews and have an evidence-based care plan prepared by staff that are appropriately trained and supervised.
- 2.77** All record keeping should comply with relevant professional guidance and should accurately outline the care plan, the outcome of the intervention and an ongoing plan where appropriate.
- 2.78** The inpatient unit should provide an adequate therapeutic regime for all patients.

Housekeeping point

- 2.79** The failure-to-attend rate should be monitored for all clinics and should not be higher than 10%.

Pharmacy

- 2.80** Medicines were promptly supplied by the in-house pharmacy with appropriate written information. Medicines were generally stored securely and kept in good order, although two incorrectly stored items were found in the main pharmacy. The monitoring and recording of refrigerator temperatures was inconsistent. The pharmacy managed drug alerts, but not all had been acted on. Pharmacy technicians provided smoking cessation groups and medication advice on the wings. Pharmacist-led medicine use reviews were not available, but were planned.

- 2.81** Robust risk assessments for in-possession medication were recorded on SystmOne. Most medicines were supplied in possession, but the lack of secure in-cell storage meant medication could be stolen (see section on residential unit, paragraph 2.2). Pharmacy staff reordered most medicines. The systems for prescribing in-possession medicines for longer periods were confusing.
- 2.82** Pharmacy technicians administered medication on the wing three times a day while officers supervised queues; nurses delivered night medication to cells. Medicines that were tradable were appropriately not prescribed in possession. However, several prisoners were given unlabelled doses of night sedation to take away for later consumption to make the night medication round manageable. Most administration records on SystmOne were complete. We observed good follow up with prisoners who did not attend appointments or who were not compliant with medications.
- 2.83** The well attended monthly medicines management committee discussed all key issues. There was a full range of appropriate protocols and patient group directions, however many required a review. The range of medicines available to administer for minor ailments was good, but few were used regularly and the policy needed to be reviewed.

Recommendation

- 2.84** **Patient group directions and the minor ailments policy should be reviewed by the medicines management committee, and staff should be appropriately trained in their use. A copy of the original signed patient group directions should be present in the treatment rooms and be read and signed by all relevant staff.**

Housekeeping points

- 2.85** All medicines held in the pharmacy should be stored correctly and fully labelled.
- 2.86** Maximum and minimum temperatures for all drug refrigerators should be recorded daily, monitored and all necessary corrective action taken.
- 2.87** Drug alerts should be acted on in a timely manner and reported to the medicines management committee.
- 2.88** The pharmacist should be supported to develop medicine use reviews.
- 2.89** It should be clear on the prescription whether the patient is taking their medication supervised or in possession, and there should be clear corresponding records for the supply to the patient.
- 2.90** All medicines supplied in possession should be in appropriate fully labelled containers.

Dentistry

- 2.91** Whittington Health provided four dental sessions and Chopra and Associates provided two sessions weekly. Waiting times were good, appointments were appropriately allocated based on need and emergency provision was adequate. NHS-equivalent dental treatment was available. The dental consultations and clinical records we observed were good.

- 2.92** Oral health promotion was good. The dental surgery had good facilities, including a separate decontamination room. A washer disinfectant was on order, but the chair headrest needed replacement. We were told that all dental equipment was appropriately maintained, but supporting paperwork was not available. Dental waste was disposed of professionally.

Housekeeping point

- 2.93** All dental equipment should be fit for purpose and records of servicing and maintenance should be kept.

Delivery of care (mental health)

- 2.94** Working relationships between prison and mental health staff were effective, but few prison officers had received mental health awareness training. C&I provided secondary mental health, inpatients and day nursing services, while Barnet, Enfield and Haringey NHS Foundation Trust (BEH) provided psychiatrist input. The prison did not have a designated primary mental health service and the provision available was inadequate.
- 2.95** GPs supported prisoners with mild and moderate mental illness and C&I managed patients with severe and enduring mental illness. There was an open referral system to C&I; prisoners were assessed promptly and it was agreed at the weekly allocation meeting what services were appropriate. Patients who did not have severe mental illness received brief interventions, were directed to available services and/or referred to the GP for support.
- 2.96** The day centre offered week day support, including yoga, pottery, health education and psychotherapy groups for around 30 patients with mental and/or physical health needs. Prisoners we met spoke positively about the service, but there was a waiting list. We were advised there were advanced plans to extend provision to meet the need. Counselling was available through the chaplaincy, but the provision had been reduced, creating long waiting times.
- 2.97** C&I received approximately 100 referrals a month and supported about 70 patients using an approved community case management approach. Psychiatrist input was excellent and included fortnightly sessions from a learning disabilities consultant. There was no clinical psychology or occupational therapy input.
- 2.98** Most of the 31 patients who went to NHS mental health facilities in the six months to June 2013 were transferred promptly, but a few experienced excessive delays. We observed some excellent partnership working with local accident and emergency and mental health services to ensure a severely ill prisoner received appropriate emergency medical treatment followed by admission to the psychiatric unit.

Recommendations

- 2.99** Discipline staff should have mental health awareness training so that they can take appropriate action when a prisoner has mental health problems.
- 2.100** Prisoners should have timely access to a full range of support for mild and moderate mental health problems, including counselling, clinical psychology and group therapies.

Catering

Expected outcomes:

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

2.101 *Some prisoners were dissatisfied with the food, but it was better than we often see, particularly for some minority groups.*

2.102 Prisoners' opinions of the food had improved since our last inspection. Both our survey and the latest prison survey suggested it was largely meeting the needs of foreign nationals. Black and minority ethnic prisoners had similar views about the food compared to white prisoners. Only 22% of prisoners said that the food was good or very good, similar to other prisons but we felt it was better than we often see. Prisoners' views on catering were canvassed at quarterly canteen and catering meetings and food comments books were available.

2.103 Prisoners from diverse ethnic and cultural backgrounds worked in the newly refurbished kitchen, catering effectively for a wide range of religious, cultural and special diets. The four-weekly menu included two hot meals a day. The variety was reasonable, but prisoners could not select five portions of fruit and vegetables a day. Breakfast packs were collected at the evening meal. Meals were served too early.

2.104 Catering staff completed weekly checks of serveries, but we saw that not all prisoners or staff wore protective clothing. Some prisoners had not completed basic food hygiene training, portion control was not monitored and there were gaps in food temperature records.

Recommendations

2.105 **Breakfast should be served on the morning it is eaten and lunch should not be served before noon and the evening meal not before 5pm. (Repeated recommendations 8.1 and 8.3)**

2.106 **Supervision of serveries should be improved.**

Purchases

Expected outcomes:

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

2.107 *The prison shop sold a suitable range of products. Prisoners could have their first canteen order within 24 hours of arrival.*

2.108 Prisoners were offered a canteen pack on arrival, and those who had money in their accounts could make their first canteen order within 24 hours. Canteen was delivered to cells by wing staff and orderlies.

- 2.109** More men than at our last inspection said the shop sold a wide enough range to meet their needs, but this was still fewer than the comparator. Prisoners with disabilities reported particularly negatively, but black and minority ethnic and foreign national men were more positive. Negative comments seemed to be related to the cost of items.
- 2.110** Prisoners could order items from the Argos catalogue, and did not have to pay an administration fee. Prisoners' family and friends could arrange for newspapers and magazines to be delivered by a local newsagent.
- 2.111** There were regular prisoner consultation meetings during which the canteen was discussed and changes to the product list approved.

Section 3. Purposeful activity

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁵

3.1 *Time out of cell was very variable and poor for many. There were major disruptions to the prison regime, which were poorly managed. This was substantially reducing time out of cell and purposeful activity. A planned 'emergency core day' would reduce this further.*

3.2 Different core day schedules were in operation on each of the wings. Time out of cell varied widely, from over 11 hours to 3.5 hours. One roll check conducted for us found 25% of prisoners locked up and a further 54% on the wings mostly in association. Prisoner movements were disorganised and we saw that staff did not know how many or which prisoners remained on the wing (see also section on strategic management of resettlement, paragraph 4.5).

3.3 Prisoners complained that activities were cancelled regularly, and central records supported this. We observed prisoners being unlocked late and association or outside exercise being cancelled because of staff shortages. In our survey, only 20% of prisoners, compared to 44% in comparator prisons, said that they went on association more than five times a week. Prisoners on some wings never received evening association, which made contact with working family members difficult. An 'emergency core day' planned for the month following our inspection, would further reduce time out of cell.

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

3.4 *Management of learning and skills was inadequate, but managers knew what needed to be improved. The number of activity places available was insufficient, allocation processes were poor and not all available opportunities were being used. The quality of teaching was mostly good. Achievements were reasonable for those who attended activities, although the range was narrow. The library and gym provided some good opportunities, but access to both was inadequate.*

⁵ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

3.5 *Ofsted⁶ made the following assessments about the learning and skills and work provision:*

<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Requires improvement</i>
<i>Quality of learning and skills and work provision:</i>	<i>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Inadequate</i>

Management of learning and skills and work

3.6 The management of learning and skills and work was inadequate. Despite the fact that senior managers had a clear understanding of many of the areas requiring improvement, insufficient action had been taken to address key issues, particularly the maximisation of available activity places. Little had been done to address many of the recommendations made at the last inspection. Improvements in learning and skills and work were hampered by the lack of clear overall leadership and strategic planning. We were told that staff shortages meant that an emergency core day would be in place for at least the next month, which would mean some prisoners would have no access to purposeful activity or education. The supervision of movement to activities was weak and adversely affected punctuality and attendance (see main recommendation, paragraph S48). The management of the Offender Learning and Skills Service (OLASS) provision, contracted to A4E, required improvement. Pay rates were not clearly matched to job roles; in education they were lower than in other areas, discouraging attendance. However, revised pay rates were introduced during the inspection.

3.7 Overall quality assurance arrangements were poor. Monitoring of the quality of teaching and learning was underdeveloped. The quality improvement group had only been established in June 2013 and had yet to have any positive impact on the provision. Sharing of best practice in teaching and learning was not sufficient. Although the OLASS provider kept robust data, overall data analysis and its use for the rest of the provision were poor. Self-assessment of the OLASS contract was satisfactory, but as identified at the last inspection there was no overarching self-assessment of learning and skills across the prison. The promotion of safeguarding and equality and diversity was reasonable and staff had been appropriately trained. Tutors, instructors and prisoners were respectful to one another.

3.8 Communication between the OLASS contractor, the National Careers Service, Jobcentre Plus, other agencies and the prison was fragmented and insufficiently well coordinated. The prison had developed appropriate links with a small range of employers, which were used to improve employment opportunities for prisoners, but this was underdeveloped.

Recommendations

3.9 **There should be clear leadership and strategic planning of all purposeful activities, including learning and skills.**

3.10 **Observations of teaching, learning and assessment should be developed to include all areas of learning and skills and to share best practice.**

⁶ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

3.11 Communication and coordination across learning and skills should be improved, and there should be a wider range of employer links.

Provision of activities

3.12 The allocation of work was particularly weak and insufficient use was made of basic skills test results and other prisoner information. There were only around 680 activity places, which was insufficient for the prison population. Most activities were part time and not all of the available places were filled. Too many prisoners were unemployed or insufficiently occupied, and we found over three quarters of the population on the wings during the day, many with nothing to do. The range of activities available for vulnerable prisoners remained exceptionally poor, with only wing work and greeting card making and limited access to education.

3.13 The range of accredited vocational training was poor and there were insufficient progression opportunities, particularly for more able prisoners. Courses were offered in basic construction, industrial cleaning and physical education. A new course in horticulture had begun, but vocational training in barbering, fork-lift truck driving and radio work had been wound up due to lack of staff or poor facilities. A reasonable variety of education courses was provided with qualifications available in subjects, such as art, customer service, business enterprise, English for speakers of other languages (ESOL) and English and mathematics. Approximately 260 prisoners were enrolled on education courses although the majority of these were part time (see main recommendation paragraph S48).

Recommendations

3.14 Initial assessments of prisoners' literacy and numeracy needs should be used to allocate prisoners more effectively to purposeful activity.

3.15 Accredited vocational training should be increased to provide skills that can be developed in short periods of time and be relevant for employment on release. (Repeated recommendation 6.23)

Quality of provision

3.16 The quality of provision required improvement. Teaching staff were appropriately qualified and resources generally adequate, although insufficient use was made of information technology in education classes. Teaching, coaching and learning were mostly good and staff used initial diagnostic assessment results well to inform individual learning in education. In the better classes, teachers used a wide variety of teaching methods to suit the learners' needs and abilities. Additional learning support in English and mathematics for learners on education courses was satisfactory, but prisoners on the wings, in work or in vocational training received no support. The small number of learners on Open University and distance learning courses were appropriately supported by A4E and library staff. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not operational and could not be used to support learning or help prisoners searching for jobs. Access to toilet facilities for prisoners in the main education facility remained poor.

3.17 Induction to learning and skills was adequate and most prisoners were seen by the OLASS provider and staff from the London Initial Screening and Referral Tool (LISART) on time. Staff from Prospects, the National Careers Service provider, offered prisoners due to be

discharged with good advice and guidance. Initial assessment of prisoners' literacy and numeracy support needs were robust, but the results did not inform appropriate placements at activities.

Recommendations

- 3.18 The virtual campus should be operational and available to prisoners for learning and job search activities.**
- 3.19 All prisoners with identified learning needs in literacy and numeracy should be appropriately supported.**

Housekeeping point

- 3.20** Prisoners should have better access to toilets in the main education facility. (Repeated recommendation 6.29)

Education and vocational achievements

- 3.21** For the small proportion of prisoners who took qualifications, achievements were mostly high (75% to 90%). Prisoners used safe working practices and were making reasonable progress. However, attendance at many classes was poor, with some sessions only half full. Prisoners demonstrated good standards of practical skills in some areas, including the main kitchen, textiles and electrical testing workshops, but these were not accredited. The prison also failed to offer prisoners qualifications or recognise skills in other areas, such as recycling and waste management and employability skills were not accredited.

Recommendation

- 3.22 Employability and practical skills developed by prisoners in existing work areas should be accredited.**

Library

- 3.23** The library service was operated by a full-time manager, two part-time library assistants and a prison orderly. The library was spacious and well resourced with adequate seating and table space. It contained an appropriate variety of stock, including a range of materials in languages other than English as well as easy-read books. Links with the main library service in the community were good and the book stock was changed regularly. It also ran a good library loan service. An appropriate range of legal texts was held, as were Prison Service Orders.
- 3.24** However, although it had improved over the last year, access for prisoners remained poor. Despite changes to the library schedule, only approximately 50% used it regularly. Planned library opening hours often clashed with other wing activities or did not take place at all due to staff shortages on the wings. The library manager had increased the number of books loaned to prisoners, who were now allowed to take out six books at a time to compensate for infrequent visits.

- 3.25** The library provided a good range of additional activities such as the Toe by Toe mentoring scheme to help prisoners learn to read, Family Fables (where prisoners record stories for their children), as well as a variety of reading challenges and cultural events. Four computers installed in the library were due to become part of the virtual campus, which was not currently in service.

Recommendation

- 3.26** Library access should be improved for all prisoners.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

3.27 *Physical education (PE) staff provided a reasonable variety of recreational PE in spite of relatively poor facilities and no outside sports area. PE equipment was in reasonable condition. Staff were well qualified but did not have enough prison orderly support. The provision for older prisoners was not sufficient and for vulnerable prisoners it was limited. Promotion of healthy living was adequate and those referred by the health care department received appropriate provision. Access was poorly managed and, following the closure of one of the gymnasiums, the department did not have sufficient capacity to provide all prisoners with the expected minimum PE entitlement. The range of vocational training courses was good with high achievements, but there was no dedicated PE classroom.*

- 3.28** The PE department did not have sufficient capacity to enable all prisoners to use the facilities twice a week (our minimum expectation) following the closure of one of the gymnasiums in June 2012. The remaining facilities provided a reasonable range of recreational activity each week, including some team sports and cardiovascular training.
- 3.29** Facilities were generally poor and run down. They consisted of a small and cramped cardiovascular suite and a sports hall, part of which was being used as a weight training area. Ventilation remained poor, particularly in the sports hall. Some additional outdoor PE equipment was available in the exercise yards but did not appear to be used regularly. PE equipment was appropriately maintained and changing rooms and showers near the sports hall were adequate. However, there was no dedicated shower or changing room facility for those using the cardiovascular suite.
- 3.30** Staff were well qualified and could deliver a good range of vocational qualifications, including gym instructor and personal training courses. Courses were available from levels 1 to 3, and achievement rates appeared to be high. Staff had developed some good links with the local community and some local employers.
- 3.31** There were no specific sessions for older prisoners and provision for vulnerable prisoners was limited. PE staff provided prisoners referred by the health care department with satisfactory remedial support. PE sessions were sometimes cancelled when staff were redeployed to wing duties.
- 3.32** Access arrangements to recreational PE were poorly managed. The allocation process, administered by prisoner PE wing representatives, was open to abuse. Prison data revealed

that only approximately 38% of prisoners regularly attended two or more PE sessions each week.

- 3.33** Most prisoners received an appropriate introduction to PE during their first week in the prison. No prison orderlies were currently employed in the gym. Appropriate PE kit and trainers were available.

Recommendations

- 3.34** Additional ventilation extractor systems should be installed in the fitness area. (Repeated recommendation 6.32)
- 3.35** Access arrangements for recreational PE should be improved to ensure allocations are fair and provide all prisoners with equal access.
- 3.36** Existing PE places should be maximised and there should be sufficient PE facilities for all prisoners to receive their minimum PE entitlement each week. (Repeated recommendation 6.37)

Section 4. Resettlement

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

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

Good planning ensures a seamless transition into the community.

- 4.1** *Strategic management of resettlement had developed considerably since our last inspection, and there was now a set of clear strategic objectives. An improvement process was in place, but momentum needed to be re-established after several key staff changes. The work of the offender management unit (OMU) needed to be reorganised. A 'whole prison' approach to resettlement had not been established, but a good start had been made.*
- 4.2** A detailed and up-to-date needs analysis, based on data for 4000 men, had been used to develop a good resettlement strategy. There was a particular focus on the needs of new receptions, short-term prisoners and those from the predominant catchment areas. There was scope to enhance this work by considering the specific needs of foreign nationals, indeterminate sentence prisoners and young adults. A resettlement strategy committee normally met bimonthly, although meetings had lapsed over the past six months. Planned implementation dates for key strategic objectives had been missed.
- 4.3** A senior manager was responsible for each of the resettlement pathways, several of whom were very new to the role and did not yet have a sufficient understanding of the work. However, a small number of realistic objectives had previously been agreed for each pathway, and in the monthly pathway meetings, there was evidence of progress towards these aims.
- 4.4** Managers were aware that recruitment difficulties hindered their ability to provide sufficient staff in offender management, which meant some work was not being carried out (see section on offender management). Available resources were appropriately targeted towards prisoners presenting the highest risks and to public protection. In some resettlement pathways (accommodation for example), the level of provision was dictated by centrally-led contracts, which managers believed did not meet the needs of the population. Managers felt powerless to resolve these problems. However, there was evidence that the prison negotiated constructively with Prison Service headquarters to agree which offending behaviour programmes would be most effective.
- 4.5** Some positive initiatives promoted a 'whole prison' approach to resettlement, including a well-attended resettlement fair in March 2013 and a *What's In It For Me?* booklet, produced by prisoners and containing details about the resettlement services available; however, the booklet was not routinely offered to all prisoners. Accompanying audio-visual promotional material was available on the in-cell televisions. Despite these efforts, more still needed to be done to ensure that all staff and processes supported a resettlement ethos. One of the main problems was that prisoners could not access resettlement services independently;

resettlement providers found it difficult to meet with prisoners because issues with the prison roll meant that wing officers often did not know where prisoners were. The introduction of 'seven pathway' prisoner representatives, who intended to provide prisoners with a first point of call for help with a specific issue, was a promising initiative; however, they were not yet well enough established to be effective. There had been no use of release on temporary licence (ROTL) in the last six months.

Recommendation

- 4.6 Prisoners should have easy, direct access to resettlement services, which should be well-publicised and resourced to meet the assessed needs of the population.**

Offender management and planning

Expected outcomes:

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

4.7 *The OMU was not organised to deliver effective offender case management. Most high risk prisoners received a good offender supervision service, but the majority of prisoners did not have either an offender supervisor or an up-to-date sentence plan. Home detention curfew processes were delayed. Public protection arrangements were robust. Categorisation decisions were fair and broadly on time. Indeterminate sentence prisoners were insufficiently well supported.*

- 4.8** The OMU was disjointed. There were four distinct teams of staff (custody, offender management administration, officer offender supervisors and probation officer offender supervisors), each with their own manager. Despite most of these staff being co-located, they did not work collaboratively. Most staff specialised in just one or two tasks, so they could not support each other during periods of absence or high workload. Several longstanding vacancies were a real impediment to effective working, further exacerbated by the redeployment of officers out of the department for an average of 10 hours a week. Despite having two functional heads, there were no regular offender management meetings to monitor performance. A number of new staff were due to join the team, but had not yet received training.
- 4.9** About 100 prisoners were identified as presenting risks high enough for them to be managed by a community offender manager; most of these prisoners were supervised in prison by probation officers. In their sample of 20 cases, HMI Probation noted that prisoners were not routinely seen by their offender supervisor within 10 days of sentencing. However, sentence planning boards were usually arranged efficiently after the initial meeting, reasonable assessments of the likelihood of reoffending were made and prisoners were appropriately involved in setting objectives. Risk of harm analyses were sometimes unsatisfactory, and some risk management plans were inadequate. A few offender managers declined to attend sentence planning boards, and although systematically invited, few personal officers were able to attend. There was evidence that some sentence planning reviews did not take place and not all work with prisoners was effectively recorded.
- 4.10** There were approximately 460 other men in the population (a mixture of medium- and low-risk prisoners) who should have had an offender supervisor, an offender assessment system

(OASys) document and a sentence plan, but the prison did not know how much of this work was outstanding. The position was better for multi-agency public protection arrangements (MAPPA) cases and most persistent and prolific offenders (PPOs), who were at least assigned an offender supervisor. However, for a substantial number of prisoners, risks were not identified or managed.

- 4.11 However, more prisoners had a sentence plan than at our last inspection, although the number was still low in comparison with other similar prisons. Only 15% of prisoners against the comparator of 33% said that they had an offender supervisor.
- 4.12 Home detention curfew (HDC) processes were robust, but could have been more streamlined. Few prisoners were granted HDC, but in the sample we reviewed, we felt that decisions were justified. Few, if any, prisoners were released on their eligibility date, but prisoners received a written explanation of the decision. PPOs and prisoners subject to MAPPA who had been held elsewhere, but who were from the local area could return to Pentonville for a few weeks at the end of their sentence to prepare for local discharge.
- 4.13 Probation service offender supervisors, received good case management supervision. Similar provision was not available for Prison Service offender supervisors who managed life sentenced prisoners, but they said relationships with the probation team were supportive.

Public protection

- 4.14 OMU managers prioritised an examination of the files of all new arrivals to establish if there were any public protection concerns. As appropriate, an offender supervisor discussed restrictions with prisoners and confirmed them in writing. Restrictions were regularly reviewed and there was evidence that many were removed after an initial period of monitoring.
- 4.15 New prisoners posing a potential risk to children were immediately prevented from seeing any children, including their own, and it could take many weeks for applications to see their own children to be considered. We were concerned that the delays were unreasonable.
- 4.16 Additional checks were made when prisoners subject to restrictions applied to have telephone numbers added to their telephone account. We saw evidence that prisoners could wait seven days for these checks to take place, during which time they could not make telephone calls. Prisoners were not informed in writing if these applications were refused.
- 4.17 The monthly MAPPA risk management team was well attended, including by community social services and police. The team developed release plans for each MAPPA prisoner six months before release, and considered prisoners currently posing risks within the establishment. Offender supervisors attended all meetings for prisoners subject to MAPPA 3 (those on the highest risk level) and sent contributions to other meetings when requested.
- 4.18 Staff monitoring mail and telephone calls received regular updates about who was subject to restrictions. Visits staff were aware of which prisoners posed risks to children, but did not have photographs of children permitted to visit certain prisoners.

Recommendations

- 4.19 **All public protection prisoners should have their telephone numbers screened promptly and should be informed if their application is denied.**

- 4.20 Applications for discretionary permission to see named children from prisoners subject to child protection restrictions should be monitored and discussed at the monthly public protection meeting.**

Housekeeping point

- 4.21** A photograph of all children permitted to visit prisoners posing identified risks to children should be available to staff in the visits hall.

Categorisation

- 4.22** Categorisation decisions were made reasonably promptly after sentencing and were based on a careful analysis of available information. Allocation decisions for prisoners subject to offender management processes supported sentence planning or resettlement objectives. However, for most prisoners, allocations depended on the availability of spaces and were limited to a small number. Categorisation reviews took place as required.

Indeterminate sentence prisoners

- 4.23** All indeterminate sentence prisoners, who were allocated an offender supervisor, received good support. Parole processes were up to date. The prison recognised that Pentonville's regime was unsuitable for prisoners with very long sentences and efforts were made to ensure that progressive moves were expedited.
- 4.24** Monthly forums to seek the views of this relatively small group of men had been held since February 2013. The minutes highlighted their dissatisfaction with a perceived lack of support when on remand or in the early days of a life sentence. They also voiced frustration at having to share a cell with a succession of short-stay prisoners.

Recommendation

- 4.25** **There should be a system to identify and support potential indeterminate sentence prisoners during the first days of custody, and throughout the remand and trial period. (Repeated recommendation 9.27)**

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

- 4.26** *Most prisoners had an effective assessment of their needs during induction, but only a minority of prisoners received ongoing support to address these needs. The pre-discharge check was too close to release to address any remaining concerns. Accommodation and finance, benefit and debt services were good, but unable to meet the needs of all prisoners. Arrangements for resettlement into education, training and work were weak. Pre-release health care and drug and alcohol provision was*

effective. Much children and families work was good, but some visits processes required attention. Offending behaviour programmes were reasonable.

- 4.27** Most prisoners had their resettlement needs assessed during induction by staff representing the London Initial Screening and Referral Tool (LISART), which captures data on prisoners relating to the main pathways. However, the team was short of staff, which meant that some prisoners, sometimes those subject to drug detoxification or vulnerable prisoners, did not receive an assessment. The assessment was good, referrals were made as necessary, and the key outcomes were shared with personal officers via the prison's IT system. However, the prisoner did not receive a copy.
- 4.28** A promising pilot initiative was running on J Wing: the short-term offender plan known as STOP, used the LISART assessment to develop custody objectives for prisoners, with personal officers providing support. In our survey, 13% of prisoners, more than the comparator, reported having a needs-based custody plan. This probably reflected the STOP pilot, and the resettlement work led by Phoenix Futures on E and F wings. The resettlement unit planned for G1 landing would, once implemented, help to consolidate this work.
- 4.29** The LISART team also conducted a pre-discharge assessment two days before release. This was too late, leaving insufficient time to address any outstanding resettlement concerns. The LISART assessment was due to be replaced in September 2013 by a version of the OASys for short-term prisoners, but the staff to administer this were not yet in place. On release, prisoners were provided with bags and clothing as necessary, but the range of sizes available was too limited.
- 4.30** Prisoners being managed through one of the integrated offender management schemes were often met upon discharge, or taken to their first appointment by a prison officer. There were links with some other community schemes, which offered support to particular groups of prisoners, such as those with mental illness.

Recommendation

- 4.31** **The effectiveness and sufficiency of all resettlement provision should be regularly monitored in partnership with service providers and service users to ensure needs are being effectively met.**

Housekeeping point

- 4.32** Discharge clothing should be available in all sizes.

Accommodation

- 4.33** The number of prisoners released with no fixed abode had halved since our last inspection, but remained too high at 176 in the last six months (10% of discharges). The accommodation provider St. Mungo's was operating with a reduced staff group owing to changing contractual arrangements. The staff were working hard, but did not currently have the capacity to deal comprehensively with the most complex cases, and some men who had applied for help were not seen. However, all men who requested assistance were given addresses and contact details for the accommodation services in their home areas.

Recommendation

- 4.34 All prisoners requiring support with accommodation issues should have full access to a specialised service.**

Education, training and employment

- 4.35** Arrangements for resettlement into education, training and work were weak. Although prisoners received appropriate careers advice and guidance from the National Careers Service, Jobcentre Plus, Working Links and a range of additional agencies, these services were poorly coordinated. Prisoners were often unclear about what services were provided and much activity, such as support to put together a curriculum vitae or write an application letter, was duplicated.
- 4.36** Reasonable links had been established with a small variety of employers but the virtual campus (internet access for prisoners to community education, training and employment opportunities) was not operational and could not be used for job searches or other employment activity (see section on learning and skills and work activities, paragraph 3.18). A reasonable proportion of prisoners who left the prison entered employment, education or training.

Health care

- 4.37** Pre-release arrangements were effective and included appropriate liaison with community services. Prisoners on medication were discharged with seven days' supply. The prison had a palliative register and a current palliative and end of life pathway. We observed effective discharge planning for a patient with palliative care needs. Release planning for patients with severe mental illness started early and included inviting community teams to reviews. A North East London NHS Foundation Trust community psychiatric nurse attended the prison every day to provide 'through the gate' support for their patients.

Good practice

- 4.38** *The through the gate community psychiatric nurse support for patients of the North East London NHS Foundation Trust ensured excellent continuity of care.*

Drugs and alcohol

- 4.39** The Building Futures psychosocial services team was well integrated with local community-based drug intervention programmes (DIPs). DIP workers from several London boroughs attended the prison regularly to make post-release 'through the gate' community support and treatment arrangements for prisoners approaching release.

Finance, benefit and debt

- 4.40** Islington People's Rights were contracted by the prison to provide specialist assistance to prisoners with debt-related issues. A single worker spent three mornings a fortnight in the prison. In this time, she was only able to deal with about half of the 45-50 applications she received each month. Prisoners valued the service and could now open bank accounts, but

demand outstripped supply. A budget management course was available in education, but was not obviously targeted at prisoners with financial needs.

Children, families and contact with the outside world

- 4.41** There was good strategic oversight of the children and families pathway, with fortnightly strategic family support meetings. An integrated family support action plan was in place. Thirty-five staff had received safeguarding, and 'hidden sentence' training, which focused on how imprisonment affected families.
- 4.42** Prison Advice and Care Trust (PACT) staff provided support services for prisoners and their families and ran courses for prisoners such as Building Stronger Families. The charity Phoenix Futures provided information and support for families affected by substance misuse.
- 4.43** Spurgeons, a children's charity, had a team of family support workers, who ran the visitors' centre, provided supervised activities for children and offered practical and emotional support. The visitors' centre was cramped, but offered refreshments, baby changing facilities, and a children's play area. Staff and volunteers working in the centre were helpful and supplied a good range of information about visits and travel grants. We saw delays of up to 40 minutes before visitors were registered; as a result prisoners waited a long time in the visits room and many did not receive a full visit.
- 4.44** New prisoners received a visit within a week of arriving at the prison, but unconvicted prisoners could only have three visits a week, which did not meet our expectation. Visits to unconvicted prisoners could be booked easily via the telephone booking line or email. Sentenced prisoners had to submit an application, but this method was problematic: prisoners were not always notified in time about their visit, and visitors sometimes arrived to find that their name was not on the list of visitors.
- 4.45** More prisoners than the comparator said it was easy for their friends and family to get to the prison, but fewer said that staff had supported them to maintain contact with family and friends. The in-cell TV channel advised prisoners that they were entitled to write extra letters to their children, but only enhanced regime prisoners could attend the creative family days, which were run every six weeks, and generated positive feedback from visitors. These included community family mornings and a Do Science Together programme, run in conjunction with the Science Museum. There was no official prison visitors scheme for those with few visitors.
- 4.46** The small visits hall was bright and accommodated up to 47 visits per session. There was a small crèche area, which had toys for toddlers but none for older children. A play leader attended six of the 15 sessions a week and offered good supervision, but more was needed. Baby-changing and breast-feeding facilities were provided. There was a tea bar serving snacks and drinks.
- 4.47** A private room provided a good environment for special visits such as father and new born baby bonding. Prisoner patients could have their visits in the health care unit.
- 4.48** Closed visits booths were used daily and were grubby, had bad acoustics and were in full view of other visitors. Six video conference booths were regularly used for inter-prison visits.

Recommendations

- 4.49 Remand prisoners should be able to have daily visits and all visits should start on time. (Repeated recommendations 9.58 and 9.59)**
- 4.50 Family visits days should be open to all prisoners, regardless of their IEP level. (Repeated recommendation 9.68)**
- 4.51 The visits application process for convicted prisoners should operate efficiently.**
- 4.52 Closed visits booths should be clean and located out of sight of other visits. (Repeated recommendation 9.61)**

Housekeeping point

- 4.53 Toys should be available for children of all ages.**

Attitudes, thinking and behaviour

- 4.54** Two accredited programmes, Thinking Skills (TSP) and Focus on Resettlement (FOR), were being delivered. There were difficulties finding suitable men for both courses partly because of the backlog in OASys completions and partly because of the tight qualifying criteria. Not enough staff had received up-to-date awareness training about these programmes. Four Sycamore Tree (victim awareness) courses were run each year, with the support of the chaplaincy. Short-term prisoners were prioritised.

Additional resettlement services

- 4.55** Some counselling was available through the chaplaincy, but it was limited and demand exceeded supply. We saw no evidence of any services to support victims of abuse, rape or domestic violence (see also section on health services, paragraph 2.100).

Recommendation

- 4.56 Prisoners should be encouraged to disclose experiences of domestic violence, rape or abuse and able to participate in supportive interventions, such as counselling.**

Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, or in the previous report where recommendations have been repeated.

Main recommendations

To the governor

- 5.1** The Prison Service should ensure that staffing levels and investment in the physical environment of the prison are sufficient to create a decent and stable environment in which all the prison's activities can take place safely and securely. (S44)
- 5.2** The prison should ensure that conditions in the cells and residential areas are improved and reflect modern standards of cleanliness and conditions. (S45)
- 5.3** Home Office immigration staff should serve all decisions to detain a person at least one month before the end of a prisoner's sentence. No-one in Pentonville should be detained under immigration powers. (S46)
- 5.4** The published daily routines for prisoners, including association and exercise, should be adhered to consistently. (S47)
- 5.5** There should be sufficient suitable employment and other activity places for the population and these should be fully utilised. (S48, repeated recommendation HP47)
- 5.6** The management and organisation of the OMU and resettlement services should be reviewed and all staff vacancies filled in order to establish a case management approach. This should ensure that all key work objectives are more effectively met, for example, case allocations are effective, OASys documents are completed, HDC assessments take place within eligibility dates and initial and pre-release needs assessments are carried out. (S49)

Recommendations

To the governor

Courts, escort and transfers

- 5.7** Prisoners should be held in court cells for the minimum possible period and should not have to wait long periods in vans. (1.5, repeated recommendation 1.1) (To the National Offender Management Service)

Early days in custody

- 5.8** The physical environment in reception and on the first night unit should be improved. (1.17)
- 5.9** All prisoners should be processed through reception quickly, regardless of the time of their arrival and should not wait for long periods before being seen by first night staff. (1.18)

5.10 All prisoners should receive the full induction programme. (1.19)

Bullying and violence reduction

5.11 All violent incidents should be reported and investigated promptly and the cross-deployment of safer custody staff should be reduced. (1.28)

Self-harm and suicide

5.12 The safer custody meeting should carefully analyse data and consider the recommendations of all relevant investigations and reports. Action plans should be reviewed periodically to ensure changes in practice are embedded. (1.40)

5.13 Case reviews and care plans for prisoners at risk of suicide and self-harm should be improved with consistent case management to ensure that identified needs are met. (1.41, repeated recommendation HP44)

5.14 A Listener/Samaritan-type support service should be available for prisoners at risk of self-harm who do not speak good English. (1.42, repeated recommendation 3.32)

5.15 Prisoners should be able to speak to Listeners in private. (1.43)

5.16 Safer cells should be available on all residential wings. (1.44, repeated recommendation 3.17)

Safeguarding

5.17 The initial contact made with the local safeguarding adults board should be followed up to establish effective safeguarding adults processes across the prison. (1.49)

Security

5.18 The prison should ensure that suspicion testing takes place within the required timeframe. (1.57, repeated recommendation 3.60)

5.19 Prisoners should only be placed on closed visits for illicit or inappropriate activity related to visits or when there is sufficient intelligence to indicate the likelihood of such activity. (1.58, repeated recommendation 7.8)

Incentives and earned privileges

5.20 The basic regime should provide minimum levels of daily access to some services and be designed to provide prisoners with sufficient opportunities to demonstrate an improvement in their behaviour. (1.63)

Discipline

5.21 Prisoners in segregation should be supported with a much fuller regime and active case planning to help them return to the normal location. (1.78)

Substance misuse

- 5.22** The availability of group work courses should match assessed needs. (1.87)
- 5.23** All relevant departments and service providers should regularly attend the drug strategy committee. (1.88, repeated recommendation 9.46)

Residential units

- 5.24** Cell bells should be answered within five minutes. (2.9)
- 5.25** Prisoners should have daily access to clean showers with privacy screens. (2.10)
- 5.26** Prisoners should have access to adequate supplies of all items of prison kit, including cleaning materials, and there should be more frequent access to stored property. (2.11)
- 5.27** Prisoners should be able to use the telephone in private every day outside the working day. (2.12, repeated recommendation 2.7)

Staff-prisoner relationships

- 5.28** The prison should identify weaknesses in staff-prisoner relationships and prepare an action plan to resolve them. (2.19)

Equality and diversity

- 5.29** A comprehensive diversity policy should be agreed based on a needs analysis of the population and should outline how the needs of all minority groups will be met. Action plans should be informed by systematic monitoring of all protected characteristics. (2.27, repeated recommendation HP46)
- 5.30** The prison should establish regular forums and consultation with prisoners across each of the main diversity strands. (2.28, repeated recommendation 4.5)
- 5.31** The prison should continue to investigate significant inequalities in outcomes for black and minority ethnic prisoners and devise specific plans to address them. A professional interpreting service should be used whenever matters of accuracy and/or confidentiality are a factor. (2.39)
- 5.32** Prisoners with disabilities and older prisoners with identified needs should have a multidisciplinary care plan to which all staff have ready access and about which prisoners are consulted. (2.40, repeated recommendation 4.40)
- 5.33** Older prisoners and prisoners with disabilities should be provided with regular and appropriate regime activities; this should include specific activities for vulnerable prisoners. (2.41)
- 5.34** The wider needs of young adults held in the general population should be considered, and appropriate provision put in place to ensure these needs are met. Consideration should be given to safety, accommodation, activities and resettlement issues. (2.42)

Faith and religious activity

- 5.35** All prisoners should be able to attend religious services of their faith irrespective of their IEP status. (2.47)

Complaints

- 5.36** All complaints should receive full and detailed responses. (2.51, repeated recommendation 3.35)

Legal rights

- 5.37** More booths for legal and professional visits should be provided. (2.54, repeated recommendation 3.46)

Health services

- 5.38** All clinical areas should be fully compliant with infection control guidelines. (2.63)
- 5.39** Systematic health promotion should take place throughout the prison, overseen by a prison health promotion action group, which should include prisoner representation. Prisoners should have easy access to barrier protection and smoking cessation. (2.64)
- 5.40** Patients should be able to see a GP for a routine appointment within a week and waiting times for all other services should be equivalent to the community. (2.74)
- 5.41** Sufficient nurses should be trained in clinical assessment and patient group directions to ensure prisoners receive prompt access to an appropriate intervention. (2.75)
- 5.42** Prisoners with lifelong conditions should receive regular reviews and have an evidence-based care plan prepared by staff that are appropriately trained and supervised. (2.76)
- 5.43** All record keeping should comply with relevant professional guidance and should accurately outline the care plan, the outcome of the intervention and an ongoing plan where appropriate. (2.77)
- 5.44** The inpatient unit should provide an adequate therapeutic regime for all patients. (2.78)
- 5.45** Patient group directions and the minor ailments policy should be reviewed by the medicines management committee, and staff should be appropriately trained in their use. A copy of the original signed patient group directions should be present in the treatment rooms and be read and signed by all relevant staff. (2.84)
- 5.46** Discipline staff should have mental health awareness training so that they can take appropriate action when a prisoner has mental health problems. (2.99)
- 5.47** Prisoners should have timely access to a full range of support for mild and moderate mental health problems, including counselling, clinical psychology and group therapies. (2.100)

Catering

- 5.48** Breakfast should be served on the morning it is eaten and lunch should not be served before noon and the evening meal not before 5pm. (2.105, repeated recommendations 8.1 and 8.3)

5.49 Supervision of serveries should be improved. (2.106)

Learning and skills and work activities

- 5.50** There should be clear leadership and strategic planning of all purposeful activities, including learning and skills. (3.9)
- 5.51** Observations of teaching, learning and assessment should be developed to include all areas of learning and skills and to share best practice. (3.10)
- 5.52** Communication and coordination across learning and skills should be improved, and there should be a wider range of employer links. (3.11)
- 5.53** Initial assessments of prisoners' literacy and numeracy needs should be used to allocate prisoners more effectively to purposeful activity. (3.14)
- 5.54** Accredited vocational training should be increased to provide skills that can be developed in short periods of time and be relevant for employment on release. (3.15, repeated recommendation 6.23)
- 5.55** The virtual campus should be operational and available to prisoners for learning and job search activities. (3.18)
- 5.56** All prisoners with identified learning needs in literacy and numeracy should be appropriately supported. (3.19)
- 5.57** Employability and practical skills developed by prisoners in existing work areas should be accredited. (3.22)
- 5.58** Library access should be improved for all prisoners. (3.26)

Physical education and healthy living

- 5.59** Additional ventilation extractor systems should be installed in the fitness area. (3.34, repeated recommendation 6.32)
- 5.60** Access arrangements for recreational PE should be improved to ensure allocations are fair and provide all prisoners with equal access. (3.35)
- 5.61** Existing PE places should be maximised and there should be sufficient PE facilities for all prisoners to receive their minimum PE entitlement each week. (3.36, repeated recommendation 6.37)

Strategic management of resettlement

- 5.62** Prisoners should have easy, direct access to resettlement services, which should be well-publicised and resourced to meet the assessed needs of the population. (4.6)

Offender management and planning

- 5.63** All public protection prisoners should have their telephone numbers screened promptly and should be informed if their application is denied. (4.19)

- 5.64** Applications for discretionary permission to see named children from prisoners subject to child protection restrictions should be monitored and discussed at the monthly public protection meeting. (4.20)
- 5.65** There should be a system to identify and support potential indeterminate sentence prisoners during the first days of custody, and throughout the remand and trial period. (4.25, repeated recommendation 9.27)

Reintegration planning

- 5.66** The effectiveness and sufficiency of all resettlement provision should be regularly monitored in partnership with service providers and service users to ensure needs are being effectively met. (4.31)
- 5.67** All prisoners requiring support with accommodation issues should have full access to a specialised service. (4.34)
- 5.68** Remand prisoners should be able to have daily visits and all visits should start on time. (4.49, repeated recommendations 9.58 and 9.59)
- 5.69** Family visits days should be open to all prisoners, regardless of their IEP level. (4.50, repeated recommendation 9.68)
- 5.70** The visits application process for convicted prisoners should operate efficiently. (4.51)
- 5.71** Closed visits booths should be clean and located out of sight of other visits. (4.52, repeated recommendation 9.61)
- 5.72** Prisoners should be encouraged to disclose experiences of domestic violence, rape or abuse and able to participate in supportive interventions, such as counselling. (4.56)

Housekeeping points

Courts, escort and transfers

- 5.73** The video link waiting room should be clean and properly furnished. (1.6)

Bullying and violence reduction

- 5.74** Prisoner violence reduction representatives should be trained for their role and receive active supervision and support. (1.29)

Self-harm and suicide

- 5.75** The use of gated cells for prisoners at risk of self-harm should be monitored by the safer custody meeting. (1.45, repeated recommendation 3.16)

Security

- 5.76** The MDT suite and holding room should be kept clean and tidy to ensure an appropriate and respectful testing environment. (1.59)

Substance misuse

5.77 The drug and alcohol services needs analysis should be completed annually. (1.89)

Residential units

5.78 There should be a mattress exchange scheme in place of which prisoners are aware. (2.13)

5.79 Mail should be delivered to prisoners within 24 hours of its arrival in the prison. (2.14)

5.80 Application forms should be readily available; responses should be polite and received within seven days. (2.15)

Health services

5.81 There should be regular health care service user consultation. (2.65)

5.82 All health staff and their roles should be clearly identifiable. (2.66)

5.83 Emergency equipment should receive comprehensive daily recorded checks that ensure all equipment is up to date and in good working order. (2.67)

5.84 The failure-to-attend rate should be monitored for all clinics and should not be higher than 10%. (2.79)

5.85 All medicines held in the pharmacy should be stored correctly and fully labelled. (2.85)

5.86 Maximum and minimum temperatures for all drug refrigerators should be recorded daily, monitored and all necessary corrective action taken. (2.86)

5.87 Drug alerts should be acted on in a timely manner and reported to the medicines management committee. (2.87)

5.88 The pharmacist should be supported to develop medicine use reviews. (2.88)

5.89 It should be clear on the prescription whether the patient is taking their medication supervised or in possession, and there should be clear corresponding records for the supply to the patient. (2.89)

5.90 All medicines supplied in possession should be in appropriate fully labelled containers. (2.90)

5.91 All dental equipment should be fit for purpose and records of servicing and maintenance should be kept. (2.93)

Learning and skills and work activities

5.92 Prisoners should have better access to toilets in the main education facility. (3.20, repeated recommendation 6.29)

Offender management and planning

5.93 A photograph of all children permitted to visit prisoners posing identified risks to children should be available to staff in the visits hall. (4.21)

Reintegration planning

5.94 Discharge clothing should be available in all sizes. (4.32)

5.95 Toys should be available for children of all ages. (4.53)

Examples of good practice

5.96 Violence reduction intervention boards were a positive initiative that aimed to reduce levels of violence. (1.30)

5.97 The Pentonville HIPPO scheme was a useful source of support for personal officers. (2.20)

5.98 The through the gate community psychiatric nurse support for patients of the North East London NHS Foundation Trust ensured excellent continuity of care. (4.38)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Sean Sullivan	Team leader
Rosemarie Bugdale	Inspector
Paul Fenning	Inspector
Jeanette Hall	Inspector
Deri Hughes-Roberts	Inspector
Gordon Riach	Inspector
Lucy Higgins	Researcher
Rachel Murray	Researcher
Helen Ranns	Researcher
Alice Reid	Senior researcher

Specialist inspectors

Paul Roberts	Substance misuse inspector
Majella Pearce	Health services inspector
Simon Denton	Pharmacist
Ian Roberts	Care Quality Commission
Charles Clark	Ofsted inspector
Neil Edwards	Ofsted inspector
Ian Smith	Ofsted inspector
Paddy Doyle	Offender management inspector
Avtar Singh	Offender management inspector
Liz Smith	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2011, reception, first night procedures and induction were not sufficiently supportive for new arrivals, particularly those with no previous experience of prison. The prison was generally a calm environment but violence reduction and anti-bullying procedures were weak. There was some reasonable support for those at risk of self-harm but assessment, care in custody and teamwork procedures were underdeveloped. Some security measures were disproportionate. Use of force appeared appropriate and well monitored. The introduction of the integrated drug treatment system had improved care for substance users but routine first night prescribing had only just begun. Use of illicit drugs appeared relatively high but had fallen since our last inspection. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

All new arrivals, particularly those with no previous experience of prison, should receive appropriate support during their first days in custody. (HP42)

Partially achieved

Effective procedures and training should be introduced to ensure that alleged bullies are appropriately monitored by wing staff and that victims are supported. (HP43)

Partially achieved

Case reviews and care plans for prisoners at risk of suicide and self-harm should be improved with consistent case management to ensure that identified needs are met. (HP44)

Not achieved (recommendation repeated, 1.41)

Recommendations

Prisoners should be held in court cells for the minimum possible period. (1.1)

Not achieved (recommendation repeated, 1.5)

Prisoners should arrive at the prison before 7pm. (1.2)

Achieved

Appropriate criminal justice partners should be reminded of the importance of all relevant information arriving with the prisoner from court. (1.13)

Achieved

Prisoners should receive information at court about the prison in a language they can understand. (1.3)

Not achieved

All prisoners given notice of their transfer should be given the opportunity to make a telephone call to inform family or friends before the move takes place. (1.7)

Achieved

All prisoners appearing in court should be able to wear their own or other suitable clothing. (1.12)

Achieved

Prisoners should be held in reception for as short a time as possible. (1.15)

Partially achieved

Reception staff should actively engage with and supervise prisoners. (1.16)

Partially achieved

All interviews with new arrivals should take place in private and uninterrupted. (1.18)

Achieved

All prisoners should be given comprehensive and supportive first night information to prepare them for the following few days. (1.19)

Achieved

Staff should introduce themselves to prisoners and wear identification that displays their name and status. (1.21)

Achieved

All new arrivals should be able to make one free telephone call and where there are concerns calls should be supervised by a first night officer. (1.24)

Not achieved

Prisoners should be fully occupied through a comprehensive, structured and engaging induction programme. (1.25)

Partially achieved

Prisoners should understand how their resettlement needs are assessed and identified during induction and to whom referrals can be made. (1.26)

Partially achieved

A comprehensive survey of prisoners' experiences and perceptions of bullying and violence should be completed. This should be analysed promptly and discussed at the safer custody meetings and findings used to develop the violence reduction strategy so that prisoners would feel safer. (3.2).

Achieved

Investigations into violent incidents should aim to identify the underlying reasons for violence and conflict between prisoners. (3.4)

Achieved

All vulnerable prisoners should be held in safe conditions where they are protected from abuse by other prisoners. (3.7)

Achieved

Findings from inquests and learning points from investigations into serious incidents of self-harm should be included in the consolidated safer custody action plan. (3.15)

Partially achieved

The use of gated cells for prisoners at risk of self-harm should be monitored by the safer custody meeting. (3.16)

Not achieved (recommendation repeated as housekeeping point 1.45)

Safer cells should be available on all residential wings. (3.17)

Not achieved (recommendation repeated, 1.44)

Prisoners in health care should have 24-hour access to Listeners. (3.19)

Not achieved

Efforts should be made to recruit Listeners who speak languages that reflect the foreign national population. (3.32)

Not achieved (repeated recommendation, 1.42)

Sufficient first aid trained staff should be on duty at all times. (3.33)

Achieved

A dual diagnosis lead should be appointed to ensure appropriate care for prisoners with mental health and substance related problems. (3.58)

Achieved

The prison should ensure that target testing takes place within the required timeframe. (3.60)

Not achieved (recommendation repeated, 1.57)

Information received on security information reports should be actioned within 72 hours. (7.1)

Achieved

A visitor should not be prevented from entering the prison solely on an indication from a passive drugs dog. Closed visits should routinely be considered but only imposed when there is additional security intelligence to support such a sanction. (7.7)

Achieved

Prisoners should not be placed on closed visits for breaching prison rules but for illicit or inappropriate activity related to visits or when there is sufficient intelligence to indicate the likelihood of such activity. (7.8)

Not achieved (recommendation repeated, 1.58)

Adjudicators should ensure that all the evidence in fighting charges is heard before reaching a verdict and that those charged have the opportunity to hear and challenge all evidence considered.(7.10)

Achieved

Senior managers should monitor the quality of adjudications regularly to ensure adjudicators operate fairly and that full enquiries are made into charges before verdicts are reached. (7.13)

Achieved

Protective or 'strip' clothing should be used only if essential to prevent self-injury or injury to others or the prisoner's clothing is a hazard to health. Reasons for its use should be documented. (7.15)

Achieved

All recordings of planned use of force should be routinely reviewed by a senior manager. (7.19)

Achieved

Records of special accommodation use should be thoroughly completed, providing a chronological account of the prisoner's time spent in the cell, including details of when he is relocated to a furnished cell, and evidencing regular reports to show that use is for no longer than necessary. Managers should also ensure that they accurately complete all required sections of the special accommodation records.

(7.20)

Achieved

A multidisciplinary committee should routinely meet to ensure adherence to Prison Service Order 1700 and to monitor emerging trends in use of the segregation unit. (7.25)

Achieved

Prisoners should be strip-searched on locating to the segregation unit only when a risk assessment indicates this is necessary. (7.26)

Achieved

The drug strategy committee should meet regularly and relevant departments and service providers should attend. (9.46)

Partially achieved (repeated recommendation, 1.88)

The drug strategy document should include alcohol services and contain detailed action plans and performance measures. (9.49)

Achieved

CARAT service provision should be extended to meet the needs of all prisoners with drug and/or alcohol problems, including those not treated under the integrated drug treatment system.(9.57)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2011, relationships between staff and prisoners were satisfactory but there was no effective personal officer scheme. The environment was reasonably well maintained and mostly clean but many of the showers were in very poor condition. Men still shared single cells with inadequately screened toilets. The incentives and earned privileges scheme operated too negatively. There was little satisfaction with food. Race relations were reasonably good. Foreign nationals, particularly those who did not speak English, were not well enough supported. Other areas of diversity were underdeveloped. Health services were mostly good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

Each prisoner should have a designated personal officer responsible for checking regularly on their individual welfare, dealing with issues as they arise and helping to ensure that identified reintegration needs are met. (HP45)

Achieved

A comprehensive diversity policy should be agreed based on a needs analysis of the population and should outline how the needs of all minority groups will be met. (HP46)

Partially achieved (recommendation repeated, 2.27)

Recommendations

The Prison Service should clarify its position in relation to the application of Prison Rule 7 (2) prohibiting un-convicted prisoners to share cells with convicted prisoners. (2.9)

Achieved

Broken cell windows should be repaired quickly. (2.1)

Partially achieved

All cell toilets should be adequately screened to allow appropriate privacy. (2.2)

Not achieved

All cells should contain serviceable furniture, including lockable cupboards. (2.3)

Not achieved

All cells should be adequately ventilated. (2.4)

Not achieved

Shower areas should be adequately ventilated and maintained in good condition. (2.5)

Not achieved

Prisoners should have regular access to reliable telephones and should be able to use them in private. (2.7)

Not achieved (recommendation repeated, 2.12)

Managers should conduct routine checks of the emergency call bell system to ensure that staff respond within five minutes. (2.15)

Achieved

Sufficient prison clothing should be available to provide prisoners with a full set of correctly sized clothing for the week. (2.16)

Not achieved

There should be a whole prison consultation meeting that should include time for wider discussion on issues of concern to prisoners, such as relationships with staff including preferential treatment, violence reduction, safety and resettlement matters. (2.22)

Achieved

Weekly entries in prisoners' files should record significant incidents in each prisoner's life including family issues, comment on resettlement needs and progress against targets as well as behaviour. (2.24)

Partially achieved

All showers should be in cubicles and there should be improved supervision of these areas. (3.3).

Not achieved

Wing staff should engage more effectively with prisoners and aim to resolve issues without the need for written applications. (3.34)

Not achieved

All complaints should receive full and detailed responses. (3.35)

Not achieved (recommendation repeated, 2.51)

There should be formal routine scrutiny of a range of complaints data by senior managers, including information on complaint type, so that any significant patterns are identified and addressed. (3.37)

Achieved

The application system should be streamlined with fewer forms and all applications should be logged and tracked to measure timeliness of replies. (3.42)

Partially achieved

Complaints quality assurance arrangements should effectively address poor standards of replies with regular reports to the senior management team. (3.43)

Achieved

There should be a full-time legal services officer with adequate resources and facilities to do the job. (3.44)

Achieved

More booths for legal and professional visits should be provided. (3.46)

Not achieved (recommendation repeated, 2.54)

The multi-faith room should be housed in decent accommodation with appropriate facilities. (3.51)

Achieved

There should be regular monitoring to ensure that prisoners from minority groups are not victimised or excluded from any activity. (4.2)

Partially achieved

The prison should establish regular consultation with prisoners across each of the main diversity strands. (4.5)

Partially achieved (recommendation repeated, 2.28)

External independent representatives should be identified to contribute to the work of the race equality action team and scrutinise completed racist incident investigations. (4.7)

Achieved

Investigations into reported racist incidents should be completed promptly. (4.9)

Achieved

Where appropriate, mediation should be used to help resolve racist complaints. (4.10)

Not achieved

Information about racially aggravated offences should always be used to inform decisions about cell allocation. (4.12)

Achieved

The diversity awareness programme or other suitable interventions should be delivered to prisoners involved in racist behaviour. (4.13)

Not achieved

The prison should develop support services for Gypsy, Romany and Traveller prisoners. (4.20)

Achieved

All incidents of racist language or conduct should be challenged. (4.21)

Achieved

All foreign national prisoners should be made aware of the availability of a monthly international telephone call at public expense, which should be provided irrespective of any visits received. (4.24)

Achieved

Foreign national liaison officers should attend the monthly workshops. (4.25)

Not achieved

Translated documents should be readily available to foreign national prisoners and an accredited translation or interpreting service should be used whenever matters of accuracy and/or confidentiality are a factor. (4.26)

Partially achieved

Regular workshops and surgeries should be run for foreign national prisoners and used to explore the reasons behind different perceptions about treatment and to provide a means of support for prisoners. (4.29)

Partially achieved

The foreign national coordinator should receive training for the role. (4.34)

Not achieved

The prison should work with the UK Border Agency to ensure that foreign nationals held under detention orders receive copies of monthly case reviews. Progress of all cases should be routinely monitored by the foreign national coordinator and prisoner equalities meeting. (4.35)

Not achieved

Prisoners with disabilities and older prisoners with identified needs should have a multidisciplinary care plan to which all staff have ready access and about which prisoners are consulted. (4.40)

Not achieved (recommendation repeated, 2.40)

Prisoners too old to be required to work should receive an increased amount of retirement pay to reflect the need to keep in contact with family and friends and buy some basic provisions. (4.42)

Not achieved

All staff who might need to use them should be aware of personal evacuation plans and how to access them in an emergency. (4.44)

Achieved

There should be forums for prisoners with disabilities and older prisoners to enable prisoners to meet together and discuss their concerns. (4.49)

Not achieved

There should be a carer/mentor scheme for prisoners with disabilities and older prisoners who need additional support. (4.50)

Partially achieved

Prisoners who are unfit for work due to a disability or are retired should be unlocked during the day and provided with regular and appropriate regime activities, including activities for vulnerable prisoners. (4.51)

Partially achieved

All health care areas should be cleaned to a professional standard to ensure that infection control guidelines are met and that all health care areas are clinically clean. There should be regular documented and audited cleaning schedules in all health care areas. (5.4)

Not achieved

The governor and head of health care should review the requirement for all emergency medical equipment throughout the prison and satisfy themselves that they have sufficient equipment and staff trained in cardiopulmonary resuscitation to meet any medical emergency. (5.14)

Achieved

A health promotion strategy, including oral health, should be introduced and given sufficient importance across all health care areas. (5.21)

Not achieved

The number of walk-in clinics should be increased to ensure that prisoners are seen quickly and treated accordingly. (5.27)

Not achieved

Lockable cabinets should be provided for prisoners receiving medication in possession and in shared cells. (5.29)

Not achieved

The primary care lead and the pharmacist should introduce pre-packed labelled pouches that could be given to each prisoner and avoid the necessity for secondary dispensing. (5.32)

Not achieved

Prisoners should be encouraged to reorder their own medication. (5.33)

Partially achieved

Medicine trolleys in the treatment rooms should be secured to the wall when not in use. (5.37)

Achieved

A washer disinfectant should be installed in the dental surgery. (5.43)

Partially achieved

Health care beds should be removed from the prison's certified normal accommodation. (5.47)

Achieved

The day care centre should be used to its full capacity. (5.52)

Achieved

Primary mental health services should be improved, including access to talking and other appropriate therapies and guided self-help. (5.54)

Not achieved

Wing history sheets should include a regular record of prisoners' behaviour and willingness to comply with sentence plan targets to help inform progress or regression through the incentives and earned privileges scheme. (7.27)

Achieved

Prisoners should be able to attain the enhanced level in a shorter time, with more incentives for prisoners without their own funds. (7.28)

Achieved

Prisoners should not be downgraded an incentives and earned privileges level solely on suspicion of involvement in a single serious offence. (7.30)

Partially achieved

Prisoners on the standard level of the incentives and earned privileges scheme should be considered for demotion to basic only following a review and where a clear pattern of ongoing negative behaviour is demonstrated or there has been such a very serious offence that standard privileges would be unjustified. (7.32)

Achieved

P-Nomis case notes should provide detailed information about a prisoner's movement within the incentives and earned privileges scheme and the targets set for anyone demoted to basic, as well as recording that seven-day reviews are carried out in line with local policy. (7.33)

Partially achieved

Lunch should not be served before noon and the evening meal not before 5pm. (8.1)

Not achieved (recommendation repeated, 2.105)

Breakfast should be served on the morning it is eaten. (8.3)

Not achieved (recommendation repeated, 2.105)

Prisoners should be able to select at least five portions of fruit and vegetables each day. (8.8)

Not achieved

The prison should introduce a regular canteen consultation forum to ensure that the range of products available meets the needs of all prisoners, including minority groups. (8.13)

Achieved

Prisoners should be able to buy fresh fruit and there should be no routine ban on products in glass jars. (8.14)

Achieved

Purposeful activity

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

At the last inspection, in 2011, prisoners with activities had a reasonable amount time out of cell but this remained too restricted for others. There were good plans to expand provision but there were still too few activity places to keep prisoners purposefully occupied and little use of part-time work to spread activity more equitably. Half of prisoners were formally unemployed, although unpaid activities helped occupy some of their time. Education places had expanded but achievements were relatively poor. Access to the library had improved and more men than previously participated in PE. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

The number and quality of employment and other activity places should be increased to reduce the number of prisoners locked in cells during the day. (HP47)

Not achieved (recommendation repeated, S48)

Recommendations

Prisoners involved in activities should have equal access to showers and telephones. (6.2)

Not achieved

Prisoners should be provided with weatherproof clothing to go outside in all weathers. (6.6)

Not achieved

A wider range of education courses and employment opportunities should be provided for vulnerable prisoners. (6.7)

Not achieved

Effective processes should be introduced to recognise and record prisoners' progress and achievement in areas that do not lead to accreditation. (6.8)

Not achieved

Information, advice and guidance resources should be increased to meet the needs of all prisoners. (6.9)

Not achieved

Learning and skills data collection and analysis should be improved to inform decision-making and target-setting for improvement. (6.10)

Not achieved

Prisoners attending education should have access to the library. (6.13)

Achieved

The prison should carry out an annual self-assessment process and report informed by better analysis of data and information to aid quality improvement planning. (6.17)

Not achieved

The process for enrolling prisoners onto education courses should be clarified and implemented consistently. (6.18)

Not achieved

Quality assurance of all teaching and vocational training should be fully implemented. (6.19)

Not achieved

A cohesive learning and skills induction process should be implemented to give prisoners an equitable overview of all learning and skills activities, with a fully integrated careers, information and advice service and clear information for prisoners about vocational training and work to enable them to make better informed choices. (6.20)

Partially achieved

Accredited vocational training should be increased to provide skills that can be developed in short periods of time and be relevant for employment on release. (6.23)

Not achieved (recommendation repeated, 3.15)

Pass rates on accredited education courses should be improved. (6.27)

Partially achieved

Better use should be made of learning and skills places to enable more prisoners to participate. (6.28)

Not achieved

Prisoners should have better access to toilets in the main education facility. (6.29)

Not achieved (recommendation repeated as housekeeping point 3.20)

Additional ventilation extractor systems should be installed in the fitness area. (6.32)

Not achieved (recommendation repeated, 3.34)

All groups of prisoners should have access to at least two PE sessions a week. (6.37)

Not achieved (recommendation repeated, 3.36)

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2011, some useful partnership resettlement work with local authorities was taking place but there was no strategic approach to measure need and ensure appropriate service development against each of the resettlement pathways. Overall, there had been little progress in this area. Basic resettlement needs were assessed and relevant referrals made but there were insufficient services to meet needs. There was still no custody planning for remand and short-term prisoners. Offender management work was satisfactory. Public protection was thorough but some stops on contact with children were too restrictive. Other than for drugs, no accredited offending behaviour interventions were run. The children and families pathway was underdeveloped. Links with community drug services remained good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

An up-to-date reducing reoffending strategy should be produced with a clear strategic vision and action plans for development across each of the resettlement pathways covering specific groups of prisoners and overseen by regular reducing reoffending meetings. (HP48)

Achieved

Resettlement services should be made available through an easily accessible and widely publicised drop-in centre. (MR12)

Not achieved

Sentence or custody plans should be developed for all prisoners whatever their status or length of sentence. (MR13)

Not achieved

Recommendations

Information from exit interviews should be analysed and used to inform a reducing reoffending plan. (9.2)

Achieved

A well-promoted resettlement advice centre should be accessible to all prisoners backed up by formal discharge interviews at least six weeks before release. (9.3)

Not achieved

An up-to-date reducing reoffending strategy should be produced with a clear strategic vision and action plans for development overseen by regular reducing reoffending meetings. (9.9)

Achieved

The role of B wing in helping prisoners towards effective resettlement should be reviewed and evaluated. (9.10)

No longer relevant

All eligible prisoners should have an up-to-date OASys, the timeliness of which should be effectively monitored and managed by senior managers. (9.19)

Not achieved

A weekly screening of all new arrivals by a multidisciplinary team should determine whether contact restrictions are necessary and the required level of monitoring. The screening should ensure that fathers are not unnecessarily prevented from contact with their children because of unrelated charges or offences. (9.22)

No longer relevant

There should be a system to identify potential life-sentenced prisoners and, where possible, other prisoners facing indeterminate sentences during the first days of custody and information provided about the sentence. (9.27)

Not achieved (repeated recommendation, 4.25)

There should be regular (bi-monthly) meetings with life-sentenced prisoners to provide a forum to discuss issues. (9.28)

Achieved

Reintegration services should be better promoted to prisoners so they know who to contact to get help. (9.30)

Partially achieved

Accommodation services should match demand. (9.36)

Partially achieved

Prisoners should be able to open a bank account before release. (9.42)

Partially achieved

Specialist debt advice should continue to be provided to prisoners after April 2011. (9.45)

Achieved

There should be no upper limit on the number of visits a remand prisoner is entitled to. (9.58)

Not achieved (recommendation repeated, 4.49)

Visits should start for all visitors at the advertised time. (9.59)

Not achieved (recommendation repeated, 4.49)

The closed visits facility should be moved to a more private location. (9.61)

Not achieved (recommendation repeated, 4.52)

There should be improved systems for booking visits by telephone or email. (9.62)

Not achieved

The visits room should be staffed, furnished and arranged to ensure easy contact between prisoners and their visitors. Ventilation should be improved. (9.63)

Achieved

Prisoners should not have to wear bibs in the visits room. (9.64)

Not achieved

The children's play area should be available and supervised during all visits sessions. (9.65)

Partially achieved

Prisoners should be encouraged and helped to maintain telephone contact with partners and family members in other establishments. (9.66)

Partially achieved

Evening visits should be available. (9.67)

Not achieved

Family visits should be open to all prisoners irrespective of their incentives and earned privileges status. (9.68)

Not achieved (recommendation repeated, 4.50)

Prisoners should be able to receive additional visits from children or immediate family in venues other than the visits room. (9.69)

Achieved

Prisoners identified as primary carers should be provided with additional free letters and telephone calls specifically to maintain contact with their children. (9.70)

Achieved

Prisoners should be able to receive incoming telephone calls from children or to deal with arrangements for them. (9.71)

Not achieved

The role of the family support worker should be more widely advertised to prisoners. (9.72)

Achieved

The family liaison officer role should be more defined to ensure a qualified worker is available to arrange children's visits when required by court order, arrange for carer representation or attendance at child care hearings, support those undergoing separation and advise on child protection issues and the use of release on temporary licence to fulfil parental responsibilities. (9.80)

Achieved

Visits staff should receive basic safeguarding and child protection training. (9.81)

Achieved

There should be robust strategic ownership of the children and families pathway that drives service delivery and achieves identified outcomes. (9.82)

Achieved

Personal officers should routinely attend post-programme case reviews. (9.85)

Not achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced		599	47.2
Recall		85	6.7
Convicted unsentenced		141	11.1
Remand		387	30.4
Civil prisoners		2	0.2
Detainees		56	4.4
Total		1270	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced		587	46.2
Less than six months		124	9.8
six months to less than 12 months		81	6.4
12 months to less than 2 years		126	9.9
2 years to less than 4 years		165	13
4 years to less than 10 years		135	10.6
10 years and over (not life)		29	2.3
ISPP (indeterminate sentence for public protection)			
Life		23	1.8
Total		1270	100

Age	Number of prisoners	%
Please state minimum age here:	21 at time report was compiled. 18 from 2/9/13	
Under 21 years	0	0
21 years to 29 years	518	40.8
30 years to 39 years	399	31.4
40 years to 49 years	242	19.1
50 years to 59 years	88	6.9
60 years to 69 years	19	1.5
70 plus years	4	0.3
Please state maximum age here:		
Total	1270	100

Nationality	18–20 yr olds	21 and over	%
British		823	64.8
Foreign nationals		429	33.8
Not stated		18	1.4
Total		1270	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced		786	61.9
Uncategorised sentenced		2	0.2
Category A			
Category B		35	2.8

Category C		442	34.8
Category D		4	0.3
Other		1	0.1
Total		1270	

Ethnicity	18–20 yr olds	21 and over	%
White			
British		373	29.4
Irish		27	2.1
Gypsy/Irish Traveller		4	0.3
Other white		210	16.5
Mixed			
White and black Caribbean		25	2
White and black African		5	0.4
White and Asian		6	0.5
Other mixed		24	1.9
Asian or Asian British			
Indian		34	2.7
Pakistani		33	2.6
Bangladeshi		34	2.7
Chinese		5	0.4
Other Asian		35	2.8
Black or black British			
Caribbean		202	15.9
African		152	12
Other black		47	3.7
Other ethnic group			
Arab		4	0.3
Other ethnic group		39	3.1
Not stated		11	1
Total			

Religion	18–20 yr olds	21 and over	%
Baptist		2	0.2
Church of England		166	13.1
Roman Catholic		327	25.7
Other Christian denominations		223	17.6
Muslim		310	24.4
Sikh		15	1.2
Hindu		11	0.9
Buddhist		7	0.6
Jewish		9	0.7
Other		43	3.3
No religion		157	12.4
Total			

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)			
Total			

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			164	12.9
1 month to 3 months			221	17.4
3 months to six months			166	13.1
six months to 1 year			95	7.5
1 year to 2 years			34	2.7
2 years to 4 years			3	0.2
4 years or more				
Total				

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry		56	4.4
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).		129	10%
Total		185	14.4

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			216	36.8
1 month to 3 months			191	32.5
3 months to six months			113	19.3
six months to 1 year			44	7.4
1 year to 2 years			19	3.2
2 years to 4 years			4	0.7
4 years or more				
Total				

Main offence	18–20 yr olds	21 and over	%
Violence against the person			
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded/holding warrant			
Total (not available on Nomis report)			

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment⁷. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 27 August 2013 the prisoner population at HMP Pentonville was 1254. Using the method described above, questionnaires were distributed to a sample of 228 prisoners.

We received a total of 200 completed questionnaires, a response rate of 88%. This included five questionnaires completed via interview. Thirteen respondents refused to complete a questionnaire, four questionnaires were not returned and 11 were returned blank.

Wing/Unit	Number of completed survey returns
A	28
C	23
D	31

⁷ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

E	22
F	24
G	60
J	10
Segregation	1
Health care	1

Presentation of survey results and analyses

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

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant⁸ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Pentonville in 2013 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 35 local prisons since April 2008.
- The current survey responses from HMP Pentonville in 2013 compared with the responses of prisoners surveyed at HMP Pentonville in 2011.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between those who are British and those who are foreign nationals.
- A comparison within the 2013 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A best and worst wing analysis, showing responses by wing location from the 2013 survey.

⁸ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section 1: About You

Q1.2	How old are you?		
	<i>Under 21</i>	0	(0%)
	<i>21 - 29</i>	84	(42%)
	<i>30 - 39</i>	62	(31%)
	<i>40 - 49</i>	37	(19%)
	<i>50 - 59</i>	12	(6%)
	<i>60 - 69</i>	0	(0%)
	<i>70 and over</i>	3	(2%)
Q1.3	Are you sentenced?		
	<i>Yes</i>	90	(47%)
	<i>Yes - on recall</i>	24	(12%)
	<i>No - awaiting trial</i>	52	(27%)
	<i>No - awaiting sentence</i>	20	(10%)
	<i>No - awaiting deportation</i>	7	(4%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>	79	(42%)
	<i>Less than 6 months</i>	23	(12%)
	<i>6 months to less than 1 year</i>	19	(10%)
	<i>1 year to less than 2 years</i>	19	(10%)
	<i>2 years to less than 4 years</i>	23	(12%)
	<i>4 years to less than 10 years</i>	16	(8%)
	<i>10 years or more</i>	4	(2%)
	<i>IPP (indeterminate sentence for public protection)</i>	5	(3%)
	<i>Life</i>	2	(1%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)		
	<i>Yes</i>	52	(27%)
	<i>No</i>	141	(73%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	184	(94%)
	<i>No</i>	12	(6%)
Q1.7	Do you understand written English?		
	<i>Yes</i>	180	(92%)
	<i>No</i>	16	(8%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	47 (25%)	<i>Asian or Asian British - Chinese</i> . 2 (1%)
	<i>White - Irish</i>	14 (7%)	<i>Asian or Asian British – other</i> 5 (3%)
	<i>White - other</i>	27 (14%)	<i>Mixed race - white and black</i> 8 (4%)
	<i>Black or black British - Caribbean</i>	32 (17%)	<i>Caribbean</i>
	<i>Black or black British - African</i>	11 (6%)	<i>Mixed race - white and black</i> 3 (2%)
	<i>Black or black British - other</i>	6 (3%)	<i>African</i>
	<i>Asian or Asian British - Indian</i>	4 (2%)	<i>Mixed race - white and Asian</i> 2 (1%)
			<i>Mixed race - other</i> 2 (1%)
			<i>Arab</i> 2 (1%)

<i>Asian or Asian British - Pakistani</i>	5 (3%)	<i>Other ethnic group.....</i>	9 (5%)
<i>Asian or Asian British - Bangladeshi.....</i>	11 (6%)		

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes.....		13 (7%)
	No.....		176 (93%)
Q1.10	What is your religion?		
	<i>None.....</i>	28 (15%)	<i>Hindu.....</i>
	<i>Church of England.....</i>	36 (19%)	<i>Jewish.....</i>
	<i>Catholic.....</i>	47 (25%)	<i>Muslim.....</i>
	<i>Protestant.....</i>	2 (1%)	<i>Sikh.....</i>
	<i>Other Christian denomination.....</i>	13 (7%)	<i>Other.....</i>
	<i>Buddhist.....</i>	2 (1%)	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight.....</i>		185 (97%)
	<i>Homosexual/Gay.....</i>		1 (1%)
	<i>Bisexual.....</i>		4 (2%)
Q1.12	Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs)		
	Yes.....		40 (21%)
	No.....		153 (79%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes.....		8 (4%)
	No.....		183 (96%)
Q1.14	Is this your first time in prison?		
	Yes.....		66 (34%)
	No.....		127 (66%)
Q1.15	Do you have children under the age of 18?		
	Yes.....		112 (57%)
	No.....		83 (43%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	<i>Less than 2 hours.....</i>		127 (64%)
	<i>2 hours or longer.....</i>		46 (23%)
	<i>Don't remember.....</i>		24 (12%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?		
	<i>My journey was less than two hours.....</i>		127 (65%)
	Yes.....		21 (11%)
	No.....		40 (21%)
	<i>Don't remember.....</i>		7 (4%)
Q2.3	On your most recent journey here, were you offered a toilet break?		
	<i>My journey was less than two hours.....</i>		127 (66%)
	Yes.....		4 (2%)
	No.....		52 (27%)
	<i>Don't remember.....</i>		10 (5%)

Q2.4	On your most recent journey here, was the van clean?	
	Yes.....	94 (48%)
	No.....	86 (44%)
	Don't remember.....	15 (8%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes.....	126 (65%)
	No.....	60 (31%)
	Don't remember.....	9 (5%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	25 (13%)
	Well.....	80 (41%)
	Neither.....	49 (25%)
	Badly.....	16 (8%)
	Very badly.....	19 (10%)
	Don't remember.....	7 (4%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me.....	108 (56%)
	Yes, I received written information.....	3 (2%)
	No, I was not told anything.....	67 (35%)
	Don't remember.....	16 (8%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes.....	151 (78%)
	No.....	28 (15%)
	Don't remember.....	14 (7%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours.....	80 (41%)
	2 hours or longer.....	99 (51%)
	Don't remember.....	17 (9%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes.....	131 (68%)
	No.....	48 (25%)
	Don't remember.....	13 (7%)
Q3.3	Overall, how were you treated in reception?	
	Very well.....	24 (12%)
	Well.....	78 (40%)
	Neither.....	54 (28%)
	Badly.....	17 (9%)
	Very badly.....	16 (8%)
	Don't remember.....	6 (3%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Loss of property.....	35 (18%)
	Housing problems.....	51 (27%)
	Contacting employers.....	12 (6%)
	Contacting family.....	75 (39%)
	Physical health.....	28 (15%)
	Mental health.....	31 (16%)
	Needing protection from other prisoners.....	12 (6%)
	Getting phone numbers.....	73 (38%)

<i>Childcare</i>	4 (2%)	<i>Other</i>	10 (5%)
<i>Money worries</i>	47 (25%)	<i>Did not have any problems</i>	33 (17%)
<i>Feeling depressed or suicidal</i>	39 (20%)		

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

<i>Yes</i>	39 (21%)
<i>No</i>	115 (61%)
<i>Did not have any problems</i>	33 (18%)

Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)

<i>Tobacco</i>	153 (78%)
<i>A shower</i>	51 (26%)
<i>A free telephone call</i>	90 (46%)
<i>Something to eat</i>	142 (72%)
<i>PIN phone credit</i>	136 (69%)
<i>Toiletries/ basic items</i>	115 (59%)
<i>Did not receive anything</i>	8 (4%)

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)

<i>Chaplain</i>	60 (32%)
<i>Someone from health services</i>	125 (66%)
<i>A Listener/Samaritans</i>	93 (49%)
<i>Prison shop/ canteen</i>	39 (21%)
<i>Did not have access to any of these</i>	32 (17%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)

<i>What was going to happen to you</i>	68 (37%)
<i>What support was available for people feeling depressed or suicidal</i>	64 (35%)
<i>How to make routine requests (applications)</i>	60 (32%)
<i>Your entitlement to visits</i>	69 (37%)
<i>Health services</i>	84 (45%)
<i>Chaplaincy</i>	54 (29%)
<i>Not offered any information</i>	62 (34%)

Q3.9 Did you feel safe on your first night here?

<i>Yes</i>	113 (59%)
<i>No</i>	65 (34%)
<i>Don't remember</i>	14 (7%)

Q3.10 How soon after you arrived here did you go on an induction course?

<i>Have not been on an induction course</i>	41 (22%)
<i>Within the first week</i>	114 (60%)
<i>More than a week</i>	16 (8%)
<i>Don't remember</i>	18 (10%)

Q3.11 Did the induction course cover everything you needed to know about the prison?

<i>Have not been on an induction course</i>	41 (22%)
<i>Yes</i>	67 (36%)
<i>No</i>	67 (36%)
<i>Don't remember</i>	11 (6%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?

<i>Did not receive an assessment</i>	59 (31%)
<i>Within the first week</i>	64 (34%)
<i>More than a week</i>	46 (24%)
<i>Don't remember</i>	20 (11%)

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>
<i>Communicate with your solicitor or legal representative?</i>	17 (9%)	39 (21%)	30 (16%)	42 (23%)	42 (23%)	15 (8%)
<i>Attend legal visits?</i>	19 (12%)	61 (37%)	26 (16%)	21 (13%)	21 (13%)	17 (10%)
<i>Get bail information?</i>	7 (4%)	8 (5%)	22 (14%)	33 (21%)	49 (31%)	39 (25%)

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>	25 (13%)
<i>Yes</i>	87 (46%)
<i>No</i>	77 (41%)

Q4.3 Can you get legal books in the library?

<i>Yes</i>	67 (35%)
<i>No</i>	38 (20%)
<i>Don't know</i>	84 (44%)

Q4.4 Please answer the following questions about the wing/unit you are currently living on:

	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
<i>Do you normally have enough clean, suitable clothes for the week?</i>	104 (56%)	75 (40%)	8 (4%)
<i>Are you normally able to have a shower every day?</i>	84 (45%)	99 (53%)	5 (3%)
<i>Do you normally receive clean sheets every week?</i>	151 (81%)	29 (16%)	7 (4%)
<i>Do you normally get cell cleaning materials every week?</i>	84 (45%)	96 (52%)	6 (3%)
<i>Is your cell call bell normally answered within five minutes?</i>	45 (24%)	124 (66%)	19 (10%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	100 (54%)	80 (43%)	5 (3%)
<i>If you need to, can you normally get your stored property?</i>	23 (12%)	105 (56%)	58 (31%)

Q4.5 What is the food like here?

<i>Very good</i>	6 (3%)
<i>Good</i>	36 (19%)
<i>Neither</i>	52 (28%)
<i>Bad</i>	50 (27%)
<i>Very bad</i>	43 (23%)

Q4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?

<i>Have not bought anything yet/ don't know</i>	11 (6%)
<i>Yes</i>	76 (40%)
<i>No</i>	102 (54%)

Q4.7 Can you speak to a Listener at any time, if you want to?

<i>Yes</i>	78 (41%)
<i>No</i>	38 (20%)

	<i>Don't know</i>	72 (38%)
Q4.8	Are your religious beliefs respected?	
	Yes.....	99 (52%)
	No.....	41 (22%)
	<i>Don't know/ N/A</i>	50 (26%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes.....	71 (38%)
	No.....	33 (18%)
	<i>Don't know/ N/A</i>	83 (44%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	19 (10%)
	<i>Very easy</i>	29 (15%)
	<i>Easy</i>	53 (28%)
	<i>Neither</i>	22 (12%)
	<i>Difficult</i>	20 (11%)
	<i>Very difficult</i>	18 (10%)
	<i>Don't know</i>	28 (15%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes.....			123 (68%)
	No			47 (26%)
	<i>Don't know</i>			10 (6%)
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option.</i>)			
		<i>Not made one</i>	<i>Yes</i>	<i>No</i>
	Are <i>applications</i> dealt with fairly?	15 (9%)	50 (31%)	97 (60%)
	Are <i>applications</i> dealt with quickly (within seven days)?	15 (9%)	37 (23%)	106 (67%)
Q5.3	Is it easy to make a complaint?			
	Yes.....			92 (51%)
	No			43 (24%)
	<i>Don't know</i>			45 (25%)
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option.</i>)			
		<i>Not made one</i>	<i>Yes</i>	<i>No</i>
	Are <i>complaints</i> dealt with fairly?	76 (42%)	19 (10%)	87 (48%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	76 (46%)	21 (13%)	70 (42%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes.....			39 (23%)
	No.....			133 (77%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?			
	<i>Don't know who they are</i>			65 (36%)
	<i>Very easy</i>			13 (7%)
	<i>Easy</i>			28 (15%)
	<i>Neither</i>			28 (15%)
	<i>Difficult</i>			29 (16%)
	<i>Very difficult</i>			18 (10%)

Section 6: Incentive and earned privileges scheme

- Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)**
- | | |
|--|----------|
| <i>Don't know what the IEP scheme is</i> | 24 (13%) |
| Yes | 74 (39%) |
| No | 59 (31%) |
| <i>Don't know</i> | 31 (16%) |
- Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)**
- | | |
|--|----------|
| <i>Don't know what the IEP scheme is</i> | 24 (13%) |
| Yes..... | 86 (46%) |
| No..... | 50 (27%) |
| <i>Don't know</i> | 27 (14%) |
- Q6.3 In the last six months have any members of staff physically restrained you (C&R)?**
- | | |
|----------|-----------|
| Yes..... | 18 (10%) |
| No..... | 168 (90%) |
- Q6.4 If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?**
- | | |
|--|-----------|
| <i>I have not been to segregation in the last 6 months</i> | 139 (78%) |
| Very well..... | 7 (4%) |
| Well..... | 4 (2%) |
| Neither..... | 11 (6%) |
| Badly..... | 8 (4%) |
| Very badly..... | 9 (5%) |

Section 7: Relationships with staff

- Q7.1 Do most staff treat you with respect?**
- | | |
|----------|-----------|
| Yes..... | 111 (61%) |
| No..... | 71 (39%) |
- Q7.2 Is there a member of staff you can turn to for help if you have a problem?**
- | | |
|----------|-----------|
| Yes..... | 123 (67%) |
| No..... | 60 (33%) |
- Q7.3 Has a member of staff checked on you personally in the last week to see how you are getting on?**
- | | |
|----------|-----------|
| Yes..... | 47 (25%) |
| No..... | 139 (75%) |
- Q7.4 How often do staff normally speak to you during association?**
- | | |
|---------------------------------------|----------|
| <i>Do not go on association</i> | 12 (6%) |
| Never..... | 57 (31%) |
| Rarely..... | 52 (28%) |
| Some of the time | 39 (21%) |
| Most of the time | 14 (8%) |
| All of the time..... | 11 (6%) |
- Q7.5 When did you first meet your personal (named) officer?**
- | | |
|-------------------------------------|-----------|
| <i>I have not met him/her</i> | 102 (54%) |
| <i>In the first week</i> | 41 (22%) |
| <i>More than a week</i> | 31 (16%) |

Don't remember 15 (8%)

Q7.6 How helpful is your personal (named) officer?

Do not have a personal officer/ I have not met him/ her 102 (55%)
Very helpful..... 28 (15%)
Helpful..... 27 (15%)
Neither..... 14 (8%)
Not very helpful..... 11 (6%)
Not at all helpful..... 2 (1%)

Section 8: Safety

Q8.1 Have you ever felt unsafe here?

Yes..... 90 (48%)
No..... 98 (52%)

Q8.2 Do you feel unsafe now?

Yes..... 44 (24%)
No..... 139 (76%)

Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you.)

<i>Never felt unsafe</i> 98 (54%)	<i>At meal times</i> 15 (8%)
<i>Everywhere</i> 32 (18%)	<i>At health services</i> 11 (6%)
<i>Segregation unit</i> 7 (4%)	<i>Visits area</i> 11 (6%)
<i>Association areas</i> 15 (8%)	<i>In wing showers</i> 24 (13%)
<i>Reception area</i> 11 (6%)	<i>In gym showers</i> 10 (5%)
<i>At the gym</i> 6 (3%)	<i>In corridors/stairwells</i> 11 (6%)
<i>In an exercise yard</i> 18 (10%)	<i>On your landing/wing</i> 16 (9%)
<i>At work</i> 6 (3%)	<i>In your cell</i> 19 (10%)
<i>During movement</i> 20 (11%)	<i>At religious services</i> 7 (4%)
<i>At education</i> 6 (3%)	

Q8.4 Have you been victimised by other prisoners here?

Yes 51 (27%)
No..... 138 (73%)

Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i> 19 (10%)
<i>Physical abuse (being hit, kicked or assaulted)</i> 11 (6%)
<i>Sexual abuse</i> 3 (2%)
<i>Feeling threatened or intimidated</i> 21 (11%)
<i>Having your canteen/property taken</i> 11 (6%)
<i>Medication</i> 6 (3%)
<i>Debt</i> 4 (2%)
<i>Drugs</i> 5 (3%)
<i>Your race or ethnic origin</i> 9 (5%)
<i>Your religion/religious beliefs</i> 6 (3%)
<i>Your nationality</i> 8 (4%)
<i>You are from a different part of the country than others</i> 4 (2%)
<i>You are from a traveller community</i> 2 (1%)
<i>Your sexual orientation</i> 4 (2%)
<i>Your age</i> 6 (3%)
<i>You have a disability</i> 7 (4%)
<i>You were new here</i> 12 (6%)
<i>Your offence/ crime</i> 10 (5%)

	<i>Gang related issues</i>	10 (5%)
Q8.6	Have you been victimised by staff here?	
	Yes	74 (40%)
	No.....	113 (60%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	24 (13%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	9 (5%)
	<i>Sexual abuse</i>	4 (2%)
	<i>Feeling threatened or intimidated</i>	18 (10%)
	<i>Medication</i>	4 (2%)
	<i>Debt</i>	2 (1%)
	<i>Drugs</i>	4 (2%)
	<i>Your race or ethnic origin</i>	19 (10%)
	<i>Your religion/religious beliefs</i>	8 (4%)
	<i>Your nationality</i>	13 (7%)
	<i>You are from a different part of the country than others</i>	3 (2%)
	<i>You are from a traveller community</i>	3 (2%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	4 (2%)
	<i>You have a disability</i>	4 (2%)
	<i>You were new here</i>	15 (8%)
	<i>Your offence/ crime</i>	7 (4%)
	<i>Gang related issues</i>	6 (3%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	99 (60%)
	Yes.....	24 (15%)
	No.....	41 (25%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	15 (8%)	7 (4%)	24 (13%)	20 (11%)	63 (33%)	61 (32%)
	The nurse	16 (9%)	13 (7%)	45 (25%)	24 (13%)	51 (28%)	31 (17%)
	The dentist	24 (13%)	2 (1%)	8 (4%)	12 (7%)	41 (23%)	92 (51%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	37 (20%)	9 (5%)	39 (21%)	32 (17%)	29 (16%)	39 (21%)
	The nurse	20 (11%)	10 (6%)	60 (34%)	34 (19%)	26 (15%)	27 (15%)
	The dentist	63 (38%)	4 (2%)	25 (15%)	17 (10%)	23 (14%)	36 (21%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>	18 (10%)					
	<i>Very good</i>	8 (4%)					
	<i>Good</i>	38 (21%)					
	<i>Neither</i>	36 (20%)					
	<i>Bad</i>	41 (23%)					
	<i>Very bad</i>	40 (22%)					
Q9.4	Are you currently taking medication?						
	Yes.....	90 (48%)					

	No.....	99 (52%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	99 (53%)
	<i>Yes, all my meds</i>	35 (19%)
	<i>Yes, some of my meds</i>	22 (12%)
	<i>No</i>	31 (17%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	56 (30%)
	<i>No</i>	130 (70%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.	
	<i>Do not have any emotional or mental health problems</i>	130 (71%)
	<i>Yes</i>	24 (13%)
	<i>No</i>	30 (16%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	67 (35%)
	<i>No</i>	123 (65%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	41 (22%)
	<i>No</i>	148 (78%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	40 (22%)
	<i>Easy</i>	16 (9%)
	<i>Neither</i>	19 (10%)
	<i>Difficult</i>	9 (5%)
	<i>Very difficult</i>	10 (5%)
	<i>Don't know</i>	92 (49%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	19 (10%)
	<i>Easy</i>	10 (5%)
	<i>Neither</i>	12 (6%)
	<i>Difficult</i>	13 (7%)
	<i>Very difficult</i>	24 (13%)
	<i>Don't know</i>	107 (58%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	17 (9%)
	<i>No</i>	169 (91%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	16 (9%)
	<i>No</i>	165 (91%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	108 (61%)
	<i>Yes</i>	43 (24%)

No..... 27 (15%)

Q10.8 Have you received any support or help (for example substance misuse teams for your alcohol problem, whilst in this prison?)
Did not / do not have an alcohol problem..... 148 (81%)
 Yes..... 23 (13%)
 No..... 12 (7%)

Q10.9 Was the support or help you received, whilst in this prison, helpful?
Did not have a problem/ did not receive help..... 128 (70%)
 Yes..... 40 (22%)
 No..... 15 (8%)

Section 11: Activities

Q11.1 How easy or difficult is it to get into the following activities, in this prison?

	<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
Prison job	24 (13%)	5 (3%)	25 (13%)	18 (10%)	51 (27%)	65 (35%)
Vocational or skills training	40 (23%)	6 (3%)	33 (19%)	25 (14%)	32 (18%)	38 (22%)
Education (including basic skills)	29 (17%)	12 (7%)	53 (30%)	32 (18%)	23 (13%)	25 (14%)
Offending behaviour programmes	60 (34%)	7 (4%)	26 (15%)	22 (13%)	23 (13%)	37 (21%)

Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)
Not involved in any of these..... 78 (44%)
 Prison job..... 60 (34%)
 Vocational or skills training..... 14 (8%)
 Education (including basic skills)..... 38 (21%)
 Offending behaviour programmes..... 18 (10%)

Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Prison job	62 (39%)	43 (27%)	28 (18%)	27 (17%)
Vocational or skills training	61 (48%)	31 (24%)	17 (13%)	19 (15%)
Education (including basic skills)	47 (34%)	42 (31%)	22 (16%)	26 (19%)
Offending behaviour programmes	63 (48%)	31 (23%)	17 (13%)	21 (16%)

Q11.4 How often do you usually go to the library?
Don't want to go..... 24 (13%)
Never..... 46 (25%)
Less than once a week..... 60 (32%)
About once a week..... 46 (25%)
More than once a week..... 9 (5%)

Q11.5 Does the library have a wide enough range of materials to meet your needs?
Don't use it..... 54 (30%)
 Yes..... 49 (27%)
 No..... 77 (43%)

Q11.6 How many times do you usually go to the gym each week?
Don't want to go..... 26 (14%)
 0..... 111 (60%)
 1 to 2..... 33 (18%)

3 to 5	13 (7%)
More than 5	2 (1%)

Q11.7 How many times do you usually go outside for exercise each week?

Don't want to go.....	13 (7%)
0.....	11 (6%)
1 to 2	51 (27%)
3 to 5	62 (33%)
More than 5.....	50 (27%)

Q11.8 How many times do you usually have association each week?

Don't want to go.....	6 (3%)
0.....	5 (3%)
1 to 2	49 (26%)
3 to 5	89 (48%)
More than 5	37 (20%)

Q11.9 How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)

Less than 2 hours	70 (38%)
2 to less than 4 hours.....	39 (21%)
4 to less than 6 hours.....	30 (16%)
6 to less than 8 hours.....	15 (8%)
8 to less than 10 hours.....	7 (4%)
10 hours or more.....	11 (6%)
Don't know	12 (7%)

Section 12: Contact with family and friends

Q12.1 Have staff supported you and helped you to maintain contact with your family/friends while in this prison?

Yes.....	51 (28%)
No.....	133 (72%)

Q12.2 Have you had any problems with sending or receiving mail (letters or parcels)?

Yes.....	87 (48%)
No.....	96 (52%)

Q12.3 Have you had any problems getting access to the telephones?

Yes.....	105 (57%)
No.....	79 (43%)

Q12.4 How easy or difficult is it for your family and friends to get here?

I don't get visits	27 (14%)
Very easy.....	21 (11%)
Easy.....	63 (33%)
Neither.....	27 (14%)
Difficult.....	21 (11%)
Very difficult.....	23 (12%)
Don't know	8 (4%)

Section 13: Preparation for release

Q13.1 Do you have a named offender manager (home probation officer) in the probation service?

Not sentenced.....	79 (42%)
--------------------	----------

	Yes.....	49 (26%)
	No.....	61 (32%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	140 (74%)
	<i>No contact</i>	21 (11%)
	<i>Letter</i>	12 (6%)
	<i>Phone</i>	5 (3%)
	<i>Visit</i>	20 (11%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes.....	27 (15%)
	No.....	156 (85%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	79 (42%)
	Yes.....	30 (16%)
	No.....	79 (42%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	158 (84%)
	<i>Very involved</i>	7 (4%)
	<i>Involved</i>	11 (6%)
	<i>Neither</i>	3 (2%)
	<i>Not very involved</i>	4 (2%)
	<i>Not at all involved</i>	6 (3%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	158 (84%)
	<i>Nobody</i>	20 (11%)
	<i>Offender supervisor</i>	7 (4%)
	<i>Offender manager</i>	5 (3%)
	<i>Named/ personal officer</i>	2 (1%)
	<i>Staff from other departments</i>	4 (2%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	158 (82%)
	Yes.....	8 (4%)
	No.....	12 (6%)
	<i>Don't know</i>	14 (7%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	158 (84%)
	Yes.....	7 (4%)
	No.....	9 (5%)
	<i>Don't know</i>	15 (8%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	158 (83%)
	Yes.....	11 (6%)
	No.....	8 (4%)
	<i>Don't know</i>	14 (7%)
Q13.10	Do you have a needs based custody plan?	
	Yes.....	23 (13%)

No..... 73 (41%)
 Don't know 81 (46%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?

Yes..... 19 (11%)
 No..... 159 (89%)

Q13.12 Do you know of anyone in this prison who can help you with the following on release? (please tick all that apply to you.)

	<i>Do not need help</i>	Yes	No
Employment	20 (12%)	33 (20%)	115 (68%)
Accommodation	21 (13%)	38 (23%)	106 (64%)
Benefits	21 (13%)	32 (20%)	108 (67%)
Finances	18 (12%)	20 (13%)	117 (75%)
Education	20 (13%)	33 (21%)	104 (66%)
Drugs and alcohol	25 (16%)	54 (35%)	74 (48%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced 79 (43%)
 Yes..... 52 (28%)
 No..... 53 (29%)

Main comparator and comparator to last time



Prisoner survey responses HMP Pentonville 2013

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

Key to tables

		HMP Pentonville 2013	Local prisons comparator	HMP Pentonville 2013	HMP Pentonville 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		200	5880	200	188
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	7%	0%	1%
1.3	Are you sentenced?	59%	68%	59%	59%
1.3	Are you on recall?	12%	9%	12%	11%
1.4	Is your sentence less than 12 months?	22%	21%	22%	21%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	3%	3%	1%
1.5	Are you a foreign national?	27%	13%	27%	23%
1.6	Do you understand spoken English?	94%	98%	94%	
1.7	Do you understand written English?	92%	97%	92%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	54%	23%	54%	52%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	5%	7%	5%
1.1	Are you Muslim?	23%	11%	23%	24%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	2%
1.12	Do you consider yourself to have a disability?	21%	21%	21%	22%
1.13	Are you a veteran (ex-armed services)?	4%	6%	4%	
1.14	Is this your first time in prison?	34%	30%	34%	28%
1.15	Do you have any children under the age of 18?	57%	54%	57%	57%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	23%	19%	23%	17%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	31%	41%	31%	
2.3	Were you offered a toilet break?	6%	10%	6%	
2.4	Was the van clean?	48%	64%	48%	
2.5	Did you feel safe?	65%	78%	65%	
2.6	Were you treated well/very well by the escort staff?	54%	68%	54%	55%
2.7	Before you arrived here were you told that you were coming here?	56%	67%	56%	
2.7	Before you arrived here did you receive any written information about coming here?	2%	5%	2%	
2.8	When you first arrived here did your property arrive at the same time as you?	78%	81%	78%	85%

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 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	41%	49%	41%	
3.2	When you were searched in reception, was this carried out in a respectful way?	68%	78%	68%	59%
3.3	Were you treated well/very well in reception?	52%	63%	52%	39%
	When you first arrived:				
3.4	Did you have any problems?	83%	73%	83%	82%
3.4	Did you have any problems with loss of property?	18%	14%	18%	21%
3.4	Did you have any housing problems?	27%	23%	27%	32%
3.4	Did you have any problems contacting employers?	6%	6%	6%	10%
3.4	Did you have any problems contacting family?	39%	30%	39%	46%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	5%	2%	10%
3.4	Did you have any money worries?	25%	22%	25%	24%
3.4	Did you have any problems with feeling depressed or suicidal?	21%	21%	21%	26%
3.4	Did you have any physical health problems?	15%	17%	15%	
3.4	Did you have any mental health problems?	16%	20%	16%	
3.4	Did you have any problems with needing protection from other prisoners?	6%	8%	6%	10%
3.4	Did you have problems accessing phone numbers?	38%	29%	38%	40%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	25%	38%	25%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	78%	86%	78%	85%
3.6	A shower?	26%	34%	26%	14%
3.6	A free telephone call?	46%	59%	46%	32%
3.6	Something to eat?	72%	76%	72%	84%
3.6	PIN phone credit?	69%	58%	69%	
3.6	Toiletries/ basic items?	59%	60%	59%	
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	32%	49%	32%	
3.7	Someone from health services?	66%	72%	66%	
3.7	A Listener/Samaritans?	49%	37%	49%	
3.7	Prison shop/ canteen?	21%	18%	21%	11%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	37%	50%	37%	30%
3.8	Support was available for people feeling depressed or suicidal?	35%	48%	35%	36%
3.8	How to make routine requests?	32%	42%	32%	28%
3.8	Your entitlement to visits?	37%	46%	37%	35%
3.8	Health services?	45%	53%	45%	44%

Key to tables

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
3.8	The chaplaincy?	29%	47%	29%	39%
3.9	Did you feel safe on your first night here?	59%	75%	59%	56%
3.10	Have you been on an induction course?	78%	80%	78%	73%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	46%	60%	46%	42%
3.12	Did you receive an education (skills for life) assessment?	69%	73%	69%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	30%	42%	30%	29%
4.1	Attend legal visits?	49%	58%	49%	43%
4.1	Get bail information?	10%	22%	10%	17%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	46%	39%	46%	43%
4.3	Can you get legal books in the library?	35%	39%	35%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	56%	55%	56%	46%
4.4	Are you normally able to have a shower every day?	45%	79%	45%	69%
4.4	Do you normally receive clean sheets every week?	81%	80%	81%	76%
4.4	Do you normally get cell cleaning materials every week?	45%	61%	45%	58%
4.4	Is your cell call bell normally answered within five minutes?	24%	37%	24%	38%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	54%	64%	54%	45%
4.4	Can you normally get your stored property, if you need to?	12%	26%	12%	17%
4.5	Is the food in this prison good/very good?	22%	24%	22%	15%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	40%	47%	40%	36%
4.7	Are you able to speak to a Listener at any time, if you want to?	42%	58%	42%	45%
4.8	Are your religious beliefs respected?	52%	53%	52%	57%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	38%	55%	38%	51%
4.10	Is it easy/very easy to attend religious services?	43%	47%	43%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	68%	79%	68%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	34%	59%	34%	38%
5.2	Do you feel applications are dealt with quickly (within seven days)?	26%	47%	26%	41%
5.3	Is it easy to make a complaint?	51%	53%	51%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	18%	34%	18%	25%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	23%	36%	23%	31%
5.5	Have you ever been prevented from making a complaint when you wanted to?	23%	17%	23%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	23%	22%	23%	12%
SECTION 6: Incentives and earned privileges scheme					

Key to tables

Main comparator and comparator to last time

Key to tables		HMP Pentonville 2013	Local prisons comparator	HMP Pentonville 2013	HMP Pentonville 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	39%	48%	39%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	45%	46%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	7%	10%	6%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	28%	39%	28%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	61%	75%	61%	64%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	74%	67%	69%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	25%	31%	25%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	14%	19%	14%	10%
7.5	Do you have a personal officer?	46%	46%	46%	24%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	67%	65%	67%	68%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	48%	39%	48%	58%
8.2	Do you feel unsafe now?	24%	16%	24%	27%
8.4	Have you been victimised by other prisoners here?	27%	23%	27%	23%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	10%	11%	10%	7%
8.5	Hit, kicked or assaulted you?	6%	7%	6%	6%
8.5	Sexually abused you?	2%	1%	2%	0%
8.5	Threatened or intimidated you?	11%	13%	11%	
8.5	Taken your canteen/property?	6%	5%	6%	6%
8.5	Victimised you because of medication?	3%	5%	3%	
8.5	Victimised you because of debt?	2%	3%	2%	
8.5	Victimised you because of drugs?	3%	4%	3%	3%
8.5	Victimised you because of your race or ethnic origin?	5%	3%	5%	5%
8.5	Victimised you because of your religion/religious beliefs?	3%	2%	3%	2%
8.5	Victimised you because of your nationality?	4%	3%	4%	
8.5	Victimised you because you were from a different part of the country?	2%	4%	2%	6%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.5	Victimised you because of your age?	3%	2%	3%	3%
8.5	Victimised you because you have a disability?	4%	3%	4%	1%
8.5	Victimised you because you were new here?	6%	5%	6%	6%
8.5	Victimised you because of your offence/crime?	5%	5%	5%	2%
8.5	Victimised you because of gang related issues?	5%	4%	5%	5%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	40%	26%	40%	32%

Main comparator and comparator to last time

Key to tables

		HMP Pentonville 2013	Local prisons comparator	HMP Pentonville 2013	HMP Pentonville 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	13%	11%	13%	11%
8.7	Hit, kicked or assaulted you?	5%	4%	5%	3%
8.7	Sexually abused you?	2%	1%	2%	1%
8.7	Threatened or intimidated you?	10%	11%	10%	
8.7	Victimised you because of medication?	2%	5%	2%	
8.7	Victimised you because of debt?	1%	2%	1%	
8.7	Victimised you because of drugs?	2%	4%	2%	5%
8.7	Victimised you because of your race or ethnic origin?	10%	4%	10%	10%
8.7	Victimised you because of your religion/religious beliefs?	4%	3%	4%	5%
8.7	Victimised you because of your nationality?	7%	3%	7%	
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	3%
8.7	Victimised you because you are from a Traveller community?	2%	2%	2%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	2%	2%	2%	4%
8.7	Victimised you because you have a disability?	2%	2%	2%	2%
8.7	Victimised you because you were new here?	8%	5%	8%	11%
8.7	Victimised you because of your offence/crime?	4%	4%	4%	6%
8.7	Victimised you because of gang related issues?	3%	2%	3%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	37%	33%	37%	22%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	16%	26%	16%	20%
9.1	Is it easy/very easy to see the nurse?	32%	51%	32%	44%
9.1	Is it easy/very easy to see the dentist?	6%	10%	6%	8%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	32%	45%	32%	37%
9.2	The nurse?	45%	57%	45%	53%
9.2	The dentist?	28%	32%	28%	28%
9.3	The overall quality of health services?	28%	39%	28%	37%
9.4	Are you currently taking medication?	48%	51%	48%	46%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	65%	61%	65%	
9.6	Do you have any emotional well being or mental health problems?	30%	35%	30%	30%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	44%	40%	44%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	35%	35%	35%	48%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Pentonville 2013	Local prisons comparator
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
10.2	Did you have a problem with alcohol when you came into this prison?	22%	27%

HMP Pentonville 2013	HMP Pentonville 2011
22%	29%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Pentonville 2013	Local prisons comparator		
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
		HMP Pentonville 2013	Local prisons comparator		
10.3	Is it easy/very easy to get illegal drugs in this prison?	30%	29%	30%	33%
10.4	Is it easy/very easy to get alcohol in this prison?	16%	14%	16%	
10.5	Have you developed a problem with drugs since you have been in this prison?	9%	7%	9%	8%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	8%	9%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	62%	64%	62%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	66%	59%	66%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	73%	79%	73%	73%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	16%	33%	16%	
11.1	Vocational or skills training?	23%	30%	23%	
11.1	Education (including basic skills)?	37%	43%	37%	
11.1	Offending behaviour programmes?	19%	18%	19%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	34%	44%	34%	35%
11.2	Vocational or skills training?	8%	9%	8%	9%
11.2	Education (including basic skills)?	21%	27%	21%	29%
11.2	Offending behaviour programmes?	10%	8%	10%	5%
11.3	Have you had a job while in this prison?	61%	69%	61%	65%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	44%	42%	44%	36%
11.3	Have you been involved in vocational or skills training while in this prison?	52%	55%	52%	53%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	46%	49%	46%	44%
11.3	Have you been involved in education while in this prison?	66%	67%	66%	62%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	47%	56%	47%	53%
11.3	Have you been involved in offending behaviour programmes while in this prison?	52%	52%	52%	44%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	45%	46%	45%	37%
11.4	Do you go to the library at least once a week?	30%	34%	30%	26%
11.5	Does the library have a wide enough range of materials to meet your needs?	27%	36%	27%	
11.6	Do you go to the gym three or more times a week?	8%	31%	8%	22%
11.7	Do you go outside for exercise three or more times a week?	60%	38%	60%	33%
11.8	Do you go on association more than five times each week?	20%	44%	20%	35%
11.9	Do you spend ten or more hours out of your cell on a weekday?	6%	10%	6%	6%

Main comparator and comparator to last time

Key to tables

		HMP Pentonville 2013	Local prisons comparator	HMP Pentonville 2013	HMP Pentonville 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	28%	35%	28%	31%
12.2	Have you had any problems with sending or receiving mail?	48%	46%	48%	44%
12.3	Have you had any problems getting access to the telephones?	57%	32%	57%	51%
12.4	Is it easy/ very easy for your friends and family to get here?	44%	36%	44%	
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	45%	61%	45%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	43%	42%	43%	
13.2	Contact by letter?	24%	29%	24%	
13.2	Contact by phone?	10%	14%	10%	
13.2	Contact by visit?	41%	35%	41%	
13.3	Do you have a named offender supervisor in this prison?	15%	33%	15%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	28%	39%	28%	18%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	58%	57%	58%	63%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	64%	44%	64%	
13.6	Offender supervisor?	23%	32%	23%	
13.6	Offender manager?	16%	27%	16%	
13.6	Named/ personal officer?	7%	13%	7%	
13.6	Staff from other departments?	13%	20%	13%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	24%	60%	24%	44%
13.8	Are there plans for you to achieve any of your targets in another prison?	23%	25%	23%	
13.9	Are there plans for you to achieve any of your targets in the community?	33%	32%	33%	
13.10	Do you have a needs based custody plan?	13%	7%	13%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	11%	15%	11%	11%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	22%	31%	22%	
13.12	Accommodation?	26%	41%	26%	
13.12	Benefits?	23%	43%	23%	
13.12	Finances?	15%	25%	15%	
13.12	Education?	24%	31%	24%	
13.12	Drugs and alcohol?	42%	47%	42%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	50%	46%	50%	38%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Pentonville 2013

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

Key to tables

				Black and minority ethnic prisoners		White prisoners		Foreign national prisoners		British prisoners		Muslim prisoners		Non-Muslim prisoners	
	Any percentage highlighted in green is significantly better														
	Any percentage highlighted in blue is significantly worse														
	Any percentage highlighted in orange shows a significant difference in prisoners' background details														
	Percentages which are not highlighted show there is no significant difference														
Number of completed questionnaires returned			102	88				52	141			43	147		
1.3	Are you sentenced?		53%	64%				61%	59%			55%	60%		
1.5	Are you a foreign national?		29%	22%								33%	24%		
1.6	Do you understand spoken English?		96%	93%				86%	97%			95%	95%		
1.7	Do you understand written English?		95%	91%				80%	96%			93%	93%		
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)							61%	52%			86%	43%		
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		4%	9%				13%	5%			2%	7%		
1.1	Are you Muslim?		37%	7%				29%	21%						
1.12	Do you consider yourself to have a disability?		19%	22%				14%	23%			16%	22%		
1.13	Are you a veteran (ex-armed services)?		1%	7%				6%	4%			2%	4%		
1.14	Is this your first time in prison?		29%	40%				55%	27%			44%	32%		
2.6	Were you treated well/very well by the escort staff?		48%	60%				58%	51%			35%	59%		
2.7	Before you arrived here were you told that you were coming here?		53%	59%				50%	58%			42%	60%		
3.2	When you were searched in reception, was this carried out in a respectful way?		66%	70%				67%	69%			57%	72%		
3.3	Were you treated well/very well in reception?		49%	58%				63%	48%			41%	57%		
3.4	Did you have any problems when you first arrived?		86%	80%				80%	84%			83%	82%		
3.7	Did you have access to someone from health care when you first arrived here?		67%	64%				71%	63%			63%	67%		
3.9	Did you feel safe on your first night here?		54%	64%				52%	62%			35%	68%		
3.10	Have you been on an induction course?		86%	72%				83%	76%			86%	77%		
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?		32%	29%				30%	30%			22%	33%		

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	48%	64%	59%	54%	45%	59%
4.4	Are you normally able to have a shower every day?	39%	51%	34%	47%	36%	48%
4.4	Is your cell call bell normally answered within five minutes?	20%	29%	29%	22%	19%	25%
4.5	Is the food in this prison good/very good?	20%	25%	33%	18%	19%	25%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	43%	36%	48%	38%	37%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	34%	51%	31%	45%	23%	48%
4.8	Do you feel your religious beliefs are respected?	57%	46%	54%	51%	60%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	37%	36%	38%	38%	37%	39%
5.1	Is it easy to make an application?	64%	73%	70%	68%	60%	71%
5.3	Is it easy to make a complaint?	50%	53%	43%	54%	33%	59%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	45%	36%	40%	33%	42%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	43%	43%	47%	48%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	10%	15%	8%	14%	7%
7.1	Do most staff, in this prison, treat you with respect?	54%	71%	49%	65%	47%	67%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	62%	74%	65%	68%	53%	73%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	12%	16%	8%	16%	14%	14%
7.4	Do you have a personal officer?	40%	54%	39%	48%	33%	51%
8.1	Have you ever felt unsafe here?	55%	41%	57%	45%	56%	45%
8.2	Do you feel unsafe now?	28%	19%	23%	25%	34%	19%
8.3	Have you been victimised by other prisoners?	28%	23%	33%	25%	37%	24%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	9%	14%	8%	13%	10%	11%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	8%	8%	4%	10%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	3%	2%	4%	7%	2%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	5%	4%	5%	12%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	3%	4%	6%	3%	2%	4%
8.6	Have you been victimised by a member of staff?	46%	34%	40%	40%	40%	40%
8.7	Have you ever felt threatened or intimidated by staff here?	10%	9%	8%	11%	5%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	9%	13%	10%	12%	9%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	1%	2%	5%	7%	2%
8.7	Have you been victimised because of your nationality? (By staff)	6%	8%	10%	6%	7%	6%
8.7	Have you been victimised because you have a disability? (By staff)	1%	3%	2%	2%	0%	2%
9.1	Is it easy/very easy to see the doctor?	15%	18%	21%	14%	2%	21%
9.1	Is it easy/ very easy to see the nurse?	33%	33%	35%	31%	20%	36%
9.4	Are you currently taking medication?	49%	46%	53%	44%	37%	50%
9.6	Do you feel you have any emotional well being/mental health issues?	30%	30%	35%	28%	28%	31%
10.3	Is it easy/very easy to get illegal drugs in this prison?	29%	32%	33%	30%	21%	33%
11.2	Are you currently working in the prison?	28%	40%	34%	33%	24%	37%
11.2	Are you currently undertaking vocational or skills training?	6%	9%	15%	5%	7%	8%
11.2	Are you currently in education (including basic skills)?	22%	21%	26%	20%	21%	22%
11.2	Are you currently taking part in an offending behaviour programme?	5%	15%	9%	11%	2%	12%
11.4	Do you go to the library at least once a week?	33%	26%	34%	28%	22%	32%
11.6	Do you go to the gym three or more times a week?	11%	6%	6%	9%	5%	10%
11.7	Do you go outside for exercise three or more times a week?	63%	55%	54%	62%	69%	57%
11.8	On average, do you go on association more than five times each week?	18%	24%	18%	20%	12%	22%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	6%	6%	4%	6%	8%	5%
12.2	Have you had any problems sending or receiving mail?	46%	49%	39%	51%	41%	48%
12.3	Have you had any problems getting access to the telephones?	64%	47%	56%	58%	71%	52%



Diversity Analysis

Key question responses (disability) HMP Pentonville 2013

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

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		40	153
1.3	Are you sentenced?	62%	59%
1.5	Are you a foreign national?	18%	29%
1.6	Do you understand spoken English?	98%	94%
1.7	Do you understand written English?	95%	92%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	50%	55%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	6%
1.1	Are you Muslim?	18%	24%
1.12	Do you consider yourself to have a disability?	-	-
1.13	Are you a veteran (ex-armed services)?	5%	4%
1.14	Is this your first time in prison?	26%	35%
2.6	Were you treated well/very well by the escort staff?	50%	56%
2.7	Before you arrived here were you told that you were coming here?	53%	58%
3.2	When you were searched in reception, was this carried out in a respectful way?	47%	75%
3.3	Were you treated well/very well in reception?	45%	56%
3.4	Did you have any problems when you first arrived?	100%	78%
3.7	Did you have access to someone from health care when you first arrived here?	57%	68%
3.9	Did you feel safe on your first night here?	54%	62%
3.10	Have you been on an induction course?	82%	78%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	21%	33%
4.4	Are you normally offered enough clean, suitable clothes for the week?	46%	58%

Key to tables

Diversity Analysis

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally able to have a shower every day?	34%	48%
4.4	Is your cell call bell normally answered within five minutes?	16%	27%
4.5	Is the food in this prison good/very good?	21%	23%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	31%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	45%	42%
4.8	Do you feel your religious beliefs are respected?	44%	55%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	49%	36%
5.1	Is it easy to make an application?	57%	72%
5.3	Is it easy to make a complaint?	49%	53%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	30%	43%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	10%
7.1	Do most staff, in this prison, treat you with respect?	58%	62%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	67%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	5%	16%
7.4	Do you have a personal officer?	43%	47%
8.1	Have you ever felt unsafe here?	54%	46%
8.2	Do you feel unsafe now?	41%	19%
8.3	Have you been victimised by other prisoners?	34%	25%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	18%	9%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	10%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	8%	3%
8.5	Have you been victimised because of your age? (By prisoners)	8%	2%

Key to tables

Diversity Analysis

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	16%	1%
8.6	Have you been victimised by a member of staff?	55%	35%
8.7	Have you ever felt threatened or intimidated by staff here?	21%	7%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	16%	9%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	13%	2%
8.7	Have you been victimised because of your nationality? (By staff)	11%	6%
8.7	Have you been victimised because of your age? (By staff)	5%	1%
8.7	Have you been victimised because you have a disability? (By staff)	8%	1%
9.1	Is it easy/very easy to see the doctor?	15%	16%
9.1	Is it easy/ very easy to see the nurse?	31%	33%
9.4	Are you currently taking medication?	63%	43%
9.6	Do you feel you have any emotional well being/mental health issues?	69%	20%
10.3	Is it easy/very easy to get illegal drugs in this prison?	33%	30%
11.2	Are you currently working in the prison?	34%	33%
11.2	Are you currently undertaking vocational or skills training?	6%	7%
11.2	Are you currently in education (including basic skills)?	14%	23%
11.2	Are you currently taking part in an offending behaviour programme?	20%	7%
11.4	Do you go to the library at least once a week?	32%	29%
11.6	Do you go to the gym three or more times a week?	3%	10%
11.7	Do you go outside for exercise three or more times a week?	60%	60%
11.8	On average, do you go on association more than five times each week?	10%	23%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	3%	6%
12.2	Have you had any problems sending or receiving mail?	58%	44%
12.3	Have you had any problems getting access to the telephones?	55%	57%

Wing comparison



Prisoner survey responses (wing breakdown) HMP Pentonville 2013

Prisoner survey responses (missing data have been excluded for each question).

Key to tables

Percentages highlighted in green show the best score across wings		A wing	C wing	D wing	E wing	F wing	G wing	J wing	Overall
Percentages highlighted in blue show the worst score across wings									
Number of completed questionnaires returned		28	23	31	22	24	60	10	198
SECTION 1: General information									
1.2	Are you under 21 years of age?	0%	0%	0%	0%	0%	0%	0%	0%
1.3	Are you sentenced?	53%	71%	53%	68%	59%	57%	50%	59%
1.3	Are you on recall?	11%	14%	7%	18%	14%	8%	40%	13%
1.4	Is your sentence less than 12 months?	11%	24%	21%	20%	41%	24%	0%	22%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	0%	0%	5%	0%	2%	23%	3%
1.5	Are you a foreign national?	7%	23%	43%	36%	32%	29%	10%	27%
1.6	Do you understand spoken English?	93%	96%	100%	86%	100%	92%	90%	94%
1.7	Do you understand written English?	89%	91%	97%	81%	96%	92%	100%	92%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	59%	67%	55%	55%	54%	48%	40%	54%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	5%	3%	15%	13%	7%	0%	7%
1.1	Are you Muslim?	22%	48%	30%	5%	9%	26%	0%	23%
1.11	Are you homosexual/gay or bisexual?	0%	4%	0%	5%	0%	5%	0%	3%
1.12	Do you consider yourself to have a disability?	14%	23%	7%	14%	35%	23%	50%	21%
1.13	Are you a veteran (ex-armed services)?	3%	4%	0%	5%	4%	7%	0%	4%
1.14	Is this your first time in prison?	25%	23%	41%	5%	35%	52%	30%	35%
1.15	Do you have any children under the age of 18?	53%	54%	69%	57%	48%	57%	60%	57%
SECTION 2: Transfers and escorts									
On your most recent journey here:									
2.1	Did you spend more than 2 hours in the van?	25%	43%	20%	14%	22%	24%	0%	23%
2.5	Did you feel safe?	57%	48%	60%	86%	61%	70%	70%	65%
2.6	Were you treated well/very well by the escort staff?	53%	31%	40%	73%	65%	53%	90%	54%
2.7	Before you arrived here were you told that you were coming here?	52%	39%	53%	71%	57%	53%	90%	55%
2.8	When you first arrived here did your property arrive at the same time as you?	67%	74%	67%	86%	83%	82%	100%	78%
SECTION 3: Reception, first night and induction									
3.1	Were you in reception for less than 2 hours?	39%	35%	45%	29%	36%	42%	70%	41%
3.2	When you were searched in reception, was this carried out in a respectful way?	74%	48%	68%	76%	73%	65%	89%	68%
3.3	Were you treated well/very well in reception?	39%	31%	52%	67%	50%	60%	79%	53%
When you first arrived:									
3.4	Did you have any problems?	89%	86%	80%	62%	86%	82%	100%	83%
3.4	Did you have any problems with loss of property?	30%	41%	17%	5%	9%	18%	0%	19%
3.4	Did you have any housing problems?	37%	18%	23%	19%	46%	21%	21%	26%

Wing comparison

Key to tables

Percentages highlighted in green show the best score across wings		A wing	C wing	D wing	E wing	F wing	G wing	J wing	Overall
Percentages highlighted in blue show the worst score across wings									
3.4	Did you have any problems contacting employers?	11%	0%	10%	0%	9%	5%	10%	6%
3.4	Did you have any problems contacting family?	41%	46%	47%	24%	41%	40%	30%	40%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	4%	3%	0%	0%	4%	0%	2%
3.4	Did you have any money worries?	30%	28%	13%	14%	46%	23%	21%	25%
3.4	Did you have any problems with feeling depressed or suicidal?	11%	18%	17%	14%	32%	19%	50%	20%
3.4	Did you have any physical health problems?	11%	14%	13%	19%	28%	11%	21%	15%
3.4	Did you have any mental health problems?	11%	14%	10%	19%	18%	19%	21%	16%
3.4	Did you have any problems with needing protection from other prisoners?	8%	4%	3%	0%	14%	7%	10%	6%
3.4	Did you have problems accessing phone numbers?	33%	32%	37%	14%	41%	53%	40%	39%
When you first arrived here, were you offered any of the following:									
3.6	Tobacco?	64%	74%	71%	95%	83%	79%	90%	78%
3.6	A shower?	14%	13%	32%	24%	26%	31%	50%	26%
3.6	A free telephone call?	47%	31%	45%	57%	31%	53%	60%	47%
3.6	Something to eat?	78%	65%	52%	90%	83%	73%	70%	72%
3.6	PIN phone credit?	57%	48%	58%	95%	79%	74%	90%	70%
3.6	Toiletries/ basic items?	47%	39%	61%	71%	61%	62%	70%	58%
SECTION 3: Reception, first night and induction continued									
When you first arrived here did you have access to the following people:									
3.7	The chaplain or a religious leader?	33%	24%	30%	52%	52%	16%	40%	31%
3.7	Someone from health services?	63%	38%	73%	86%	74%	62%	70%	66%
3.7	A Listener/Samaritans?	41%	48%	43%	43%	48%	54%	70%	48%
3.7	Prison shop/ canteen?	26%	10%	40%	19%	17%	13%	30%	21%
When you first arrived here were you offered information about any of the following:									
3.8	What was going to happen to you?	44%	18%	27%	43%	33%	39%	70%	37%
3.8	Support available for people feeling depressed or suicidal?	24%	28%	23%	43%	38%	41%	60%	35%
3.8	How to make routine requests?	32%	23%	23%	48%	33%	33%	50%	33%
3.8	Your entitlement to visits?	40%	14%	34%	52%	38%	37%	70%	38%
3.8	Health services?	40%	18%	50%	57%	52%	46%	70%	46%
3.8	The chaplaincy?	32%	14%	30%	38%	29%	28%	50%	29%
3.9	Did you feel safe on your first night here?	61%	50%	50%	86%	64%	53%	60%	59%
3.10	Have you been on an induction course?	84%	78%	90%	67%	57%	81%	79%	78%
3.12	Did you receive an education (skills for life) assessment?	70%	70%	74%	52%	35%	80%	89%	68%
SECTION 4: Legal rights and respectful custody									
In terms of your legal rights, is it easy/very easy to:									
4.1	Communicate with your solicitor or legal representative?	22%	29%	23%	74%	36%	21%	40%	31%
4.1	Attend legal visits?	41%	50%	50%	78%	40%	44%	45%	49%
4.1	Get bail information?	9%	16%	0%	19%	21%	4%	14%	10%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	57%	34%	55%	39%	49%	50%	47%

Wing comparison

Key to tables

Percentages highlighted in green show the best score across wings		A wing	C wing	D wing	E wing	F wing	G wing	J wing	Overall
Percentages highlighted in blue show the worst score across wings									
4.3	Can you get legal books in the library?	29%	38%	32%	30%	39%	36%	55%	35%
For the wing/unit you are currently on:									
4.4	Are you normally offered enough clean, suitable clothes for the week?	46%	45%	71%	64%	41%	52%	90%	56%
4.4	Are you normally able to have a shower every day?	46%	40%	36%	67%	43%	35%	90%	45%
4.4	Do you normally receive clean sheets every week?	72%	70%	84%	90%	69%	86%	90%	81%
4.4	Do you normally get cell cleaning materials every week?	31%	45%	42%	62%	35%	45%	79%	45%
4.4	Is your cell call bell normally answered within five minutes?	19%	14%	16%	38%	9%	26%	70%	24%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	58%	70%	55%	55%	43%	46%	79%	54%
4.4	Can you normally get your stored property, if you need to?	12%	15%	7%	20%	9%	9%	30%	12%
4.5	Is the food in this prison good/very good?	22%	5%	31%	22%	26%	25%	21%	23%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	34%	24%	40%	55%	35%	44%	50%	40%
4.7	Are you able to speak to a Listener at any time, if you want to?	26%	33%	31%	52%	43%	44%	79%	41%
4.8	Are your religious beliefs respected?	33%	52%	50%	64%	57%	52%	67%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	27%	52%	24%	48%	43%	36%	67%	38%
4.10	Is it easy/very easy to attend religious services?	37%	33%	45%	67%	39%	39%	60%	43%
SECTION 5: Applications and complaints									
5.1	Is it easy to make an application?	56%	63%	69%	90%	62%	67%	79%	68%
5.3	Is it easy to make a complaint?	39%	62%	50%	67%	61%	41%	60%	52%
5.5	Have you ever been prevented from making a complaint when you wanted to?	14%	17%	14%	30%	17%	28%	50%	23%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	34%	24%	31%	21%	28%	13%	11%	23%
SECTION 6: Incentives and earned privileges scheme									
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	34%	38%	41%	33%	35%	38%	79%	39%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	57%	43%	43%	43%	42%	60%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	14%	7%	14%	4%	11%	0%	9%
SECTION 7: Relationships with staff									
7.1	Do most staff, in this prison, treat you with respect?	52%	67%	52%	76%	74%	56%	77%	62%
7.2	Is there a member of staff, in this prison, who you can turn to for help if you have a problem?	58%	85%	62%	73%	65%	61%	100%	67%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	19%	19%	23%	43%	28%	24%	33%	26%
7.4	Do staff normally speak to you most of the time/all of the time during association?	12%	10%	7%	14%	9%	15%	45%	13%
7.5	Do you have a personal officer?	33%	52%	50%	59%	48%	38%	67%	46%
SECTION 8: Safety									
8.1	Have you ever felt unsafe here?	63%	58%	43%	32%	46%	50%	40%	48%
8.2	Do you feel unsafe now?	35%	32%	17%	10%	23%	29%	21%	24%
8.4	Have you been victimised by other prisoners here?	26%	26%	27%	9%	46%	25%	45%	27%
Since you have been here, have other prisoners:									
8.5	Made insulting remarks about you, your family or friends?	15%	5%	10%	0%	17%	11%	11%	10%
8.5	Hit, kicked or assaulted you?	8%	11%	0%	4%	9%	5%	11%	6%

Wing comparison

Key to tables

Percentages highlighted in green show the best score across wings		A wing	C wing	D wing	E wing	F wing	G wing	J wing	Overall
Percentages highlighted in blue show the worst score across wings									
8.5	Sexually abused you?	4%	5%	0%	0%	4%	0%	0%	2%
8.5	Threatened or intimidated you?	11%	16%	10%	0%	17%	9%	33%	11%
8.5	Taken your canteen/property?	8%	5%	10%	4%	0%	7%	0%	6%
8.5	Victimised you because of medication?	4%	0%	3%	0%	4%	5%	0%	3%
8.5	Victimised you because of debt?	4%	0%	3%	0%	9%	0%	0%	2%
8.5	Victimised you because of drugs?	8%	11%	3%	0%	0%	0%	0%	3%
8.5	Victimised you because of your race or ethnic origin?	4%	0%	10%	0%	9%	5%	0%	5%
8.5	Victimised you because of your religion/religious beliefs?	4%	5%	7%	0%	4%	2%	0%	3%
8.5	Victimised you because of your nationality?	8%	0%	7%	0%	4%	5%	0%	4%
8.5	Victimised you because you were from a different part of the country?	4%	0%	3%	0%	4%	8%	0%	2%
8.5	Victimised you because you are from a Traveller community?	4%	0%	3%	0%	0%	0%	0%	1%
8.5	Victimised you because of your sexual orientation?	4%	5%	3%	0%	4%	0%	0%	2%
8.5	Victimised you because of your age?	8%	5%	3%	0%	0%	4%	0%	3%
8.5	Victimised you because you have a disability?	4%	5%	3%	0%	9%	0%	23%	4%
8.5	Victimised you because you were new here?	0%	11%	10%	0%	4%	11%	0%	7%
8.5	Victimised you because of your offence/crime?	4%	0%	7%	0%	21%	4%	0%	5%
8.5	Victimised you because of gang related issues?	4%	0%	3%	0%	13%	9%	0%	5%
SECTION 8: Safety continued									
8.6	Have you been victimised by staff here?	39%	45%	38%	18%	39%	46%	45%	39%
	Since you have been here, have staff:								
8.7	Made insulting remarks about you, your family or friends?	4%	20%	17%	0%	13%	20%	0%	13%
8.7	Hit, kicked or assaulted you?	0%	10%	3%	0%	13%	4%	11%	5%
8.7	Sexually abused you?	4%	5%	0%	0%	4%	2%	0%	2%
8.7	Threatened or intimidated you?	0%	5%	7%	0%	17%	16%	23%	10%
8.7	Victimised you because of medication?	0%	0%	3%	0%	0%	5%	0%	2%
8.7	Victimised you because of debt?	0%	0%	0%	0%	9%	0%	0%	1%
8.7	Victimised you because of drugs?	4%	5%	0%	0%	4%	2%	0%	2%
8.7	Victimised you because of your race or ethnic origin?	0%	25%	7%	0%	9%	18%	0%	10%
8.7	Victimised you because of your religion/religious beliefs?	4%	5%	0%	0%	9%	7%	0%	4%
8.7	Victimised you because of your nationality?	4%	15%	3%	0%	9%	11%	0%	7%
8.7	Victimised you because you were from a different part of the country?	4%	5%	0%	0%	4%	0%	0%	2%
8.7	Victimised you because you are from a Traveller community?	4%	0%	3%	0%	0%	2%	0%	2%
8.7	Victimised you because of your sexual orientation?	0%	5%	0%	0%	0%	0%	0%	1%
8.7	Victimised you because of your age?	4%	5%	0%	0%	4%	2%	0%	2%
8.7	Victimised you because you have a disability?	4%	5%	0%	0%	0%	0%	23%	2%
8.7	Victimised you because you were new here?	0%	20%	7%	0%	9%	11%	11%	8%
8.7	Victimised you because of your offence/crime?	0%	0%	3%	0%	13%	5%	0%	4%
8.7	Victimised you because of gang related issues?	8%	0%	0%	0%	9%	4%	0%	3%

Wing comparison

Key to tables

Percentages highlighted in green show the best score across wings		A wing	C wing	D wing	E wing	F wing	G wing	J wing	Overall
Percentages highlighted in blue show the worst score across wings									
SECTION 9: Health services									
9.1	Is it easy/very easy to see the doctor?	16%	5%	17%	18%	33%	13%	21%	17%
9.1	Is it easy/very easy to see the nurse?	39%	26%	21%	52%	39%	23%	60%	33%
9.1	Is it easy/very easy to see the dentist?	4%	10%	7%	10%	0%	4%	11%	6%
9.4	Are you currently taking medication?	40%	29%	45%	71%	87%	35%	50%	48%
9.6	Do you have any emotional well being or mental health problems?	26%	24%	23%	41%	48%	26%	40%	30%
SECTION 10: Drugs and alcohol									
10.1	Did you have a problem with drugs when you came into this prison?	32%	43%	16%	59%	67%	21%	45%	36%
10.2	Did you have a problem with alcohol when you came into this prison?	12%	14%	16%	18%	42%	24%	33%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	25%	29%	36%	14%	17%	38%	55%	31%
10.4	Is it easy/very easy to get alcohol in this prison?	25%	14%	10%	0%	4%	24%	33%	16%
10.5	Have you developed a problem with drugs since you have been in this prison?	20%	14%	3%	9%	0%	11%	0%	9%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	4%	10%	7%	4%	4%	15%	12%	9%
SECTION 11: Activities									
Is it very easy/ easy to get into the following activities:									
11.1	A prison job?	4%	24%	7%	19%	17%	16%	55%	16%
11.1	Vocational or skills training?	13%	21%	17%	22%	20%	22%	67%	22%
11.1	Education (including basic skills)?	32%	21%	35%	34%	26%	45%	77%	37%
11.1	Offending behaviour programmes?	9%	25%	11%	35%	10%	17%	50%	18%
Are you currently involved in any of the following activities:									
11.2	A prison job?	24%	19%	41%	32%	35%	36%	67%	34%
11.2	Vocational or skills training?	4%	5%	11%	11%	0%	13%	0%	8%
11.2	Education (including basic skills)?	24%	19%	18%	16%	5%	35%	0%	22%
11.2	Offending behaviour programmes?	4%	14%	4%	11%	20%	7%	33%	10%
11.4	Do you go to the library at least once a week?	20%	14%	21%	48%	41%	36%	21%	30%
11.5	Does the library have a wide enough range of materials to meet your needs?	21%	35%	25%	35%	36%	20%	45%	28%
11.6	Do you go to the gym three or more times a week?	4%	5%	0%	33%	4%	7%	10%	8%
11.7	Do you go outside for exercise three or more times a week?	75%	76%	53%	64%	75%	44%	50%	60%
11.8	Do you go on association more than five times each week?	28%	10%	0%	29%	17%	23%	50%	20%
11.9	Do you spend ten or more hours out of your cell on a weekday?	4%	5%	3%	5%	0%	7%	30%	6%
SECTION 12: Friends and family									
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	21%	24%	21%	25%	31%	33%	50%	28%
12.2	Have you had any problems with sending or receiving mail?	50%	62%	52%	35%	35%	48%	60%	48%
12.3	Have you had any problems getting access to the telephones?	72%	71%	77%	36%	39%	59%	21%	58%
12.4	Is it easy/ very easy for your friends and family to get here?	68%	43%	30%	46%	33%	43%	60%	44%
SECTION 13: Preparation for release									
13.3	Do you have a named offender supervisor in this prison?	8%	5%	14%	29%	22%	8%	40%	14%
13.10	Do you have a needs based custody plan?	17%	0%	17%	25%	13%	12%	0%	13%
13.11	Do you feel that any member of staff has helped you to prepare for release?	13%	0%	7%	15%	13%	10%	30%	11%