

Report on an announced inspection of
HMP Pentonville

11 – 15 May 2009
by HM Chief Inspector of Prisons

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Introduction

This inspection report should have focused solely on the undoubtedly improvements that had been made at Pentonville under the then Governor. The last two inspections found that the prison was performing poorly and failing to reach acceptable standards of safety or decency. This inspection found considerable improvements in many areas, and in particular in aspects of respect. However, the prison's reputation and governance is inevitably tarnished by the discovery, after the inspection, that six men had unnecessarily and pointlessly been transferred to Wandsworth for the duration of the inspection, under an arrangement made by managers in both prisons to provide for mutual assistance during their respective inspections. Of even greater concern was the fact that Pentonville in return received some vulnerable and self-harming individuals for the period of the Wandsworth inspection, at considerable prejudice to their wellbeing.

Pentonville was dealing with a potentially vulnerable population, as evidenced by three recent self-inflicted deaths. Support in the crucial early days of custody, where prisoners are known to be at their most vulnerable, had very recently improved. However, the decisions of managers to swap prisoners during the two inspections increased the risk of self-harm and suicide for the transferred prisoners at this critical time. Two of the prisoners transferred from Wandsworth had made serious self-harm attempts when told of the transfer, and one self-harmed again three times immediately following his transfer. The Prisons and Probation Ombudsman is separately investigating the circumstances surrounding the self-inflicted death at Wandsworth of another prisoner who moved to Pentonville, following a court appearance, the week before the Wandsworth inspection, and was held there over the inspection period.

This was despite the fact that, in general, the inspection found that there had been a strong focus on safer custody procedures at Pentonville – both in relation to violence reduction and suicide prevention – though all staff were not yet fully confident about implementing procedures. The biggest underlying problem was substance use: both the availability of drugs in the prison, and the absence of effective support for drug users entering Pentonville. Both impacted on bullying and safety: over half the prisoners said they had felt unsafe at some time.

All vulnerable prisoners were held in the vulnerable prisoner unit at the time of the inspection, rather than spilling over into other wings, a practice that we criticised at the previous inspection. We later discovered that six vulnerable prisoners had been transferred to Wandsworth for the duration of the inspection. Inspectors were swiftly able to establish that such prisoners had been held on another wing in the previous week, and that an assault had taken place there.

The inspection did find considerable improvements to the environment. A previous disregard for the basics of a decent environment had been robustly tackled, and standards of hygiene, facilities and food were now acceptable, given the age and condition of the prison. Staff-prisoner relationships were mainly positive, though they lacked the underpinning of an effective personal officer scheme. With strong leadership from senior managers, work on race relations and with foreign nationals was good. This was reflected in the perceptions of black and minority ethnic and foreign national prisoners in our survey, which were much more positive than usual. Support for prisoners with disabilities was much less well developed and this too was reflected in survey responses. Healthcare was improving, with an excellent day care centre, though primary mental healthcare, and the speed of transfer to NHS facilities for those with acute mental illness, were inadequate.

There continued to be too little activity for prisoners. Time out of cell was much more predictable and regular than previously, but about a quarter of prisoners were unemployed, and could spend 22 hours a day in their cells. Much of the education was of a high standard, but there were only 70 full-time equivalent places, though some prisoners were able to access short sessions in the day care centre in addition. Of the 500 jobs, 100 were cleaners, and some work was mundane, with few opportunities to gain accreditation for employment.

Resettlement work had improved since the last inspection, and was based on a thorough needs assessment. Links with some neighbouring local authorities, and with community drug intervention teams, were particularly good. Help was available across most of the resettlement pathways, though surprisingly few of the prisoners surveyed were aware of it. This may well have reflected the fact that there were no formal custody plans between initial assessment and prisoners' discharge, to ensure that active steps were taken to contact prisoners and respond to changing needs.

This could have been a positive report, reflecting the considerable work and management attention that had gone into ensuring that Pentonville was able to deliver a reasonable standard of care to its prisoners. Sadly for the many staff and managers who have worked hard to achieve this, the Pentonville and Wandsworth inspections will be remembered rather for exposing the irresponsible, pointless and potentially dangerous actions of some managers, who lost sight of their primary duty to the prisoners in their care. This is deplorable not only because of its effects on individuals, but because of the underlying mind-set: that prisoners are merely pieces to be moved around the board to meet performance targets or burnish the reputation of the prison.

The actual consequences for Pentonville prisoners during this inspection were, thankfully, relatively minor; but the reciprocal exchange of Wandsworth's prisoners during its inspection exposed men to unacceptable risk and mistreatment. Both the consequences and the approach that gave rise to them are necessarily reflected in our assessments. This should never happen again; and it is welcome, though it should not have been necessary, that the Director General of the National Offender Management Service has instructed Governors to that effect.

Anne Owers
HM Chief Inspector of Prisons

September 2009

Fact page

Task of the establishment

Category B local prison holding remand, trial and short-term convicted prisoners.

Operational area

London

Number held

1,068 (11 May 2009)

Certified normal accommodation

914

Operational capacity

1,152

Date of last full inspection

7–16 June 2006

Brief history

Pentonville was completed over 150 years ago as a prototype prison with radial wings and has remained in use ever since as a local prison. Although much refurbishment has taken place, the original four cellblocks are as they were when the prison opened in 1842.

Recent developments have included the refurbishment of a first night centre and change to the NHS contract to NHS Islington. IDTS (integrated drug treatment system) was due to open alongside a newly refurbished F wing in June 2009.

Short description of residential units

- A - First night centre/induction
- B - Detoxification unit
- C - Remand/convicted prisoners
- D - Enhanced wing
- E - Remand/convicted prisoners
- E1 - Segregation unit
- F - Substance misuse unit (opening June 2009 following refurbishment)
- G - Remand/convicted prisoners
- G1 - Vulnerable prisoner unit

Healthy prison summary

Introduction

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

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

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

... performing well against this healthy prison test.

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

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

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

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

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

... performing poorly against this healthy prison test.

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

Safety

HP3 Movements to court were well organised. Reception was extremely busy and some new arrivals were delayed there. Recent significant improvements had been made to first night arrangements, but induction was poorly organised. There was a good violence reduction strategy, but many prisoners felt unsafe and individual incidents

needed better investigation. Assessment, care in custody and teamwork (ACCT) documents were good, but did not always translate to effective care planning. Overflow arrangements for vulnerable prisoners were not being used during the inspection week, but had been in use the previous week, before six prisoners were temporarily transferred to Wandsworth. Managers in return took in some extremely vulnerable and self-harming prisoners from Wandsworth. Good efforts were made to help reduce the high level of use of force. There were unsafe delays with prescribing for men with opiate dependency problems and a lack of a supportive regime for them. Illegal drugs were too readily available. The prison was not performing sufficiently well against this healthy prison test.

- HP4 Most prisoners had short journeys to Pentonville, but some spent long days at court and then waited on vans on arrival at the prison. Movements to court were well organised, with few problems reported, although the video link appeared relatively underused. Not all prisoners attending trials were able to shower daily.
- HP5 Reception was very busy. It was kept clean, but very little information was displayed. The emphasis was on processing prisoners quickly, but some new arrivals in the afternoon were delayed there before moving to the first night centre. Although better than previously, in our survey prisoners were relatively negative about their reception experience compared to other locals. Some told us they felt unsafe there and did not consider it was well enough supervised.
- HP6 New and much improved first night arrangements had recently been introduced and the process was generally relaxed, with good engagement between prisoners and officers. The quality of interviews varied and not all were conducted in private. There was some good prisoner peer support, but orderlies did not always introduce themselves to new arrivals. Cells for new arrivals were generally well prepared, but many new prisoners found sharing a cell with a stranger daunting.
- HP7 Induction was not well structured and the published programme was not followed. Induction interviews did not allow sufficient confidentiality. Arrangements for vulnerable prisoners held on a separate landing were ad hoc. In our survey, only a third of prisoners said induction had covered all they needed to know.
- HP8 More prisoners than the comparator¹ with other local prisons in our survey said they had felt unsafe at some time. Bullying and violence linked with drugs and mobile telephones had been indentified as a concern. An active safer custody team had begun to analyse data and had identified and acted on some emerging trends, but there had been little staff training about the violence reduction strategy, which was not always used effectively. There was reasonable consultation with prisoners, but there had been delays in analysing the last full prisoner survey about violence and bullying and a more comprehensive survey was needed. Vulnerable prisoners on G1 landing mostly felt safe but overflow arrangements on A wing did not ensure their safety and individual incidents needed better investigation. Those arrangements had been in use the week before the inspection and one prisoner had been assaulted there. During the inspection, six other vulnerable prisoners were temporarily transferred from Pentonville to Wandsworth just for the duration of the inspection and without taking into account their individual needs, and the overspill facility was not used.

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

- HP9 There had been seven self-inflicted deaths since 2005, three of which were in 2008. Although not comprehensive, a good consolidated action plan was regularly reviewed. Details of near-fatal incidents were recorded, but arrangements to investigate these were not well developed. Night staff demonstrated good awareness of procedures. There was some thorough data analysis and identification and understanding of particularly vulnerable groups. Assessment, care in custody and teamwork (ACCT) documents and ongoing individual monitoring were mostly good. Some good support was available, but care plans were poor and reviews were not always well managed. Listeners felt supported by senior managers and Samaritans, but said some officers impeded access to them. The Listener suite was very stark and there was unsatisfactory access to Samaritan telephones at night. Prison managers' unacceptable and collusive arrangements with Wandsworth resulted in the transfer into Pentonville of five Wandsworth prisoners, two of whom had recently self-harmed and one of whom did so again. Separately, the Prisons and Probation Ombudsman is investigating the self-inflicted death of another prisoner who moved from Wandsworth to Pentonville following a court appearance in the week before the Wandsworth inspection and remained at Pentonville over the period of that inspection, returning to Wandsworth with four of the prisoners who had been temporarily transferred.
- HP10 The segregation unit was clean and managed by a regular group of staff who interacted well with prisoners. Segregation reviews were well attended and multidisciplinary, with good individual targets. Prisoners seeking protection from others were usually held on G1. The number of adjudications was relatively high and, although most charges were appropriate and regular standardisation meetings were held, too much use was made of cellular confinement.
- HP11 Prisoners reported that officers used force too quickly and its use was relatively high. Management action had begun to reduce the level of use. There had been a big reduction in the use of special accommodation, which had halved from 2007 to 2008. In most cases, prisoners were held in special cells for only a brief time, but one prisoner had been instructed in advance to be held there overnight. Some prisoners were routinely left with just protective clothing or blankets without good reason.
- HP12 Prescribing arrangements for opiate-dependent prisoners were unsatisfactory and potentially unsafe. Some urgent efforts to rectify this were made during the inspection. The detoxification unit did not provide a suitably supportive environment and treatment regimes were inflexible. The integrated drug treatment system was about to be implemented with welcome plans to open a 130-space dedicated substance misuse unit with revised clinical management protocols to meet prisoners' needs. Illegal drugs were too easily available. This was reflected in our survey, where 37% said it was easy to get hold of illicit drugs, and in a positive random mandatory drug testing rate of almost 20% over the previous six months. Delays in managing security information reports meant suspicion tests were not carried out quickly enough and there were some low positive rates as a result. There was a lack of drug dog cover at weekends.

Respect

- HP13 Staff-prisoner relationships were mostly positive and respectful, but there was no personal officer scheme. Managers' decisions to collude with Wandsworth in swapping prisoners, some vulnerable, for the duration of the inspection did not

demonstrate respect for prisoners. The prison was clean. Standards of accommodation were generally satisfactory, except that men shared single cells with inadequately screened toilets. Efforts were made to ensure prisoners received basic necessities. Prisoners were dissatisfied with the food. The incentives and earned privileges (IEP) scheme had little impact. High priority was given to race and foreign national issues, but wider diversity work was underdeveloped. Legal services were inadequate. Healthcare services were mainly satisfactory. The prison was not performing sufficiently well against this healthy prison test.

- HP14 In our survey, a similar percentage of prisoners to the comparator said most staff treated them with respect, which was a big improvement from previously. At the time of the previous inspection, only 48% said they had a member of staff they could turn to for support and this was now 75%. Some prisoners said a minority of officers were unhelpful. Efforts had been made to consult prisoners through regular meetings. There was no personal officer scheme and entries in wing history sheets were almost non-existent. The arrangement with Wandsworth, to move prisoners between the two prisons for the duration of both inspections, did not demonstrate a commitment, at managerial level, to respect for prisoners and their needs.
- HP15 There was a clear priority to keep the prison clean both internally and externally and previous serious infestations of vermin were now under control. The standard of accommodation varied and some was unsatisfactory. Most was adequate, but the majority of prisoners shared cells with ineffectively screened and badly stained toilets. Many of the communal shower areas were in poor condition. There was little graffiti and we found no offensive material displayed in cells. Previous problems with ensuring prisoners had basic necessities such as pillows and basic hygiene items were no longer apparent. There were difficulties in getting blankets washed and delays in telephones being repaired, and management of prisoners' property was poor. Unconvicted and sentenced prisoners shared accommodation.
- HP16 Most prisoners had little engagement with the incentives and earned privileges (IEP) scheme. Prisoners had to wait too long to apply for the enhanced level. Some prisoners were downgraded a level after being charged with offences against prison rules even before the charge was heard. Very few were on the basic level, but their monitoring was inadequate and other than ethnic monitoring there was no general monitoring of the fairness or operation of the scheme.
- HP17 Although our survey showed some increased satisfaction with the food compared with the last inspection, only 15% against a comparator of 24% said the food was good. Due to a malfunction, the kitchen was closed and a temporary kitchen was in use, but most of the food we tasted was satisfactory. Breakfast packs were given out the evening before use and other meals were served early.
- HP18 The current in-house shop system was about to be replaced by a centralised, less flexible system. While the existing provision did not always operate smoothly, it allowed considerable flexibility. The new provision did not appear to be as responsive to the diverse and changing needs of the population at Pentonville.
- HP19 Prisoners were positive about their access to chaplains and the support they received. There were no problems getting to services, but vulnerable prisoners had to attend separate Christian services on Thursdays rather than at weekends.

- HP20 There was no overarching diversity policy or monitoring to ensure the needs of minority groups were met. A very recent disability and older prisoner policy had been introduced with a primary focus on disabilities, but there was nothing to cover sexuality. A recent older prisoners' forum had been helpful in assessing needs. Gaps in the current identification processes for prisoners with disabilities were being addressed. There were no care plans for older prisoners or those with disabilities and little structured support or adaptations. The refurbished F wing would provide some better facilities.
- HP21 The prisoner population was very diverse, as was the staff group, including at managerial level. Race equality work was a key priority. There was clear senior leadership and commitment, some good promotion of racial and cultural diversity, and prisoner representatives were well supported. There was no external community representation at the race equality action team (REAT). Ethnic monitoring data was discussed and appropriate follow-up action taken. The race equality officer encouraged staff to challenge inappropriate behaviour rather than just report a racist incident.
- HP22 Foreign national work had strong strategic support and a well attended foreign national committee had a clear action plan. There were good links with immigration staff based in the prison and with the Detention Advice Service. Differences of perception between foreign national and British prisoners needed investigation, but there were good consultative arrangements to allow this to happen. Some effective use was made of staff and prisoner translators, but there had been little use of professional services or provision of information in other languages. Improvements had been made for international telephone calls, but not all prisoners were aware of the scheme.
- HP23 There were many formal applications and little attempt to resolve matters on the wings. Many formal complaints resulted from weaknesses in the application system, many about property. Most complaints were answered on time. Replies did not always fully address the issues raised, but quality checks were improving the standard.
- HP24 There was little effective legal services provision and legal services officers rarely got the profiled time. Three full-time bail officers saw all newly remanded men. Many were quickly screened out as unsuitable, but a number of those subsequently obtained bail. Facilities for legal visits were poor.
- HP25 There was good joint working with the primary care trust and other health partners. The quality of primary care was mixed, with some very good systems and procedures, but some aspects of service delivery were unsatisfactory. General perceptions of the overall quality of health services were worse than at comparator prisons. Referrals to outside hospitals were very well managed. Dental services were satisfactory and pharmacy provision was good. The inpatient facility provided little therapeutic regime, but patients were able to attend an excellent day care facility for those with mental health and social care needs. Some patients waited too long for transfers to NHS mental health beds. The number of instances of medication administered under restraint was a concern.

Purposeful activity

- HP26 There were insufficient activity places and no part-time work. Too many men without allocated activity spent most of their time locked in cells. There was some satisfactory education provision, but most jobs were mundane. A new library was a good facility, but needed better promotion to increase use. Physical education facilities were reasonably good, but there was no outside sports area. The prison was not performing sufficiently well against this healthy prison test.
- HP27 A standard core day now ran across the prison with some minor variations. Too many prisoners spent most of the day locked in cells. About a quarter of prisoners were unemployed and were locked up between 21 and 22 hours a day. All prisoners received at minimum one period of association and exercise a day with at least one evening session a week.
- HP28 The information, advice and guidance service for education and training was under-resourced. There were 70 full-time equivalent places in main education and 25 full-time places in the healthcare day centre, which was an excellent facility. This had helped increase overall participation in education. The curriculum was satisfactory, with some useful unit-based courses. There was poor attendance and punctuality in some classes. The English for speakers of other languages provision was well managed and delivered. Achievements in literacy and numeracy courses were high, with some reasonable performance in ICT. Teaching and learning were generally good and some teaching was excellent. Education and training had strong leadership and worked well in partnership with other agencies, but data were not well used to help improve the provision.
- HP29 There were not enough work places to keep prisoners occupied and about 100 or so of the jobs were cleaners. Attendance and punctuality was poor at some workshops and, although the work ethos once there was good, some of the work was very mundane. A sewing workshop provided some accredited training. While this was not a useful skill for external employment, other generic work-related skills were recognised. Some useful training was provided in a contract tool hire workshop, but for relatively small numbers. Construction skills certification scheme cards were offered to help men gain employment after release and there were some practical painting and decorating jobs, although these were not accredited. Workshops provided some basic health and safety training as well as literacy and numeracy support.
- HP30 The library was an excellent new facility. Attendance rates were relatively low and it was recognised that better promotion of the service was needed. Opening times were restricted, with just one evening and no weekend sessions. Book stocks were adequate for recreational reading. Prisoners were able to obtain relevant legal materials and Prison Service Orders.
- HP31 Physical education (PE) facilities in the sports hall and fitness room in a converted workshop were generally satisfactory and appropriately supervised, but there was no ventilation for the fitness room and the shower areas needed repainting. There was no outdoor sports area. The sports hall was open in the evenings and at weekends. Sessions were long and a proposal to split these would allow more prisoners to participate. There was a good range of and achievement in employment-related

courses led by well-qualified and experienced staff, as well as remedial PE and promotion of healthy living.

Resettlement

- HP32 The reducing reoffending strategy was based on an assessment of needs and resettlement pathway work was developing accordingly. Reintegration needs were assessed on arrival and appropriate referrals made, but there was little awareness of services. There was no custody planning for remand and short-term prisoners. Assessments were completed for those subject to offender management. Public protection work was satisfactory and there was some appropriate offending behaviour work. Drugs work was good and set to improve with the introduction of the integrated drug treatment system. The prison was performing reasonably well against this healthy prison test.
- HP33 The reducing reoffending strategy was up to date and based on an analysis of over 6,000 initial screenings of men arriving at Pentonville. The prison had identified the needs of the population through the resettlement pathways and had made progress in developing provision, which was overseen at a well-attended bi-monthly meeting. Some good strategic links had been developed with local councils to provide services for prisoners discharged into their areas. There were plans to establish a resettlement unit on one of the wings for prisoners who were willing to deal with their resettlement needs, but there was a risk that the needs of the majority of short-term prisoners less willing or able to engage could be overlooked.
- HP34 Most prisoners had resettlement needs assessed and appropriate referrals made, but there was no clear case management or custody plan to ensure that identified needs were met. Nor was there a discharge board to check before release. Prisoners in scope for offender management mostly had up-to-date offender assessment system (OASys) assessments, but there were some backlogs with others. Offender managers from the community were not actively engaged with the process. The quality of assessments for prisoners in scope was good, with some relevant long-term targets. Short-term prisoners were mostly moved quickly to suitable category prisons.
- HP35 Waiting lists for accredited offending behaviour programmes were not long and were appropriately prioritised. The coping with anger and learning to manage it (CALM) course was to be replaced by the A-Z motivational programme, which was more relevant to a local prison population. All interventions had been usefully mapped across the resettlement pathways and work was under way to identify better the needs of short-term prisoners to help ensure there were appropriate interventions.
- HP36 Resettlement assessments took place the day after arrival and referred prisoners to a variety of support agencies. St Mungo's provided accommodation advice and support, but the service was not well promoted. Two full-time Jobcentre Plus workers helped prisoners with closing and retrieving benefits, applying for community care grants and booking appointments, but work on the finance, benefit and debt pathway needed further development. On release, all prisoners were given a summary copy of their healthcare treatment, information about how to access a GP and if necessary a supply of medication. Some were referred to community mental health services.

- HP37 Forty-two prisoners were serving indeterminate sentences for public protection (IPPs). There were 10 life-sentenced prisoners, three of whom had been recalled from licence. Most lifers had been sentenced more than 12 months previously and were still waiting for moves to first stage prisons. Category C IPP prisoners moved quite quickly, although some stayed to complete sentence plan targets at Pentonville. New lifers and IPP prisoners were usually allocated to offender supervisors quickly and seen for an initial interview. There was no established system to identify and support remand prisoners who could potentially be facing a life sentence.
- HP38 Public protection arrangements were sound, with good identification procedures, but a board was held only once a month, by which time many of the identified prisoners had been transferred. Information sharing was generally good, but transmission of security intelligence was sometimes delayed.
- HP39 Prisoners were able to book visits themselves and visitors could also book at the well-run visitors' centre. Many visitors complained of difficulties getting through to the telephone booking line. A biometric identification system had been introduced, but all prisoners still had to wear bibs in visits. Fixed seating provided little privacy and the visits room was hot and noisy. Family days were restricted to enhanced prisoners. A family support worker had been appointed and the service was developing well. A small number of prisoners had been released on temporary licence to help deal with family issues and a course was run to provide some useful resettlement help for prisoners and their partners.
- HP40 The drug strategy was up to date and informed by needs assessments, but lacked action plans and did not include alcohol. Integrated drug treatment system (IDTS) boards had replaced wider drug strategy meetings and there was a need to develop a more coordinated approach. Prisoners could access a good range of interventions. Throughcare support was very good, with five drug intervention programme (DIP) officers based at the prison and there were weekly meetings between prison drug workers and 11 DIP workers. There were positive opportunities to develop services further under IDTS.

Main recommendations

- HP41 Under no circumstances should prisoners be transferred out in order to ensure that they are not present during an inspection.
- HP42 Prisoners who are vulnerable or have ongoing medical treatment should only be transferred where this is in their best interests, and in line with a multi-disciplinary care plan.
- HP43 The Director of Offender Management should ensure that all staff, and particularly senior managers, understand that prisoner care is their prime responsibility at all times.
- HP44 A personal officer scheme should be established so that there is a designated officer actively responsible for checking regularly on individual prisoners' welfare, dealing with issues as they arise and helping to ensure that any identified reintegration needs are met.

- HP45 Appropriate first night prescribing for opiate dependent prisoners should be introduced urgently.
- HP46 Officers should be effectively trained to use the staged violence reduction strategy, and reporting, investigation and monitoring of bullies and support for victims should be clearly recorded.
- HP47 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.
- HP48 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.
- HP49 The number and quality of employment places should be increased.
- HP50 Prisoners should have more time out of cell.
- HP51 Prison officers should have appropriate training to recognise and take appropriate action when a prisoner may have mental health problems.
- HP52 Resettlement services should be made available through an easily accessible and widely publicised drop-in centre.
- HP53 Sentence or custody plans should be developed for all prisoners whatever their status or length of sentence.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Few prisoners had long journeys, but most found the vans uncomfortable. Prisoners often spent long days in court and most did not receive any advance information. The video link was underused. Prisoners were moved between Pentonville and Wandsworth during the inspections without warning or attention to their individual needs.
- 1.2 Few prisoners had long journeys, but most found the vans uncomfortable. Seventy per cent said they knew where they were going when they left court or when transferred, but this fell to only 49% among foreign national men. As in other prisons, few had received any advance information at court about what would happen to them.
- 1.3 Prisoners arrived at court on time, but some prisoners involved in trials said time constraints meant they could shower only at weekends. Prisoners attending court had to take all belongings with them each time and their cells were not saved for their return. This was an added stress for men involved in long trials. Population pressures meant there was no guarantee they would return to the same wing.
- 1.4 Prisoner escort records (PERs) showed that prisoners had been offered refreshments during their day at court and were frequently checked by escort staff. However, they also showed that many prisoners spent long days in court, including one man who completed his 15-minute court appearance at 10.22am, but did not arrive at the prison until 6pm. Many prisoners arrived after 7pm. In a two-month period in early 2009, 272 men had arrived after 7pm, 37 after 8pm and 26 between 9pm and 11pm. After arrival at the prison, men could wait some time in the vans depending on the number of vans arriving together.
- 1.5 A video link with courts appeared underused. There had been 4,846 prisoners leaving to appear in court between November 2008 and April 2009 compared with only 466 who used the video link. In the same period, the link had also been used for 214 legal visits, 166 probation interviews, 16 police interviews, 10 immigration hearings and 10 inter-prison visits.
- 1.6 Prisoners were generally given notice about planned transfers 24 hours in advance, although we found one man who had been informed only on the morning of his transfer. The decision to transfer some prisoners to Wandsworth for the duration of the inspection and the reciprocal agreement to accept prisoners from Wandsworth resulted in prisoner transfers that were wholly unnecessary, and carried out without adequate notice or attention to individual prisoners' needs.

Recommendations

- 1.7 Prisoners should be held in court cells for the minimum possible period.
- 1.8 Prisoners should arrive at the prison before 7pm.

- 1.9 Prisoners should receive information at court about the prison in a language they can understand.
- 1.10 Prisoners should be offered the option of using the video link for suitable hearings.
- 1.11 Prisoners involved in trials should be able to keep their cell while the trial is ongoing.
- 1.12 All prisoners should be given 24 hours notice of a planned transfer.

Housekeeping point

- 1.13 Prisoners attending trials should be able to shower daily.

First days in custody

Expected outcomes:

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

- 1.14 Reception was very busy and clean, but not a welcoming environment. Not all interviews were carried out in private and the first night interview was used mainly to identify risk rather than offer support. The first night centre was relaxed and staff engaged well with prisoners, who were not locked in their cell until all procedures were completed. Many men found sharing a cell with a stranger on their first night daunting. There was an over reliance on written information and too little use of peer support. The published induction programme was not followed, did not fully occupy new arrivals and was not well presented.

Reception

- 1.15 Escort and reception staff quickly dealt with the handover of prisoners' documents and property. Reception was very busy. It was clean, but basic and unwelcoming. Prisoners were addressed only by their surnames and officers did not engage with them after the initial booking in was completed.
- 1.16 In our survey, significantly fewer than the comparator said they had been well treated in reception. There was a strategy to protect vulnerable prisoners and those seeking protection were interviewed by a duty governor. Most prisoners moved quickly to the first night centre, but some waited several hours in reception depending on their time of arrival. There were no movements from reception between about 4.45pm and 6pm when a roll check was carried out.
- 1.17 Initial holding rooms contained nothing to pass the time, but those used to hold prisoners who had completed reception procedures contained televisions. New arrivals were held separately from those returning from court. Rooms were covered by closed-circuit television, but we did not see staff monitoring the screens and there was little actual supervision of prisoners in the holding rooms. Some prisoners said they had felt unsafe in reception. Prisoners smoked in the large room holding court returns despite clear no smoking signs and officers did not enforce this.

- 1.18 Some reception orderlies were also Listeners, but they did not spend any formal time with new arrivals to provide information and support. New arrivals were seen by a nurse. A cell-sharing risk assessment (CSRA) and a first night interview were carried out in reception until 6pm, after which they took place on the first night centre. The interviews were not always completed in private and we saw some taking place in a corridor, which was unlikely to encourage prisoners to ask for help or disclose sensitive information or anxieties. Interviews on the first night centre after 6pm took place in an office with an open door and were frequently disturbed by officers walking in.
- 1.19 The first night interview covered issues of self-harm, whether prisoners were new to custody, current and previous convictions, appeals and any accommodation issues. The officer also noted each prisoner's demeanour, but the interview was geared mainly towards identifying risk and collecting information rather than providing an opportunity for officers to engage with prisoners on a more personal level and encourage disclosure. Prisoners signed a number of compacts about behaviour and use of the telephones. In our survey, more prisoners than the comparators said they had arrived with a variety of problems, including housing and money worries and health issues.

First night

- 1.20 In our survey, 32% of prisoners, significantly fewer than the comparator but much improved from the 17% in 2006, said they had been given information on arrival about what was going to happen to them. Fifty-six per cent, significantly fewer than the comparator of 74%, said they had felt safe on their first night.
- 1.21 First night arrangements were much improved with the recent opening of a new first night centre. The first night centre was extremely relaxed and prisoners could talk to each other, officers and peer supporters. Several officers were detailed to work late in the evening to ensure that all procedures were fully completed. Prisoners were offered a meal, a shower and a telephone call. Although fewer than the comparator in our survey said they had been able to shower or use the telephone on their first night, this was likely to reflect the fact that the first night centre was a relatively new facility.
- 1.22 Prisoner peer supporters, including the first night orderly and the violence reduction and race equality representatives, were freely available, but did not actively introduce themselves to prisoners. The first night orderly did not have a job description.
- 1.23 Prisoners who had completed the cell-sharing risk assessment, first night interview and health screen were seen again by an officer. Each was given £2.80 telephone credit, but only 30 pence of it was towards a free call and did not have to be repaid. Each was also offered a smoker's or non-smoker's pack, but staff did not always explain the payment arrangement or how long the pack had to last.
- 1.24 New arrivals were given an envelope containing an information booklet, several application forms, a health and safety leaflet, a blank letter, envelope and pen and information sheets about the Listeners and cell bells. One officer did not check the prisoners' cell-sharing risk assessment and gave them the envelope with little explanation of the contents. Another officer checked the cell-sharing risk assessments, took everything out of the envelope and explained each item. Only one of the officers asked prisoners if they had any questions. Both were friendly, but neither introduced themselves, asked prisoners how they were feeling, explained what would happen the next day and during induction, or described the role of peer supporters.

- 1.25 Not all the detail in the information booklet was correct or comprehensive. A DVD of information was shown on a television, but this had no voiceover and all the information had to be read, which was little help for those with reading difficulties. There was a general over-reliance on written information.
- 1.26 First night cells were clean and well prepared. All were shared unless a prisoner had been identified as unsuitable through the cell-sharing risk assessment. Many prisoners found this daunting and, as at the previous inspection, some shared with men who were withdrawing from drugs or alcohol.

Induction

- 1.27 In our survey, a third of prisoners said they were new to custody. Significantly fewer than the comparator said they had been on an induction course and only a third said it had covered everything they needed to know. In the measuring the quality of prison life report from November 2008, prisoners said they had to ask other prisoners for information and that they did not know what they were entitled to as they had not been told.
- 1.28 The published induction programme was displayed in cells and the induction room on the first night centre and in the induction room on C wing, but it was not followed. Day one induction took place on the first night centre the day after a prisoner's arrival. The published programme stated that a mini-induction programme would be explained to prisoners between 8am and 9am, but this did not happen.
- 1.29 All new arrivals were interviewed by a bail officer and a member of resettlement staff to complete a London initial screening and referral form (LISAR). This gathered relevant information, including accommodation needs, education, training and employment, benefits and money matters, drug misuse and mental and physical health. Depending on the needs identified, referrals were sent to departments such as the counselling, assessment, referral, advice and throughcare (CARAT) service, the chaplaincy, St Mungo's housing advice, Jobcentre Plus and the family worker.
- 1.30 The aim of the interview, and that referrals would be made as appropriate, were not clearly explained to prisoners. Interviews were completed either in one of two booths, giving only limited privacy, or in the general seating area among other prisoners. We heard prisoners inappropriately asked sensitive questions about their drug histories, mental health and previous and current convictions within hearing of others. A range of written information was available, including in languages other than English.
- 1.31 Day two induction took place the following afternoon in a large room on C wing. As we had noted at our previous two inspections in 2005 and 2006, the toilet in this room was filthy. Prisoners were given a short talk by a Listener, a race equality prisoner representative and a CARAT worker. Education staff also gave an introductory talk and all prisoners completed basic education assessments. Two officers gave a presentation about regimes and services. This covered some 30 topics, but prisoners did not have the materials to make notes. They could ask questions, but the presentation was not designed to engage prisoners in any discussion. Some information was not given in sufficient depth, including important areas such as race equality, which was covered in less than a minute.
- 1.32 Prisoners on the detoxification wing joined the day two induction when well enough. Officers on the vulnerable prisoner unit gave verbal information to new arrivals, but some men on the wing said they had not received an induction and files were not noted to record that induction had taken place.

Recommendations

- 1.33 Prisoners should be held in reception for as short a time as possible.
- 1.34 Reception staff should actively engage with and supervise prisoners.
- 1.35 All interviews with new arrivals should take place in private and uninterrupted.
- 1.36 All prisoners should be given comprehensive and supportive first night information to prepare them for the following few days.
- 1.37 Cell-sharing risk assessments should be checked before cell allocation.
- 1.38 Staff should introduce themselves to prisoners and wear identification that displays their name and status.
- 1.39 Prisoners should be fully occupied through a comprehensive, structured and engaging induction programme.
- 1.40 Prisoners should understand how their resettlement needs are assessed and identified during induction and to whom referrals can be made.
- 1.41 Prisoners should be helped to understand first night and induction information through reinforcement by peer supporters.
- 1.42 Prisoners withdrawing from drugs or alcohol should not share cells with those who are not.

Housekeeping points

- 1.43 The means to pass the time should be provided in initial holding rooms.
- 1.44 Reception holding rooms should be smoke free.
- 1.45 Information in the prisoner information booklet should be correct and comprehensive.
- 1.46 Prisoners should be told how long the reception pack is expected to last, its cost and the system for repayment.
- 1.47 The toilet in the induction room on C wing should be cleaned and kept clean.
- 1.48 Vulnerable prisoners' induction should be recorded in their wing files.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

- 2.1 The residential wings were clean. Living conditions were mostly satisfactory except that the majority of prisoners shared cells with inadequate toilet screening. Many domestic problems were resolved at an effective prisoner representative committee, but there remained problems with ventilation, the laundry and telephones. Property was poorly managed. Unconvicted and sentenced prisoners shared accommodation.
- 2.2 The residential and outside areas were tidier and much cleaner than at the previous inspection. The outside was cleaned daily by a team of prisoners supervised by an operational support grade. Wing cleaning competitions had been introduced. A pest control officer had also been appointed and carried out weekly checks. The vermin problem had not been eliminated, but was now under control.
- 2.3 There were seven wings, A to G, each of which had a designated purpose (see fact page) and varied in capacity and layout. F wing was closed for refurbishment. The standard of residential accommodation was mixed. Most prisoners were in shared cells. All cells had internal sanitation, but most toilets were only partially screened, which did not provide sufficient privacy and most were badly stained with limescale. There were no toilet facilities on wings outside cells.
- 2.4 A and D wings had been refurbished and offered mostly good living conditions. However, G wing and in particular B wing were in poor condition, with many missing window panes. Accommodation on the other wings was adequate. Apart from on A and D wings, cell furniture was poor, with no lockable cupboards and room for only one table and chair. On B wing, we found one bed supported by tins of paint. Few cells had notice boards, but there was little graffiti and no obvious offensive material on display. Display boards in communal areas of all wings contained a wide range of up-to-date and relevant information.
- 2.5 The whole prison was poorly ventilated. Some prisoners complained that 'openers' on their windows restricted the flow of fresh air into their cells. The poor ventilation in the communal showers had also resulted in peeling paint. Some had broken tiles.
- 2.6 A well-run and effective prisoner consultative committee helped resolve domestic issues. Several previous problems, including missing pillows and prisoners not being issued with basic hygiene items, had been addressed. All cells now had in-cell electricity so prisoners could have kettles. Each cell had drinking water and there were hot water urns on the landings.
- 2.7 There were enough telephones, but many had ineffective metal hoods rather than booths and some had no hoods at all. Most were situated in pairs and in noisy areas. They broke down regularly and repairs were often delayed. Prisoners complained about the cost of telephone calls and said they were cut off without warning. In our survey, significantly more than the comparator said they had difficulty getting access to the telephones. This was particularly

- related to the limited amount of time many prisoners got out of their cells, which made it difficult to maintain contact with family members who worked during the day and with school-aged children (see section on time out of cell).
- 2.8 Prisoners could send as many letters as they could afford and there were no restrictions on the number received. Prisoners were given a free letter and pen on arrival and were told during induction about free weekly letters.
- 2.9 Due to the time they were locked up, prisoners often used their cell call bells inappropriately. Records indicated that the average response time was less than five minutes, but we saw some examples of staff taking too long to respond to calls.
- 2.10 As in most other prisons, unconvicted and convicted prisoners shared accommodation and even cells contrary to the requirements of Prison Rules.

Hygiene, clothing and possessions

- 2.11 The standard of hygiene across the prison had improved significantly and prisoners were encouraged to keep their cells decent. Many prisoners complained that it was difficult to get washing up liquid to clean their plates or general cleaning materials.
- 2.12 Unconvicted and enhanced regime prisoners could wear their own clothes and about half chose to do so. Those who did could have clothes washed in the laundry facilities on each wing. The kit issued was mostly reasonable, although staff said it was difficult to get suitable clothing for very tall prisoners. Laundries were run by orderlies who organised rotas. A number of prisoners complained that it was difficult to get blankets cleaned and significantly fewer than the comparator in our survey said they received clean sheets each week. All laundry equipment was in working order, but there had been some recent breakdowns and the efficiency of the service varied between wings. The laundry room on G1 was in a particularly poor state, including a badly cracked floor.
- 2.13 Some prisoners said their personal property had been stolen from their cell and there were no lockable cupboards in which to store possessions. Prisoners had to apply to get items of stored property from reception. Staff said they would respond within a week, but only 21% of prisoners in our survey, significantly fewer than the comparator, said they could normally get their property if they needed to. The organisation of stored property was chaotic and several bags were discovered during the inspection dating back several years and unaccounted for. This also affected prisoners transferred to other prisons.

Recommendations

- 2.14 Broken cell windows should be repaired quickly.
- 2.15 All cell toilets should be adequately screened to allow appropriate privacy.
- 2.16 All cells should contain serviceable furniture, including lockable cupboards.
- 2.17 All cells should be adequately ventilated.
- 2.18 Shower areas should be adequately ventilated and maintained in good condition.
- 2.19 Laundry facilities should be of an adequate standard.

- 2.20 Prisoners should have regular access to reliable telephones and should be able to use them in private.
- 2.21 The arrangements for storing property should be improved so that items are all accounted for and prisoners have appropriate access to their possessions.
- 2.22 The Prison Service should clarify its position in relation to the application of Prison Rule 7 (2) prohibiting unconvicted prisoners to share cells with convicted prisoners.

Housekeeping points

- 2.23 All cells should have notice boards.
- 2.24 Prisoners should have access to washing up liquid and appropriate cleaning materials.
- 2.25 Prison kit should be available in all sizes.

Staff-prisoner relationships

Expected outcomes:

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

- 2.26 Day-to-day relationships between officers and prisoners were generally positive. Most prisoners said there was a member of staff who would help them if necessary, although they said some individual officers were unhelpful. Interactions we observed were mostly respectful. However, managers' decision to collude with Wandsworth and to swap prisoners for the period of the inspections did not demonstrate respect for prisoners as individuals.
- 2.27 In our survey, 66% of prisoners, similar to the comparator and considerably better than the 43% at the previous inspection, said most staff treated them with respect. Similarly, 75% of men compared to only 48% in 2006, and significantly better than the comparator, said they had a member of staff they could turn to for support. The number of men who said they had ever felt threatened or intimidated by a member of staff had almost halved from the time of the previous inspection. A measuring the quality of prison life (MQPL) exercise in November 2008 had also charted improvements in relationships with staff.
- 2.28 In groups, prisoners were also relatively positive about their treatment by staff. Most agreed that the majority of staff were helpful, but said a number of officers were difficult or lazy and 'fobbed them off' when they asked for help.
- 2.29 Interactions we observed were generally respectful and constructive and most officers addressed and referred to prisoners by their title and surname. Some prisoners complained that they were shouted at unnecessarily if they crossed the centre rather than taking the route round the edge. We saw this happen several times, including with a new arrival moving from the first night centre to the vulnerable prisoner unit who would not have known about this expectation.

- 2.30 Some efforts had been made to give prisoners personal responsibility through orderly and representative roles. A regular residential prisoner consultation meeting was well structured and feedback was given on action points at subsequent meetings. The meetings allowed prisoners to raise domestic issues of concern on the wings and gave them confidence that their opinions were sought and acted on.
- 2.31 Subsequent to the inspection, we discovered that there had been collusion between a manager at Pentonville and one at Wandsworth to swap prisoners for the duration of the respective inspections (see paragraphs 3.18 and 3.28). This was implemented at managerial level, and cast serious doubt on their commitment to treating prisoners with respect. This pointless and potentially dangerous action risked undermining improvements in day-to-day relationships, and provided an extremely poor model for staff.

Personal officers

Expected outcomes:

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

- 2.32 There was no personal officer scheme and very few entries were made in wing history sheets. Prisoners were allocated landing officers for advice and guidance, but this did not work effectively.
- 2.33 There was no personal officer scheme. Instead, designated officers for each landing were expected to help prisoners with enquires for 'concerns such as phones, access to gym or library, visits, canteen etc'. We saw some officers help with such matters, but prisoners were often expected to make applications about minor matters that were then sent elsewhere rather than resolved on the wing (see section on applications and complaints). Landing officers had a reactive role and there were no officers with individual responsibility for particular prisoners to ensure that they actively checked on their wellbeing and helped with family issues or resettlement and sentence planning matters.
- 2.34 Wing history sheets were referred to as 'compacts'. Staff made very few entries in them; almost all related to behaviour on the wings. They gave no information about the men or what was happening in relation to their reintegration needs, families or whether they had any special care needs.

Recommendations

- 2.35 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.
- 2.36 Wing files should contain care plans for prisoners with special needs, such as older prisoners or those with disabilities.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 Many prisoners felt unsafe. Violent incidents associated with trading in drugs and mobile telephones had been identified as a concern and efforts were being made to address this. Recently, some good work had begun and some practical measures had been taken to improve identified problem areas, but the formal strategy for responding to bullying and violent behaviour was not used effectively. Vulnerable prisoners held on G1 generally felt safe but there were concerns about the use of overspill facilities on A, which were not in use during the inspection. Six vulnerable prisoners had been moved to Wandsworth for the duration of the inspection.
- 3.2 Governance of safer custody was overseen by a monthly safer custody meeting chaired by the deputy head of prisoner care. Attendance was reasonably good and included Samaritans, Listeners and prisoner anti-bullying representatives, but the security department was often not represented. A relevant agenda for each meeting included progress reports, analyses of data and trends, training and reviews of action plans. A violence reduction action plan was also reviewed, but progress on some actions with target dates of July and August 2008 had been slow.
- 3.3 Posters displayed in residential areas highlighted the problems of bullying. Advice about where to get help was included in the prisoners' induction booklet. Information for visitors was displayed in the visits searching and waiting areas. There were plans to set up a dedicated line for visitors to report concerns.
- 3.4 An active safer custody team was taking shape and the profile of safer custody had begun to improve. Two full-time enthusiastic senior officers worked as violence reduction and suicide prevention coordinators. They reported directly to the head of residence and felt supported in monitoring the work of other senior officers responsible for managing safer custody procedures. Both had taken up these posts only in February 2009, but had previous experience of these areas. They were shortly to be given administrative support and had a clear vision of what they would like to achieve, but much of the work in this area was new.
- 3.5 A violence reduction register had been kept through 2008 and this recorded 113 violent incidents. A new database introduced in recent months had resulted in a large increase in reporting, with 122 incidents identified to the end of April 2009. Most incidents involved fights and assaults, but others were related to heated arguments or use of force. The violence reduction coordinator (VRC) regularly monitored potential sources of information on incidents such as wing observation books and spoke to prisoner violence reduction representatives daily.

- 3.6 In our survey, about half of prisoners said they had felt unsafe at some time in the prison and around a quarter said they actually felt unsafe at the time the survey was undertaken. Both were higher than the comparator with other local prisons. Prisoners felt most unsafe when moving around the prison, at mealtimes and when using the showers. There had been delays in analysing the prison's last survey of prisoners' experience and perceptions of bullying. The survey had been completed in March 2008 and was based on 146 responses from across the prison. Due to staffing problems, the results had not been presented to the safer custody meeting until March 2009. This was of limited value and a more comprehensive survey was planned.
- 3.7 Improved management information developed over recent months included details of the nature, location and time of incidents and the ethnicity of prisoners involved. This enabled emerging trends to be identified and had led to some practical changes to improve safety, but much more work was needed.
- 3.8 Improvements made included changing the route to the gym to avoid blind spots and enhance supervision. The small holding room used for prisoners waiting for a visit had been identified as a vulnerable area and prisoners spent less time there. Data had highlighted G wing as a problem and this had led to the recruitment there of more prisoner anti-bullying representatives and discussions about the need for closed-circuit television on the wing. There were plans to re-locate prisoners on wings closer to their main activity to reduce the time they were on free flow. Not all showers on residential units were in individual cubicles and showers in the gym were also potentially unsafe.
- 3.9 The violence reduction strategy had last been reviewed in October 2007 and incorporated the prison's anti-bullying strategy. It described an investigation process and a three-stage response to violent behaviour that ranged from initial monitoring for seven days with behaviour targets set on stage one to segregation under rules of good order or discipline on stage three. The system included regular reviews, with monitoring recorded in the prisoner's history sheet. Unlike many other prisons, there was no specific anti-bullying monitoring booklet for this purpose. Many aspects of the strategy were not reflected in practice, which managers accepted, and the violence reduction register for 2008 indicated very little use of the staged approach.
- 3.10 In many cases, we could not find evidence that violent incidents had been investigated. The record of the investigation that was required to be copied to the VRC was missing in nine of the 20 cases we looked at. The outcome of investigations was not recorded. These problems had been raised at the February 2009 safer custody meeting. Incidents that were investigated were done promptly, but did not always identify the underlying issues.
- 3.11 A new initiative to improve the management of prisoners involved in violent incidents had recently been developed, but was not yet included in the local policy. This was a weekly meeting chaired by the head of residence between residential and security managers and attended by representatives from the labour allocation board and observation, classification and allocation. The meeting was largely intelligence-led, based on security information reports frequently related to prisoners trading in drugs and mobile telephones. Records suggested that meetings were less concerned with targeting other aspects of bullying such as the many fights and thefts. The meeting considered reports from security and residential areas before deciding on the appropriate action, including a change in incentives and earned privileges (IEP) level, a move to closed visits or a move between the stages of the violence reduction strategy. Eight prisoners had been transferred. In some cases, referrals had been made to other departments to support prisoners.

- 3.12 Twenty-nine prisoners had been targeted since this initiative began in February 2009 and 11 prisoners were considered active cases. However, relevant information from the meeting was not communicated effectively to landing staff. In two of the active cases, there was no reference to the requirement for monitoring in history sheets. In some cases, the victim rather than the bully was moved. Only three support plans for victims had been completed in recent weeks.
- 3.13 There was insufficient training and the VRC had given only short staff briefings about the anti-bullying and the violence reduction strategy.
- 3.14 There were around 12 prisoner anti-bullying representatives. Their written job description was to encourage victims to report bullying or to allow the representatives to report it on their behalf. They were tasked with 'diffusing situations by talking to individuals' and assisting staff with investigations. As elsewhere, this risked representatives becoming embroiled in bullying incidents, although there was no evidence of this happening. Representatives met the violence reduction coordinator each month, but received no structured training for their role.

Vulnerable prisoners

- 3.15 A comprehensive undated document entitled 'management of vulnerable prisoners' outlined the procedures for assessing the needs of prisoners who asked for protection. Each case was considered by a duty governor and, if agreed, the prisoner was moved to G1 landing. This could hold up to 68 prisoners, with 43 located there during the inspection. Some prisoners needed protection due to the nature of their offence and many others because they had accrued debts and felt under threat. There were no apparent tensions between these groups.
- 3.16 Most vulnerable prisoners felt safe on G1 and in the prison as a whole and spoke highly of the regular staff who worked with them. The regime was limited, with few opportunities for work or education (see activities section), but this was to some extent compensated for by more time out of cell.
- 3.17 When G1 was full, vulnerable prisoners were held on A wing, but there was no clear information about how often this happened, or proper protocols for its use. These prisoners were moved to G1 for association, but it was unclear which wing staff were responsible for ensuring they were able to exercise. The arrangement made it difficult to manage them safely. In the previous week, a vulnerable prisoner on A wing had been assaulted when collecting his meal. He had made a formal complaint that staff had not adequately protected him. We were told that an investigation was under way, but the prison was unable to provide us with the incident report and form F213 (record of injury to a prisoner), which had apparently been mislaid. We were later provided with information that showed that no formal investigation had been commissioned, nor had the police been informed, until the assaulted prisoner contacted the Justice Secretary via his MP. It also emerged that the assaulted prisoner was transferred out of the establishment, on a permanent basis, on the first day of the inspection, and therefore was not there when inspectors arrived.
- 3.18 After the inspection, we discovered that the number of vulnerable prisoners on G1 was artificially low as six other men from G1 landing had been transferred to HMP Wandsworth just for the duration of the inspection. Inspectors were easily able to discover that the overspill A landing had both been used, and had been the location for the assault, the previous week. The men were moved on the first morning of the inspection on 11 May and five of them returned on 18 May, after the inspection had ended. These actions took no account of the individual circumstances of the men involved. One, who was under the care of the mental health team, was reported to have been destabilised by the move.

Recommendations

- 3.19 A comprehensive survey of prisoners' experiences and perceptions of bullying and violence should be conducted.
- 3.20 All showers should be in cubicles and there should be improved supervision of these areas.
- 3.21 Investigations into violent incidents should aim to identify the underlying reasons for violence and conflict between prisoners.
- 3.22 The role of the residential intelligence meeting should be included in the local policy and outcomes communicated effectively to staff responsible for monitoring prisoners.
- 3.23 Vulnerable prisoners should not be held on A wing.

Housekeeping point

- 3.24 The security department should be regularly represented at the safer custody meeting.

Self-harm and suicide

Expected outcomes:

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

- 3.25 There was awareness of the risk of suicide and self-harm in the early days of custody and an appropriate focus on high risk groups. In spite of this, managers had colluded in prisoner transfers which put vulnerable prisoners at risk at this time and which led to self-harm. Good management information was provided and action plans were regularly reviewed, but more could be done to learn from near-fatal incidents. Some assessment, care in custody and teamwork (ACCT) procedures were good, and day care offered support to many prisoners, but care plans were poor and case management inconsistent. It was not always easy for prisoners to see a Listener or contact the Samaritans at night.
- 3.26 The prison's policy and strategy to prevent suicides and reduce levels of self-harm was overseen by the monthly safer custody meeting (see section on bullying and violence reduction). The suicide prevention coordinator (SPC) provided a detailed report for the meeting and Samaritans and Listeners made a significant contribution to the discussion.
- 3.27 A comprehensive suicide and self-harm prevention policy had last been reviewed in December 2008 and clearly outlined procedures and the roles of staff. These included wing-based assessment, care in custody and teamwork (ACCT) liaison officers who were not yet fully established. Information about the policy was displayed on wing notice boards.

- 3.28 Listeners worked in reception and on the first night centre, but their role was not clearly defined. Listeners contributed to induction. There was awareness of the particular risks in the early days of custody in a large busy local prison and efforts were made to reduce these, with improved new first night procedures, and magnetic signs to alert night staff to prisoners on open ACCTs and those in custody for their first night. There had been an acknowledgement of the risks associated with the frequent movement of prisoners on ACCT documents between prison, court and other prisons. This made it even more reprehensible that managers had colluded in the transfer to Pentonville from Wandsworth, on the weekend before the inspection and without reason, of prisoners known to be vulnerable, some of whom self-harmed as a consequence of the move. In one case, a prisoner was received on a Saturday, still with blood on his face as a result of a self-harm attempt on hearing of the move, and without information about his continuing medication. He then attempted self-harm three more times. The Prison and Probation Ombudsman is separately investigating the self-inflicted death of a prisoner with a history of mental health difficulties who moved to Pentonville from Wandsworth following a court appearance in the week before the Wandsworth inspection and remained at Pentonville over the period of that inspection. He returned to Wandsworth in the same van as four of the prisoners who had been swapped for the duration of the Wandsworth inspection.
- 3.29 Other particularly vulnerable prisoners, such as those recalled on licence and foreign nationals, were identified. The incidence of self-harm among these groups was monitored and links had been made with the foreign national team who, in addition to residential staff, saw weekly any foreign national prisoner on an open ACCT. Gaps in translation services had been acknowledged, along with the need for a more diverse group of Listeners able to speak languages other than English.
- 3.30 In recent months, the SPC had developed a database that provided management information and allowed trends to be identified. Efforts were being made to identify why ACCTs were opened to help the prison identify how best to reduce these risks.
- 3.31 There had been seven self-inflicted deaths since 2005, three in 2008. There was a consolidated safer custody action plan, but this did not include recommendations from all investigations or findings from coroners' inquests. The action plan was reviewed at the safer custody meeting. Pentonville was included in a study of near-fatal incidents being conducted by Oxford University. Details of six incidents were recorded for 2009, but these had not been investigated by the prison to establish lessons that could be learned. The primary care trust had completed an investigation into one incident and planned another, but this was not integrated with the work of the safer custody meeting and relevant managers were unaware of this initiative. Work was under way to develop a comprehensive strategy for managing serious incidents, including more involvement of prisoners' families.
- 3.32 On average, there were 13 self-harm incidents each month involving nine prisoners. The ACCT register indicated that on average 40 ACCTs were opened each month and 26 were open during the inspection. There were 58 trained ACCT assessors drawn from a range of disciplines and assessments were generally good. ACCT reviews took place at appropriate times, but few were multidisciplinary. Eleven principal and 34 senior officers had not received training in the case manager role. Consecutive reviews were often not chaired by the same person, which did not support a planned case management approach.
- 3.33 Care plans were generally poor and not always followed through. A recent audit had identified a lack of clarity about the main issues in some cases. There were some obvious omissions, such as the absence of drugs workers in cases where drug use was a relevant factor. The importance of work or other activity to keep prisoners occupied was rarely identified, but there were some good individual entries on the records and regular management checks. Some

hourly observations at night in healthcare were too regular. With administrative support, there were plans for the safer custody team to have a greater role in coordinating reviews and it was anticipated that this would improve attendance of other disciplines and the development of care plans.

- 3.34 There was a range of resources to support prisoners at risk, but this was not often apparent in care plans. Counselling was available through healthcare and there was good support from the day care centre. Mental health liaison nurses visited wings weekly to provide advice to staff. Other support was offered through the chaplaincy.
- 3.35 Attention was given to monitoring the quality of ACCT procedures. The SPC completed a weekly check and emailed findings to wing managers. Some quality monitoring also took place at the safer custody meeting. Post-closure reviews were completed and the SPC audited each closed document.
- 3.36 Safer custody meetings monitored the use of special accommodation for prisoners at risk of self-harm and none had been reported in the previous six months. However, there were regular constant watches using gated cells in the healthcare centre, but the circumstances and length of time these rooms were used were not monitored or scrutinised by the safer custody meetings. The only safer cells were in the healthcare centre, but there were some on the newly refurbished F wing, which was about to open.
- 3.37 Staff training in ACCT procedures was routinely discussed at the safer custody meeting. There were regular training days and some senior managers, doctors and night staff had been included.
- 3.38 Twenty trained Listeners were used across the prison. Representatives provided a detailed report to the safer custody meeting. They recorded an average of 150 contacts a month. Listeners felt supported by senior managers and Samaritans, but did not believe all staff understood their role. They said some staff prevented prisoners from getting access to Listeners and problems had been raised consistently at safer custody meetings. At one meeting, some staff had been described as hostile to Listeners. In our survey, only 42% of prisoners, significantly fewer than the comparator of 62%, said they could speak to a Listener at any time if they wanted to. Listeners were used to support prisoners at night. The Listener suite on A2 landing was sometimes used, but was stark and unsuitable for longer periods.
- 3.39 There were no longer any dedicated portable telephones for prisoners to use to speak to a Samaritan when locked in their cells. The possibility of replacing them was discussed regularly at the safer custody meeting. The alternative had been to provide 24-hour free access through a landing telephone, but records showed that no calls had been made after 7pm.
- 3.40 All officers carried ligature cutters and night staff demonstrated good awareness of procedures and what they would do in an emergency. Emergency response kits were checked monthly.

Recommendations

- 3.41 Assessment, care in custody and teamwork (ACCT) liaison officers should be appointed for each wing as an integral part of the suicide prevention strategy.
- 3.42 The consolidated safer custody action plan should include relevant recommendations from all deaths in custody, findings from coroners' inquests and learning points from any near-death investigations.

- 3.43 The use of gated cells for prisoners at risk of self-harm should be monitored by the safer custody meeting.
- 3.44 Safer cells should be available on all residential wings.
- 3.45 Prisoners should have access to Listeners day and night. Reasons for refusing access should be investigated by the suicide prevention coordinator and reported to the safer custody meeting.
- 3.46 The Listener suite should be refurbished to provide a suitable environment for Listeners to support prisoners in distress.
- 3.47 There should be appropriate confidential telephone access to the Samaritans at night.

Housekeeping point

- 3.48 A representative from the escort contractor should attend the safer custody meeting.

Diversity

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

- 3.49 There was no overarching diversity policy. A very recent disability and older prisoner policy was primarily focused on prisoners with disabilities, although a useful forum for older prisoners had been held. There was no policy to cover sexuality. A newly appointed disability liaison officer had introduced changes to reception processes to improve identification of prisoners with disabilities. There were no care plans for prisoners with disabilities and structured support and adaptations were limited. F wing was due to provide better facilities.
- 3.50 The equal opportunities/disability liaison officer (DLO) with responsibility for staff and prisoner issues had been in post for just five weeks. He worked from the same office as the race equality officer and the diversity administrator. There were advanced plans to create an equalities and diversity function incorporating the DLO, race equality officer and foreign national team. The DLO role was well publicised and he had begun to identify other staff to act as disability liaison officers.
- 3.51 There was a published disability and older prisoner policy, but its primary focus was on disabilities. There was no overarching prisoner diversity policy and nothing to cover sexuality. The prison had started to deliver the 'challenge it, change it' diversity training programme and 10% of staff had been trained since April 2009. Sixty-four per cent of staff had undertaken the previous diversity training.
- 3.52 In our survey, a quarter of prisoners said they had a disability, while the diversity administrator had a database of only 44 prisoners with physical, mental or sensory disabilities. The database was not regularly updated and some prisoners listed had transferred and others known to have disabilities were not on it. Prisoners with disabilities were identified mainly through LISAR and healthcare reception procedures, but many more were missed. A new reception assessment system had just been introduced, with healthcare staff completing an initial disability

assessment pro forma for all new arrivals to send to the DLO for follow-up as necessary, but this was not yet fully embedded.

- 3.53 A disability questionnaire had recently been distributed to all prisoners and 18% of questionnaires had been returned. The results had not yet been fully analysed to inform the development of the disability policy. Other than ethnic monitoring data, there was no routine monitoring of minority groups to ensure their needs were met and they had equitable access to facilities and activities.
- 3.54 There were no care plans for older prisoners or those with disabilities and only limited structured support or adaptations. A few follow-up interviews with prisoners with disabilities had taken place and some onward referrals had been made. Three cells on C2 landing were designated healthcare support cells. They could not accommodate wheelchairs, but were fitted with handrails in the toilet area. Some other adaptations such as a television with subtitles for a profoundly deaf prisoner had been provided. The new library facility was accessible to those with physical disabilities and F wing, which was due to open in June 2009, had two well-equipped wheelchair-accessible cells. There were some personal evacuation plans, but none we saw had been signed by the prisoner.
- 3.55 There were 12 prisoners aged over 60. They did not appear to have problems with access to amenities such as showers, but there were no records in their wing files to indicate that any specific needs had been considered. Those over 65 years received retirement pay, but this was at the low rate of £3.25 a week and they were also charged for their television. An older prisoner forum had recently taken place chaired by the DLO. This had been well attended by prisoners, the race equality officer and the induction/first night officer, but health services were not represented. The forum was a useful and positive development for identifying and addressing the needs of older prisoners.

Recommendations

- 3.56 There should be improved assessment procedures to detect prisoners' disabilities at reception and afterwards.
- 3.57 All staff should attend diversity training and be given guidance to enable them to understand and respond appropriately to diversity issues.
- 3.58 There should be regular monitoring to ensure that prisoners from minority groups are not victimised or excluded from any activity.
- 3.59 All prisoners with disabilities and older prisoners with identified needs should have a care plan that is informed by healthcare and residential staff and about which they should be consulted.
- 3.60 There should be a review of the rate of retirement pay, which should take into account or waive the charge for a television.
- 3.61 Personal evacuation plans should be developed for prisoners requiring them and they should be signed by the prisoner.

Housekeeping point

- 3.62 The database of prisoners with disabilities should be accurately maintained and frequently reviewed.

Race equality

Expected outcomes:

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

- 3.63 Race equality work was a priority for the senior management team and the governor provided clear leadership. The race equality action team was appropriately structured, but there was no external community representative and no independent external scrutiny of racist incident report forms. There had been some consultation with black and minority ethnic prisoners, and prisoner race representatives were well supported. The race equality officer encouraged staff to challenge inappropriate behaviour rather than just report a racist incident.
- 3.64 Fifty-one per cent of prisoners were from black and minority ethnic backgrounds, with the two largest groups being Black Caribbean (18%) and Black African (9%). There was also a diverse staff group, including at managerial level, with black and minority ethnic staff accounting for about 30% of staff in contact roles.
- 3.65 Race equality was a clear priority for the governor, who worked with the senior management team to provide strong leadership and commitment. The prison had an experienced full-time race equality officer (REO) who was supported and line managed by the governor and was a member of the senior management team. Cover for absence was provided by the disability liaison officer. The role of the race equality action team (REAT) chair and the REO was publicised through posters and photographs around the prison.
- 3.66 The REAT was appropriately structured and chaired by the governor or, in his absence, the deputy governor. The REAT met bi-monthly and was attended by prisoner race representatives, but there was no external community representative. Only a quarter of REAT members had attended the appropriate training. The team was responsible for monitoring and updating the race equality action plan and for analysing data presented in the REO's report.
- 3.67 The meetings monitored equality of treatment and appropriate action was taken to address identified areas of concern. An impact assessment of the incentives and earned privileges (IEP) policy had taken place after black and minority ethnic prisoners were shown to be consistently under-represented on the enhanced level. The REO was also a member of the use of force committee and worked with the team to understand trends identified in the use of force and specifically the over-representation of black Caribbean prisoners in recorded incidents of use of force. Ethnic monitoring data were shared with prisoner race representatives and published on wing diversity notice boards, although some were out of date. The REO also attended the violence reduction committee and recognised the need to develop more robust links with the security department to ensure he was kept informed of all violent incidents with a racial element.

Racist incidents

- 3.68 Racist incident report forms (RIRFs) and locked boxes were on all wings. Keys to these boxes were held only by members of the diversity team in an effort to reassure prisoners who lacked confidence in the confidentiality of the procedure. A total of 194 forms had been submitted in 2008 and 103 forms in the six months before the inspection. Most were from prisoners about staff. Forms were well monitored by number, type and location to identify and respond to trends.
- 3.69 Not all investigations had been conducted within the required timescales. Most were followed up when prisoners were transferred or released, although we found two that had not been. Complainants received a written receipt for their form and a written reply from the REAT chair on completion of the investigation. A feedback form had been introduced to assess levels of satisfaction, but very few had been returned. The REO had aimed to increase staff confidence in challenging inappropriate behaviour or language, although there was often no record on the RIRF to show that the REO or any member of staff had spoken to the perpetrator to ensure they were clear about the prison's race equality policy and understood what was unacceptable behaviour. The area manager had recently examined a sample of completed investigations, but there was no independent external scrutiny of investigations. We did not see any examples of mediation used to resolve racist incidents.
- 3.70 There were no interventions available for prisoners with known racist attitudes or behaviour, but the prison planned to work with the hate crimes coordinator for the London probation area to deliver a diversity awareness package. The REO kept a list of those with current or previous racially motivated offences, but this contained only five names and he was not confident that systems of identification were sufficiently robust.

Race equality duty

- 3.71 Functional heads had responsibility for completing impact assessments in accordance with a published timetable. Only two full impact assessments had been completed with a third under way, but the quality was good and issues identified were added to the race equality action plan.
- 3.72 There had been some consultation with black and minority ethnic prisoners during the impact assessments. In our survey, there were relatively few significant differences between black and minority ethnic prisoners and white prisoners, but in our focus group, black and minority ethnic prisoners raised some concern about favouritism towards white prisoners by a minority of staff. Some believed that white prisoners were more likely to secure cleaner or servary worker jobs.
- 3.73 Prisoner race representatives were well used. Those we spoke to understood their role and felt supported by the governor, with whom they met weekly to raise concerns and contribute to resolving issues. They had developed a race package to deliver to new arrivals at induction. They had also begun to meet separately with the REO and had promoted their role by delivering a presentation at a full staff meeting.
- 3.74 There had been a number of events to promote and celebrate cultural diversity, including a well-received cultural dance event and a programme of culturally themed meals. Functional heads were given responsibility for organising such events on an ongoing basis. Further community engagement was recognised as a priority, with some positive work under way.

Recommendations

- 3.75 All members of the race equality action team should attend the relevant training.
- 3.76 External independent representatives should be identified to contribute to the work of the race equality action team and scrutinise completed racist incident investigations.
- 3.77 Reports of racist incidents should be fully investigated, including an interview with the alleged perpetrator, and completed promptly.
- 3.78 Where appropriate, mediation should be used to help resolve racist complaints.
- 3.79 Procedures to identify prisoners with current or previous racially motivated offences should ensure that the race equality officer can maintain an accurate list and target interventions.

Housekeeping points

- 3.80 Information displayed on diversity notice boards should be up to date.
- 3.81 The race equality officer should have access to all security information about racially motivated incidents.
- 3.82 Racist incident complaints should be investigated and followed to a conclusion even if the complainant has moved from the prison.

Foreign national prisoners

Expected outcomes:

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

- 3.83 The work of the foreign national team was well supported and there was an action plan to take work forward. There was collaborative working with immigration staff based in the prison and useful links with the Detention Advice Service. Consultation initiatives included a foreign national seminar, weekly surgeries and workshops. There had been little use of formal interpreting and translation services, but this was being addressed. Not all foreign national prisoners were aware of the new arrangements to obtain free telephone calls home.
- 3.84 Pentonville held 328 foreign national prisoners, the largest groups being Jamaican, Lithuanian and Polish. Deportation orders had been served in 28 cases and seven foreign nationals were being held beyond the end of their sentence. One detainee returned to the prison from Dover Immigration Removal Centre in February 2009 had been detained for a very long time since the end of his sentence. Foreign national staff monitored these cases and maintained regular contact with UK Border Agency (UKBA) and detainee escorting and population management unit (DEPMU) staff to secure places in immigration removal centres.

- 3.85 The foreign national coordinator and foreign national officer were enthusiastic and committed, although neither had undertaken any formal training. They were supported by a foreign national clerk who maintained a database and tracked cases. The team worked collaboratively and were co-located with two seconded UKBA staff based in the prison for three days a week. An immigration officer who specialised in the facilitated return scheme (FRS) had just started to visit once every two weeks. From June 2009, the team was to be further strengthened by two caseworkers from the Criminal Casework Directorate (CCD) to support the promotion of the early release scheme (ERS) for those returning to European Economic Area countries. The prison had no historical data to indicate the level of use of either ERS or FRS, but records were now kept.
- 3.86 The operational team had benefited from strong support from the governor, who line managed the foreign national coordinator. A comprehensive foreign national policy had been published and was underpinned by a clear action plan. The previous foreign national coordinator had undertaken a needs assessment in 2008 and information from LISAR was used to identify the needs of foreign national prisoners and inform the strategy. Foreign national staff closely monitored and maintained contact with foreign national prisoners assessed as at a raised level of risk, such as those on ACCT documents and those serving indeterminate sentences.
- 3.87 A well-attended foreign national committee including foreign national orderlies was chaired by the governor, met bi-monthly and was responsible for monitoring implementation of the policy and delivery of the action plan. Seventeen designated foreign national liaison officers worked across the prison. They and the orderlies were able to speak a number of languages other than English and this information had been published for staff and prisoners. Some in-house training had been provided for liaison officers and a staff awareness day had taken place in December 2008.
- 3.88 There were good consultation arrangements. A foreign national seminar had taken place in March 2009 with a follow-up event planned for May. The list of attendees was extensive and included staff from CCD, DEPMU and a representative from the Detention Advice Service (DAS), with whom the prison had a contract to provide an independent immigration advice service to prisoners through its fortnightly visits. Foreign national surgeries were delivered on at least two mornings a week. These were facilitated by the foreign national team and attended by UKBA staff who saw prisoners individually, although the lack of separate interview booths in the room used allowed little privacy. All new foreign national prisoners were invited to a surgery within a week of arrival. The surgery we observed was well attended and prisoners said it had been informative and useful. There were also monthly foreign national workshops convened by nationality on a rota. Issues raised were taken forward to bi-monthly committee meetings. Workshops were attended by the REO and chaplaincy staff, but not by foreign national liaison officers. Records showed that 102 prisoners had attended the six workshops held between November 2008 and March 2009.
- 3.89 These workshops, surgeries and seminars had the potential to provide a useful forum in which to explore some of the findings in our survey where perceptions of foreign national prisoners were worse than those of British prisoners in a number of areas. For example, more foreign national prisoners than British nationals said they felt unsafe and that they had been victimised by other prisoners.
- 3.90 Arrangements to provide a monthly five-minute international telephone card at public expense had been revised and the scheme was now administered solely by the foreign national team with only one application required. New arrivals completed and returned an application form at the foreign national surgery. However, the call was available only to prisoners who had not had

any social visits and only 34 cards had been issued in April 2009. Some prisoners were unaware of the scheme or unclear how to obtain a card.

- 3.91 There had previously been limited use of formal translation and interpreting services, but work was under way to address this. The foreign national coordinator had recently met a representative from a translation and interpreting service who had provided promotional material to advertise the service to staff and ongoing local monitoring had been established. A staff awareness-raising session on use of the service was planned for the next full staff meeting.

Recommendations

- 3.92 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.
- 3.93 Foreign national liaison officers should attend the monthly workshops.
- 3.94 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.
- 3.95 The workshops and seminars for foreign national prisoners should be used to explore the reasons behind the different perceptions in our survey.

Housekeeping point

- 3.96 Interviews with UK Border Agency staff should take place in private interview rooms.

Applications and complaints

Expected outcomes:

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

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- 3.97 There were a lot of applications and complaints, with many complaints generated by a lack of response to an original application. Prisoners had little confidence in the system and few attempts were made to resolve matters at wing level. Quality checks were improving the standard of replies to formal complaints, but some were of a poor standard.
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Applications

- 3.98 Information about applications was displayed in residential areas, with application boxes and forms close by. The boxes were emptied daily and the date, subject and forwarding recipient entered in a wing log. Most applications related to property, telephones, work applications and referrals for housing advice.

- 3.99 Prisoners made around 2,000 written applications a month and many could have been dealt with informally. The emphasis was on passing applications on rather than attempting to resolve them on the wing. Replies were supposed to be received within 72 hours, but this was not always the case. Only 35% of prisoners in our survey, significantly worse than the comparator of 50%, said applications were dealt with promptly.
- 3.100 A new tracking system was supposed to allow unanswered applications to be identified, but this did not work because late applications were seldom followed up and then usually only if chased by the prisoner. Prisoners had little faith in the application system, which caused considerable frustration.

Complaints

- 3.101 Complaint forms and boxes were also easily accessible. The process was well advertised and prisoners knew how it operated. Boxes were emptied daily by the complaints clerk, who logged all complaints centrally, allocated them for response and maintained a comprehensive database that allowed her to track late responses. In a recent initiative to improve response times, she supplied daily information about outstanding replies so that the staff responsible could be chased up at the daily briefing.
- 3.102 About 200 formal complaints were made each month. Many were relatively trivial and should have been resolved earlier. The most common subject of complaint, generating about 20 complaints a week, was property. Responses were mostly within the required timescales and those we looked at were polite. However, few contained sufficient detail and many appeared cursory, even in response to detailed and complicated issues. In our survey, only 25% of prisoners, significantly worse than the comparator of 33%, said complaints were dealt with fairly. A system of random management checks had recently been introduced and this was gradually beginning to have a positive effect on improving the quality of replies.
- 3.103 The complaints clerk produced a monthly spreadsheet breaking down complaints by type and location. Apart from the high number of property-related issues, it was difficult to discern any other patterns or trends. The information was issued to the senior management team, but there was no clear analysis of trends so that problem areas could be addressed.

Recommendations

- 3.104 Wing staff should engage more effectively with prisoners and aim to resolve issues without the need for written applications.
- 3.105 All complaints should receive full and detailed responses.
- 3.106 Complaints should be analysed to address any significant patterns or trends.

Legal rights

Expected outcomes:

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

- 3.107** Provision for legal services was inadequate and under-resourced. The effectiveness of the bail information services was not fully scrutinised. Facilities for legal and professional visitors were poor.
- 3.108** Pentonville served six magistrates courts and two crown courts, but few effective legal services were provided. Two legal services officers (LSOs) had received in-house training from previous LSOs, but there had been no refresher training. They were rarely allocated time for this work and were often cross-deployed to other tasks. Although regarded as a full-time post, legal services work had been allocated to an officer on just 11.5 days in a sample six-week period.
- 3.109** When the LSO was allocated time, he saw new arrivals as part of induction and met recalled prisoners whose recall pack had been received. Most of the work involved assisting prisoners who wanted to change their solicitor, make an appeal or lodge an outstanding fine, but this was severely hampered by the lack of time. In our survey, only 28% of prisoners, significantly fewer than the comparator of 43%, said it was easy or very easy to communicate with their solicitor or legal representative. Immigration help was provided through the foreign nationals team. Referrals were made to the family support worker and to the offender management unit when prisoners had queries about access to their children.
- 3.110** There were some posters advertising the work of the LSO. Some prisoners made applications to see him, but much of his work was picked up from prisoners as he moved around the prison or from referrals following LISAR assessments.
- 3.111** Facilities were poor and the LSO had few resources. He had no office, dedicated telephone line or fax machine. Some stocks of standard forms, reference material, information packs and records of legal services work with prisoners had gone astray when he was on leave. The officer used the internet to obtain some relevant information and prisoners had access to some legal reference materials in the library.
- 3.112** Three full-time bail officers saw all newly remanded men, but quickly screened many out as unsuitable and a bail information report was not completed in those cases. Otherwise a bail information monitoring form was completed, which recorded details of alleged offences, any previous history of bail and consent to disclose information in a bail information report. In some cases, there were delays obtaining previous convictions as officers responsible for this were sometimes deployed to other tasks. Some prisoners initially declined the opportunity to participate in the bail information scheme. It was not clear how effective the service was or whether too many were screened out. Of 192 prisoners granted bail in the previous six months, a bail information report had been completed at the prison in only 19 cases. In our survey, only 16% of prisoners, significantly fewer than the comparator of 25%, said it was easy to obtain bail information.
- 3.113** Facilities for private legal and professional visits were insufficient. Solicitors could email or fax requests for visits and the prison aimed to respond within 48 hours, but there were frequent complaints from solicitors unable to book visits. The proportion of prisoners on remand had increased significantly in recent years, but there were only nine private booths for legal and professional visits, three of which had facilities to review recorded evidence. In addition, there were seven tables in an annex of the main domestic visits area, which provided little privacy and were noisy and unsuitable. In our survey, significantly fewer than the comparator said it was easy or very easy to have legal visits.

Recommendations

- 3.114 There should be a full-time trained legal services officer with adequate resources and facilities to do the job.
- 3.115 The effectiveness of the bail information scheme should be assessed.
- 3.116 More booths for private legal and professional visits should be provided.

Substance use

Expected outcomes:

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

- 3.117 There was a lack of first night and weekend treatment for opiate-dependent prisoners. Prescribing regimes were inflexible and the detoxification unit did not provide a supportive environment. The integrated drug treatment system was due to be implemented in June 2009 and this had been well planned. The availability of illegal drugs was relatively high.

Clinical management

- 3.118 Prisoners were screened by primary care nurses at reception, but this did not include urine testing. Treatment for alcohol-dependent prisoners began immediately and those requiring monitoring were admitted as inpatients. Opiate-dependent prisoners, including those maintained on methadone in the community, received only basic symptom relief even though a GP was available at reception. Those arriving on Friday afternoon did not get their first dose of methadone or buprenorphine until 4pm the following Monday, which was unacceptable and unsafe.
- 3.119 Prisoners were admitted to the first night centre and located on B wing, the dedicated detoxification unit, the following day. They saw substance misuse nurses for a secondary health screen, followed by an appointment with the specialist doctor, but did not receive medication until the afternoon.
- 3.120 Prescribing regimes were inflexible and not based on individual need. Basic care plans had been developed, but treatment reviews took place only for those on methadone maintenance treatment. While there was a good link with counselling, assessment, referral, advice and throughcare (CARAT) workers, this was ad hoc and joint care coordination was not yet in place. A link nurse liaised with the mental health in-reach team and attended meetings, but a dual diagnosis lead had not been identified in either team.
- 3.121 Over the past six months, 645 prisoners had been admitted to B wing, including 165 prisoners undergoing alcohol detoxification. The unit had only 64 spaces. Conditions on B wing were basic and prisoners did not benefit from a supportive regime or structured psychosocial support. Those stable on methadone were moved to C wing, where 12 beds were available.

- 3.122 The substance misuse team consisted of four band 6 nurses, three band 5 nurses and two healthcare assistants as well as a psychiatrist who provided weekday cover. A band 7 and a band 8 post were vacant and nurses lacked clear leadership.
- 3.123 The prison was due to implement the integrated drug treatment system (IDTS) in June 2009. F wing was to be the new dedicated substance misuse unit and was being refurbished. It could accommodate 130 prisoners. The Camden and Islington Foundation Trust had been awarded the contract for providing specialist substance misuse services (as well as mental health, day care and inpatient services). A grade 8 service manager and a grade 7 substance misuse lead nurse had been appointed and an additional five band 5 nurses recruited.
- 3.124 An experienced consultant had revised clinical protocols in line with IDTS and national guidance and these were due to be ratified. Funding for an additional 0.5 prescriber was in place. Training was under way for officers, nurses, CARAT and drug intervention programme (DIP) workers jointly to support prisoners on the new unit and offer integrated care. We were impressed by the enthusiasm of all staff.

Drug testing

- 3.125 Drug availability was relatively high (see also section on security and rules). In our survey, 37% of prisoners, higher than the comparator with other local prisons, said it was easy to get illegal drugs and nearly 20% had tested positive under random mandatory drug testing (MDT) over the previous six months (including April). Thirteen had refused testing. The target was set at 16%. In the same period, 145 suspicion tests had been conducted resulting in a 47.6% positive rate. Staff said drug-related security information reports were not always actioned by the intelligence unit within the required 72 hours and there was currently a backlog of 30 reports. A risk and a frequent testing programme were also in operation.
- 3.126 MDT and voluntary drug testing (VDT) came under the remit of the intelligence unit. MDT was coordinated by the intelligence senior officer and carried out by three officers. However, the VDT officer also undertook MDT and searching when necessary, which was inappropriate.
- 3.127 Finds and drug tests pointed towards cannabis followed by heroin as the main drugs in use. A vulnerable area where drugs were thrown over the wall had been identified and additional netting was planned. Good links had been established with the local police force and a police intelligence officer was based full time at the prison.
- 3.128 While the drug coordinator attended security meetings, drug strategy meetings had not been held for some time and security/intelligence unit officers lacked the opportunity to link in with treatment providers. A detailed supply reduction action plan had not been developed as part of the overall drug strategy.

Recommendations

- 3.129 The prison, in partnership with the primary care trust, should ensure that appropriate protocols, systems and staffing are in place for the clinical management of substance-dependent prisoners.
- 3.130 Prescribing regimes should be flexible, based on individual need and adhere to national guidance.

- 3.131 Individual care plans and reviews should be developed that demonstrate patient involvement.
- 3.132 Joint work between primary care services, the clinical substance misuse team, the CARAT and the mental health in-reach teams should be developed to provide integrated care to prisoners.
- 3.133 A dual diagnosis service should be developed for prisoners experiencing mental health and substance-related problems.
- 3.134 The substance misuse unit should provide a supportive regime and structured psychosocial support to prisoners.
- 3.135 The prison should ensure that target testing takes place within the required timeframe.
- 3.136 There should be a clear separation between mandatory and voluntary drug testing both in terms of staffing and management.

Section 4: Health services

Expected outcomes:

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

- 4.1 There had been considerable improvement in some healthcare areas, but continuing work was needed to modernise the overall service. There was excellent support from the Islington Primary Care Trust. Primary care services were improving slowly, but more nurse clinics were needed. There was good access to GPs and waiting lists for visiting health professionals were well managed. Dental services were improving and pharmacy services were good. The management of external NHS appointments was commendable. The regime for inpatients was only basic and care plans were poor. An excellent day care facility was provided for men with mental health problems, but there was a need for more primary mental healthcare. Better procedures were needed to ensure more timely transfers to secure units for men with more acute mental illness. The frequency of use of medication under restraint was a concern.

General

- 4.2 Health services were commissioned by Islington Primary Care Trust (PCT) and provided by NHS Islington (NHSI). It was made clear that NHSI was the provider in numerous notices throughout all healthcare areas. The final draft of the prison health needs assessment was awaiting publication. The healthcare team clearly enjoyed robust support from all its partners and significant progress had been made since our previous inspection. The head of healthcare was involved in meetings such as the prison partnership and senior management meetings, and provided solid leadership to the clinical team. Healthcare was one of the governor's priorities and his continuing support was pivotal to the progression of health services. The governor chaired the bi-monthly prison clinical governance group.

Environment

- 4.3 The main healthcare department was a modern purpose-built facility and in reasonable decorative order with a good selection of offices and interview areas. The pharmacy was an adequate size. The day care centre was an excellent facility and was partly decorated with patients' art work. The exercise area was large, but bare. The inpatient area was adequate, but in need of decoration. The 22 beds were on the certified normal accommodation (CNA) despite previous recommendations for them to be removed. The department was generally clean, but there had been no recent infection control audit, although we were told one was shortly due to be undertaken by the PCT infection control link. Prisoners were responsible for cleaning all healthcare areas. Access for people with disabilities was good in the main department and there was a lift. Emergency bells were appropriately sited in all departments.
- 4.4 The reception and first night healthcare areas were inadequately furnished and decorated. The reception health room was isolated from the main reception area and posed a potential security threat to nurses working there. The room was very grubby, with paint peeling in all areas. The blind was filthy and cross-infection measures were almost negligible. One of the ceiling tiles hung down loosely. There did not appear to be a regular cleaning schedule, although the nurse had cleaned all work surfaces. Pharmacy reference books were out of date.

The first night centre contained two healthcare interview rooms. The facilities were equally poor, with inappropriate equipment and furniture. One room contained a bar stool used by the nurse and a standard chair for the patient. All the rooms were in urgent need of upgrading to meet NHS standards, infection control requirements and be considered fit for purpose.

- 4.5 All primary care was delivered in wing treatment rooms, with shared facilities on C/D and E/F wings. The segregation unit did not have a healthcare room so medicines were transported from E wing. The treatment room on B wing, which was used for prisoners undergoing detoxification, was very poor with inadequate facilities. The equipment used for the administration of methadone was inappropriate, as was the use of plastic and cylindrical measures for measuring methadone liquid. New facilities for B wing were due to open shortly. G wing had its own treatment room. Only the C/D treatment area was fit for purpose in terms of accommodation and equipment, but the patient toilet was dirty. Health staff, prisoners and wing staff had decorated the treatment area to a good standard. Other areas were in urgent need of refurbishment to bring them in line with NHS standards. While superficially clean, many presented clinical and functional challenges with poor furnishings and electric cabling straddled across floors. There was no regular cleaning schedule for any of the rooms and in most cases nurses had to ask for rooms to be cleaned.
- 4.6 Medicine products held in wing treatment room fridges were stored incorrectly. Temperature records were made daily, but staff were unsure of the correct method of recording the temperatures and resetting the thermometers. Wing nurses did not report findings to the pharmacy when fridge readings were incorrect and outside acceptable limits. Most treatment rooms contained only out of date pharmacy reference books. A good selection of health promotion material and information was held in or outside all treatment areas.
- 4.7 The dental surgery was on E wing. It was small and had no natural light. It was superficially clean, but the facilities did not meet infection control guidelines. There were plans to relocate the surgery together with a separate decontamination room, which would improve infection control measures.
- 4.8 The inpatient beds were nominally split between 16 beds for mental health cases and six for prisoners with physical health needs including two beds for nursing patients requiring isolation. All rooms were single and had safer cell furniture. There were two wings. There was a large association room on one wing, a smaller association room on the other and a central association area between the two with soft furniture and low tables. We saw the central area used to facilitate a visit for one of the inpatients.

Clinical governance

- 4.9 The head of healthcare was a band 8d with a background in social work and mental health. He provided strong leadership to the health team, many of whom had been at the prison for many years and had been anxious about job security when the new health provider had taken over. There was a heavy reliance on agency and bank nurses to fill vacancies. The head of primary care was a band 8b registered general nurse (RGN). Two new appointments of a band 8a long-term conditions nurse and a substance misuse nurse were imminent. The deputy head of nursing was a band 7 RGN.
- 4.10 Three full-time and one part-time band 6 charge nurses managed the wing-based treatment rooms and the first night centre healthcare area. They provided support and guidance to the wing nurses and liaised very well with wing discipline staff. One of the band 6s had recently successfully completed an independent nurse prescriber course, but was not practising, although there was a need for this professional expertise. Charge nurses operated

professionally and, although pivotal to the success or failure of much of primary care, were not much involved in its development. There were 19.6 whole time equivalent (WTE) band 5 primary care nurses supported by three healthcare support workers. There were three nurse vacancies. The team comprised single and dual qualified RGNs and registered mental health nurses (RMNs). The RMNs carried out mental health and generic nursing duties. There was 24-hour nursing cover, with three nurses on night duty located in the first night centre, C/D wings and inpatients.

- 4.11 Some staff appeared disenchanted and unenthusiastic. We were told that there were no regular meetings with senior management and some front line staff felt they had no opportunity to raise issues and discuss concerns with senior managers. However, each charge nurse met their individual team every day to discuss issues of the day and to facilitate clinical reviews of their patients.
- 4.12 Most administrative functions were managed by the practice manager and his team of six WTE administrators. The deputy practice manager post was vacant. The administrative team provided good support to health professionals, but some administrative duties, including GP appointments, remained the responsibility of nurses. The GP appointments system did not work well, but this was due to be subsumed into the general administrative function.
- 4.13 Medical cover was very good and provided by locum GPs, many of whom had worked at the prison for some time. A new GP contract was being let and some of the locums had applied for positions. Three and a half WTE locums currently provided 11 GP sessions. GPs were on duty from 8am until 5pm on weekdays, with one GP in the prison from 6.30pm until 9.30pm or until receptions had finished.
- 4.14 Clinical supervision was available to all staff, who were due to receive personal portfolios shortly. Time was allotted each month for individual supervision, but some nurses were reluctant to participate. Ongoing professional training was fully supported and the PCT had invested heavily in training and education.
- 4.15 Seventeen discipline officers, including two senior officers, supported all healthcare functions. They supervised all prisoners in healthcare areas including inpatients. They provided excellent support to nursing staff and their management of prisoners, with whom they had good relationships, was very good.
- 4.16 There were two full-time pharmacists. The senior pharmacist was also the deputy head of healthcare. They were supported by four full-time technicians, three of whom were accredited checking technicians. There were imminent plans to recruit three more pharmacy technicians. Training for pharmacy staff was provided by the PCT.
- 4.17 A physiotherapist, dentist, podiatrist and sexual health consultant all held regular clinics. A radiographer visited twice a week.
- 4.18 Emergency equipment, including a grab bag and defibrillator, was located centrally in the C/D treatment room. The grab bag was too heavy for all nurses to carry to other prison locations and was a health and safety concern. We were told that in a medical emergency, the first response nurse would respond immediately, assess and support as appropriate until additional healthcare support arrived with the grab bag. This was possible during the normal working day, but not in the evening or at night when there were minimal staffing levels.
- 4.19 The management and storage of clinical records was excellent. All paper records from other prisons were summarised onto the electronic medical information system (EMIS) and held

securely in a room with access restricted to approved staff. The standard of clinical entries on the EMIS system was mixed; not all entries were appropriate or entered in a timely way.

- 4.20 Copies of PCT and NHS policies, guidelines and publications were available, but local policies found on the wings were nearly all out of date, some by as much as five years.
- 4.21 A service user group had been formed with representatives from healthcare, the wings and the Independent Monitoring Board. However, the absence of wing nursing staff was a major gap given the high proportion of care delivered by them. The group met regularly and was developing a prison-wide survey of 300 prisoners to seek their views on healthcare staff and issues. The management of complaints was very good. A central register was held in healthcare and all complaints were logged and acknowledged, advising the prisoner that he would receive a response within 10 days. Prisoners were informed that they could progress the complaint to the PCT if they were unhappy. There had been no such referrals since at least August 2008.

Primary care

- 4.22 The reception area was extremely busy, with up to 50 new prisoners arriving daily. A nurse was in reception during the morning to ensure those being released or going to court had appropriate medication. New receptions started to arrive late morning and all were seen in the reception healthcare room. An initial health screen and some checks for disability needs were completed. Prisoners were seen by a GP without delay if the nurse had any concerns. A GP stayed in the prison until all new receptions had been assessed by healthcare staff. Prisoners were given written and pictorial information on how to access health services during the reception screening. A secondary screening was undertaken the next day and prisoners were able to see a GP the same day. Access to GPs outside normal working hours was through the PCT out-of-hours service.
- 4.23 Prisoners were asked to give permission for the administrative team to contact their GP for a copy or summary of their medical history. Any records not returned within two days were requested again. One of the administrative staff was a registered nurse and used this expertise to identify significant health issues such as the patient receiving blood pressure medication. This was highlighted on the prisoner's clinical record.
- 4.24 Prisoners' perception of the care they received was generally very poor. In our survey, responses about the overall quality of care from the doctor, nurse, dentist and optician were significantly worse than the comparators and only 28% of prisoners, significantly worse than the comparator of 42%, said the overall quality of healthcare was good or very good.
- 4.25 There was no physical or oral health promotion strategy and health promotion activity was limited, although pamphlets and information were available throughout healthcare areas. Age-appropriate immunisations including against hepatitis and chlamydia were offered during the reception screening process. Sexual health was managed by a visiting genito-urinary specialist. There were no structured well man clinics. Condoms were readily available, including from the library and the gym as well as healthcare staff.
- 4.26 The management of prisoners with tuberculosis (TB) was very good, with a senior specialist RGN sponsored by the Department of Health in the prison every week. Reception screening included specific questions about TB and potential carriers were seen by the GP. Treatment started immediately and when necessary the prisoner was isolated. Part of the specialist nurse's role was to train officers and healthcare staff in how to manage such patients. Resettlement for some prisoners with TB was difficult, especially if they were of no fixed

abode. Vigorous attempts were made to contact local authorities and TB services countrywide. Prisoners with TB were not transferred until their condition allowed.

- 4.27 The management of long-term conditions was rudimentary. The PCT's prison health action plan for 2009/10 recognised the need to develop the service further and a long-term conditions nurse was being appointed. Registers were held on EMIS, but there were no scheduled clinics for prisoners with asthma or chronic heart disease and the management of such patients was largely GP-led. One of the charge nurses had completed a course in the management of diabetes and regularly followed up her patients. There was no nominated older person lead, although this was planned.
- 4.28 Nurses were based on the wings all day, but contact with patients was limited due to administrative tasks such as making GP appointments and medicine management. In our survey, only 41% of prisoners, significantly worse than the comparator of 60%, said the overall quality of healthcare delivered by nurses was good or very good. Prisoners in groups said nurses were difficult and unhelpful.
- 4.29 Prisoners used a paper application to access health services on the wings, which had to be handed to wing nurses at the treatment room hatch between 11.30am and 12.30pm. Prisoners said the queue was often very long because this was also when medicines were given out. Wing charge nurses triaged the application, but there were no formal triage algorithms.
- 4.30 The administrative team had taken over the management of many clinics and the system worked well. We were told that GP appointments were the next wing-based function to be transferred to central administration. GP clinics were held on most wings twice a week and appointments were available without undue delay. A GP was also on call to attend any patient who felt unwell between routine GP clinics. There were no significant waiting lists for any clinics. An administrator replied to all prisoners requesting appointments to let them know that their request had been received and was being dealt with. This was an area of good management and communication.
- 4.31 There were three healthcare support cells on C and D wings and these could be used as doubles if necessary. They could be used by prisoners needing extra support following an illness, prisoners with a disability and needing assessment or those who did not need to be admitted to inpatients but needed more general support. The prisoners were jointly managed by health and wing staff. Prisoners held in the cells were discussed at a weekly multidisciplinary meeting and their future management agreed. The team included the charge nurse, the wing principal officer, a mental health nurse and a pharmacy representative. This was an excellent facility and demonstrated good multidisciplinary working between wing and health staff.
- 4.32 Prisoners held in the segregation unit were managed by nurses from E wing and the system worked well.
- 4.33 There were a large number of foreign national prisoners, but little use of interpreting services in healthcare or on the wings. Other prisoners and sometimes officers were used to interpret for prisoners with little or no English.

Pharmacy

- 4.34 Pharmacy services were provided by the in-house pharmacy, which was open on weekdays between 9am and 5pm. An out-of-hours pharmacy cupboard on A wing and in the main dispensary could be accessed only on the authority of the doctor and was rarely used.

Records were kept of who had accessed the cupboard and what had been removed, and pharmacy staff audited usage regularly. Medicines were stored in unlocked cupboards and drawers in the pharmacy department. The room was alarmed when closed and accessible to healthcare staff through a gated door during the day. The pharmacy stock cupboards contained a few named-patient medications.

- 4.35 Apart from controlled drugs, medication was transported from the gate to the pharmacy in unlocked boxes. In wing treatment rooms, medicines were stored in locked metal wall cabinets and medication trolleys, but the trolleys were not always secured to the wall. Patient named and stock medication was not always separated and there were occasional loose foils and capsules.
- 4.36 Most prescribing was recorded on EMIS, although some prescriptions were still hand written on the standard prescription and administration charts. These were audited by the pharmacists. Pharmacy data and prescribing were not regularly reviewed. Medicines that had not been issued were returned to the pharmacy department regularly and pharmacy technicians regularly checked medications on the wings. Prisoners did not have access to a member of the pharmacy staff and could not order repeat prescriptions.
- 4.37 Medicines were administered by wing nurses at 8.30am, 11.30am and 4.30pm. Night-time medication was administered by night nurses, although nurses put some night-time medicines into pots and gave them to patients at the 4.30pm treatment time. This was secondary dispensing and unacceptable. Discipline staff were always present during medication time and supervised waiting prisoners. Some wings had designated lines near the treatment hatch for prisoners to queue behind, allowing some confidentiality for the prisoner at the hatch. On other wings, prisoners crowded around the hatch. Medications for inpatients were taken to them in a medicine trolley, and prisoners on the segregation unit received their medicines from the E wing nurse. This was unacceptable practice as nurses had decanted medicines from the original packs into medicine pots and taken them to the patients.
- 4.38 Following a documented risk assessment, prisoners were allowed medication in possession for up to 28 days. However, prisoners did not have lockable medicine cabinets in their cells and many shared cells. In possession medicines were administered directly to prisoners by one of the pharmacy technicians. Patient information leaflets were available.
- 4.39 Patient group directions (PGDs) included a limited range of medicines and vaccinations. Some special sick medication was available for up to three days and a limited range of over-the-counter remedies was available from the canteen. A prescribing formulary was available.
- 4.40 A medicines and therapeutics committee met monthly with representatives from healthcare and the PCT in attendance.

Dentistry

- 4.41 Six dental sessions each week were commissioned by the PCT. Access to the service was by application and about 30 applications were received each week. The current waiting list was 110, with the longest wait no more than a month. A full range of dental treatment was available. The failure to attend rate was variable, but prisoners complained that they were not told of appointments until the night before or even the day of the appointment. These often clashed with visits or other activity, forcing them to choose between the two. Prisoners in severe dental pain were treated by healthcare staff in the absence of the dentist and referred to specialists when necessary. There was no prison-wide oral health promotion programme. Dental records, x-rays and clinical records were generally managed well.

Inpatients

- 4.42 The inpatient unit was staffed by nursing staff from Camden and Islington Foundation Trust and prison discipline staff. There were a large number of vacancies in the nursing team, the band 7 manager had been appointed the previous week and two of the three band 6 posts were vacant. There was therefore a heavy reliance on bank staff. Five band 5 nurses had been recruited to increase staffing numbers.
- 4.43 There were 20 patients, five of whom had physical health problems. Of the remaining 15, 11 were awaiting transfer to a secure mental health bed (see section on mental health).
- 4.44 Some staff clearly knew their patients well, but this was not the case for all and the manager did not attend the weekly consultant-led ward rounds.
- 4.45 The regime on the unit was basic and did not provide much in the way of therapeutic activity, although patients could attend the mental health day centre if they wanted. Patients were locked up for long periods, which was a concern, as was the absence of evening association. This was attributed in part to the lack of discipline staff on the unit. Discipline staff for the unit also had to provide cover for primary care clinics. This meant inpatients sometimes missed out on association as staff were required elsewhere.
- 4.46 Care plans for the majority of patients were basic and were not reviewed regularly. The care plan of one patient who had been on the unit for some time had last been updated over six months previously. Care plans were not referred to in daily entries in clinical records.

Secondary care

- 4.47 The management of external hospital appointments was exemplary and guidelines had been implemented to direct clinicians wishing to refer prisoners to external secondary and primary care services. A dedicated administrator was responsible for ensuring all referrals were reviewed at the weekly referral meeting attended by a senior external clinician, all GPs, the practice manager and the head of primary care. There was an expectation that high risk referrals should receive an appointment within two weeks. If this did not happen, the administrator contacted the hospital to ascertain why. All routine referrals were seen within the NHS 18-week timeline.
- 4.48 No appointments had been cancelled due to lack of escorts for some time. The systematic tracking of appointments ensured that no referrals to outside hospitals were lost in the prison or NHS systems. Since the introduction of the weekly referral meeting, the number of prisoners referred to outside hospital had significantly reduced. This method of management was excellent and a model for other prisons to follow.

Mental health

- 4.49 Mental health services provision was split between Camden and Islington Foundation Trust (C&IFT) and Barnet, Enfield and Haringey Trust. The latter provided eight sessions of consultant forensic psychiatry, 15 sessions of staff grade psychiatrists and some specialist registrar cover. C&IFT employed the criminal justice team, made up of social workers and mental health nurses. The team provided mental health in-reach to the prison as well as court liaison and cover for a local police station. C&IFT also employed the day centre manager and

sessional staff. There had been no training in the previous two years to help uniformed staff recognise when a prisoner had mental health problems.

- 4.50 Day services were provided for nine sessions a week. The manager took referrals and assessed each one before prisoners began to attend sessions. There was a limit of 25 prisoners, plus any inpatients who wished to attend. There were no statistics about the total number of prisoners who accessed the service weekly or monthly. The unit had a vibrant atmosphere and provided a range of therapies, such as art, maths and English, drama, various music sessions and pottery. Prisoners spoke highly of the benefits of attending the unit and staff commented on the positive effect of therapies on individuals.
- 4.51 The criminal justice team took referrals from all disciplines as well as self referrals and those from outside agencies. They had a referral pathway and would see prisoners on the day of referral if necessary. Following an initial assessment, a patient was accepted by the team only if they had previously been subject to enhanced care programme approach (CPA) in the community or if they met the criteria. Other patients were referred to day care, the GPs or for psychiatric doctor review. The team made efforts to obtain collateral information about patients referred to them to ensure they had sufficient information about individual cases.
- 4.52 The psychiatrists held daily clinics in the health services department. These were separate from the criminal justice team provision and patients seen were not supported by the criminal justice team. The criminal justice team each had a caseload, but also covered services in the community. They saw prisoners individually and provided links to outside agencies and family members. There was no group work. One member of the team was allocated to each of the prison wings and held weekly wing meetings with discipline and primary care staff. They discussed cases known to the team and any other prisoners causing concern.
- 4.53 The psychiatric consultants undertook weekly ward rounds on the inpatient unit, attended by an allocated member of the criminal justice team, a ward nurse and a liaison nurse from the community.
- 4.54 The split caseload meant it was difficult to ascertain how many prisoners were known to mental health services, but those with primary care mental health needs were clearly not well served.
- 4.55 Eleven prisoners were waiting for secure mental health beds, which was a concern. The management of transfers was poor, with no one taking the lead to ensure that prisoners were transferred expeditiously. There was no formal system to alert senior managers or commissioners about delays in transfer. We found one man who had been waiting at least five months and another who had waited four months. In both cases, the delay in transfer was caused in part by difficulties in identifying the responsible commissioner (PCT). The second man had become so unwell that rapid tranquillisation, administered under restraint, had been considered on numerous occasions and had been given on one occasion. We found four cases of medication being given under restraint within the previous three months, twice to the same patient within two days. This was unacceptable. It was a concern that staff seemed unclear about the protocol for administering rapid tranquillisation. There was no up-to-date policy and the care of the patient following administration was inadequate.

Recommendations

- 4.56 Wing and first night centre treatment rooms should undergo an infection control audit and its findings should be implemented. All wing treatment areas should be refurbished

- to ensure that health services are delivered in clean and appropriately equipped accommodation.
- 4.57 The reception healthcare room should be adequately supervised or relocated to ensure the safety of healthcare staff. The room should be clinically clean and fit for purpose.
 - 4.58 A regular cleaning schedule for all healthcare areas should be implemented and audited regularly.
 - 4.59 Charge nurses should be involved in senior nursing management meetings to ensure they have a voice in the development of healthcare and represented on the service user group.
 - 4.60 A senior healthcare worker should be nominated as the focus for older people to ensure their management is appropriate and that health services are developed to meet their needs.
 - 4.61 Nurses with specialist qualifications should be encouraged to practise their speciality.
 - 4.62 There should be regular and minuted healthcare team and general staff meetings.
 - 4.63 Registered mental health nurses should, wherever possible, be ring-fenced to mental health duties.
 - 4.64 Non-nursing duties for wing-based nurses should be reduced to allow an improved service and engagement with prisoners on wings.
 - 4.65 GP appointments should be managed by the administrative team and a telephone booking system considered.
 - 4.66 Appropriate and transportable emergency equipment should be located on all wings. Defibrillators should be held in all landing offices and wing staff trained in cardiopulmonary resuscitation.
 - 4.67 Clinical records should be audited regularly to ensure that entries comply with professional guidelines.
 - 4.68 A health promotion strategy, including oral health, should be introduced and given sufficient importance across all healthcare areas.
 - 4.69 Regular well man and long-term condition clinics should be introduced.
 - 4.70 Triage algorithms should be developed to ensure consistency of advice and treatment.
 - 4.71 Interpreting services should be used for confidential medical matters.
 - 4.72 Lockable cabinets should be provided for prisoners receiving medication in possession and in shared cells.
 - 4.73 The administration of methadone should be reviewed to ensure the correct dose is administered.
 - 4.74 Secondary dispensing should stop.

- 4.75 Prisoners should be encouraged to reorder their own medication.
- 4.76 The medicines and therapeutics committee should review the use of general stock, and named-patient medication should be used wherever possible.
- 4.77 Pharmacy-led clinics should be introduced.
- 4.78 The medicines and therapeutics committee should ensure that prescribing is evidence-based. Prescribing data should be used to demonstrate value for money and to promote effective medicines management.
- 4.79 The plan to relocate the dental surgery should be expedited.
- 4.80 Prisoners should be advised of their dental appointments as early as possible.
- 4.81 Health services bed spaces should not form part of the prison's certified normal accommodation and admission should be only on assessment of clinical need.
- 4.82 Inpatients should have a full therapeutic regime, including regular association and exercise, that is not curtailed due to low staff numbers.
- 4.83 Staffing levels, clinical and discipline, in the inpatient area should reflect prisoners' needs.
- 4.84 All inpatients should have up-to-date, comprehensive and relevant care plans that are used to inform patient care delivery.
- 4.85 Primary mental health services should be improved, including access to talking and other appropriate therapies and guided self-help.
- 4.86 Prisoners requiring care under the Mental Health Act should be referred, assessed and transferred expeditiously.
- 4.87 There should be a clear policy for the administration of medication under restraint, which ensures that such an action is used only as an absolute last resort. If the policy is used, the event should be reported as a serious incident.
- 4.88 Medicine trolleys in the treatment rooms should be secured to the wall when not in use.

Housekeeping points

- 4.89 Out-of-date pharmacy reference books should be disposed of.
- 4.90 A greater selection of over-the-counter remedies should be made available for patients to purchase.
- 4.91 Medication should only be transported in locked containers.
- 4.92 The use of both HR013 forms and EMIS for prescribing should be reviewed to avoid duplication and inaccuracies in patients' records.

- 4.93 Statistics should be kept about attendance at day services to inform potential changes in service provision.
- 4.94 The patient toilet in the C/D treatment area should be cleaned regularly.
- 4.95 Electrical cabling should not cross floor areas.
- 4.96 Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms to ensure that thermolabile items are stored within the 2–8°C range. Corrective action should be taken where necessary.
- 4.97 Clear demarcation lines should be identified outside treatment hatches and prisoners should not be allowed past the lines if another prisoner is already at the hatch.
- 4.98 Medication should be stored in an orderly way. Loose tablets and tablet foils do not satisfy labelling requirements and named-patient medication and stock should be segregated. Patients' own medication should not be present in stock.
- 4.99 Nurses should be encouraged to participate in clinical supervision.
- 4.100 The service user group should include clinical staff involved in the day-to-day management of patients.
- 4.101 All healthcare policies and procedures should be reviewed at least annually. Review dates should be adhered to.

Good practice

- 4.102 *The robust approach to the management of patients referred to external NHS facilities was excellent and had significantly reduced the numbers referred externally. It also ensured that there were no delays for patients in accessing their outpatient appointments.*
- 4.103 *The system of routinely acknowledging patients' applications meant that patients knew their request had been received and was being dealt with.*
- 4.104 *The healthcare support cells on C/D wings provided prisoners with a 'halfway house' support mechanism to advise and monitor their progress following a physical or mental illness.*
- 4.105 *The weekly wing meetings between members of the criminal justice team and discipline and primary care staff provided good channels of communication.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

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

- 5.1 The quality of learning and skills was satisfactory, with good achievement of qualifications in literacy and numeracy. Leadership was strong, although some aspects of management such as data collection and analysis were underdeveloped. Teaching and learning were generally good, with some inspirational teaching. Participation in learning and skills had improved to 45%, but for some this was just one short session a week at the day centre. There were only 70 full-time education places in the main education centre. Attendance and punctuality were poor at both work and education. A few accredited vocational courses were offered and some workshops provided some useful training, but only for small numbers. There was enough work for only about 500 prisoners and some was very mundane, including around 100 cleaners. Options for vulnerable prisoners were very limited. The new library was spacious and welcoming. Use was low, but improving.

Education

- 5.2 The head of learning and skills was responsible for learning and skills activities and a head of industries managed the contract workshops. They worked well together. Leadership of learning and skills was strong and senior staff were committed to an inclusive regime. Some areas, such as data management and support for learners' achievement of non-accredited learning, were underdeveloped.
- 5.3 Education was provided by City and Islington College. The curriculum included accredited programmes, such as social and life skills, literacy and numeracy and English for speakers of other languages (ESOL), ICT, art, media studies, music and drama. There were also some short courses including Welfare to Work, focusing on health and safety in the workplace and preparation for employment. Additional education courses were available through a well-managed and good quality curriculum in the healthcare day centre. Numbers at each session were restricted to 25, but the prison estimated that about 250 prisoners engaged in education or therapeutic activities, such as drama, art, pottery, relaxation, yoga, literacy, numeracy and ESOL and music, through the day centre.
- 5.4 Information, advice and guidance (IAG) was provided by the London Advice Partnership (LAP). The IAG service was insufficient to meet the needs of the population and only around 60 prisoners benefited from the service each month.
- 5.5 The day-to-day provision of learning and skills was well organised and responsive to need. Education was available on a full and part-time basis in structured classes and also to those in the workshops, healthcare, the segregation unit, on the wings and in the vocational training areas. There were some opportunities to progress to higher-level courses, particularly in ICT.

Fifteen prisoners were either working towards or on a waiting list for distance learning courses. Overall participation rates for education had improved to 45% over the previous three years. There was insufficient provision for vulnerable prisoners.

- 5.6 Over the past two years, around 150 awards had been gained in ESOL, with an achievement of 90%. Achievement of part qualifications for literacy, numeracy and ESOL was high. However, many learners left the prison before completing learning programmes or achieving accredited units.
- 5.7 Arrangements for assessing skills and diagnosing learning needs were particularly good. Dedicated tutors carried out thorough screening and assessment of prisoners' learning needs and made recommendations for learning plans based on the findings. Interviews were used effectively to identify aspirations and preferences and to record previous learning and work experience. ESOL learners were promptly identified and assessed for skills levels using specialised tests.
- 5.8 Standards of work in art and pottery were very good. The prison had commissioned artwork for the visits and reception areas and artwork was often exhibited outside the prison. Some good work was done with prisoners to develop their personal skills and ability to engage effectively in social interaction. This was particularly noticeable in the resettlement skills for life programmes, where prisoners were encouraged to look closely at their strengths and weaknesses and develop action plans to help them move on to a pre-release course and ultimately gain work on release.
- 5.9 Attendance and punctuality in workshops and learning and skills sessions were poorly managed. There were low numbers in some classes.
- 5.10 The range of formal learning opportunities for personal development was very narrow and in many instances not linked to qualifications. This had been recognised by the prison in its self-assessment report. The curriculum for vulnerable prisoners was particularly narrow, with limited art and music facilities.
- 5.11 The prison had established a range of appropriate strategic and operational objectives for the development of education, training and workshops. The development plan clearly focused on learning and its contribution to successful resettlement and reducing offending. Links between the head of learning and skills and resettlement were productive. Partnership working with external organisations was good and the Independent Monitoring Board was active in supporting learning and skills.
- 5.12 The prison collected a wide range of data and information relating to learning and skills. There were detailed quality assurance procedures and learner and staff feedback was sought regularly. However, implementation of some aspects of the quality assurance and improvement arrangements was incomplete. Self-assessment was not yet fully implemented prison-wide. Targets were not used sufficiently to support the performance monitoring process. Data analysis was weak. Programme data were not used effectively to identify achievement and progression rates. These areas for improvement had been recognised in the self-assessment.

Vocational training

- 5.13 The range of vocational learning opportunities was limited, but reasonable for a local prison. Prisoners could develop skills in areas such as sewing machine operations, industrial cleaning, physical education, journalism, manual handling, learndirect, health and safety and the

construction skills certification scheme (CSCS) award and information technology. Qualifications for peer mentors and IAG support workers had recently been introduced. Some painting and decorating was carried out around the prison, but this was not accredited. Company-led qualifications in electrical repair, maintenance and testing were offered to a small number of prisoners in the contract tool hire workshop. Processes for recognising and recording progress and achievement for non-accredited learning had not been fully developed.

Work

- 5.14 At about 500 places, there was insufficient realistic and meaningful work to meet prisoners' needs and approximately 27% of prisoners were unemployed. There were over 100 wing cleaners. Contract workshops provided the majority of work places and the prison had contracts that provided work skills and accreditation in the tool hire and sewing shops. Some prisoners were engaged in routine and mundane work collating medical records. The allocation process was fair and understood by staff and prisoners, but the pay structure was unclear to prisoners.
- 5.15 There was little employment for vulnerable prisoners, who were unable to work in the contract workshops. Opportunities were limited to cleaning or working in the canteen shop.

Library

- 5.16 A new larger library with improved facilities had recently opened. It was managed by Islington Library Services and was a pleasant environment for recreational reading and research. The library was well organised and managed by two part-time experienced library assistants supported by three prison orderlies. The library manager post had been vacant for five months, although a new appointment had recently been made. There were about 600 prisoner visits to the library a month, which was low for the size of the population. Good use was made of daily induction sessions for new prisoners, but opportunities to visit the library during the day from residential wings were not always used. The library opened only one evening a week for residents of G wing and not at all at weekends.
- 5.17 The extensive book stock included a wide subject range of fiction and non-fiction recreational reading. There was a comprehensive stock of books and dictionaries in over 40 languages other than English and a good range of easy-reader and talking books to support prisoners with low literacy skills. There was an adequate selection of newspapers and magazines, including some in languages other than English.
- 5.18 Replenishment of book stocks was carefully planned and responsive to prisoners' interests and requests. Trolleys of books were supplied to prisoners in the segregation unit and in healthcare. The library held an adequate range of books supporting literacy and numeracy and books supporting vocational training were well used by prisoners, as well as a full range of legal textbooks and copies of Prison Service Orders.

Recommendations

- 5.19 A wider range of education courses and employment opportunities should be provided for vulnerable prisoners.
- 5.20 Effective processes should be introduced to recognise and record prisoners' progress and achievement in areas that do not lead to accreditation.

- 5.21 Information, advice and guidance resources should be increased to meet the needs of all prisoners.
- 5.22 Learning and skills data collection and analysis should be improved to inform decision-making and target-setting for improvement.
- 5.23 Punctuality and attendance of prisoners at education, training and work should be improved.
- 5.24 Action should be taken to ensure better use of the library such as extending opening hours, maximising attendance during the day.

Physical education and health promotion

Expected outcomes:

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

- 5.25 There were some decent physical education (PE) facilities and sufficient qualified staff supported by orderlies. There was a good range of provision, including accredited courses and recreational PE. Access was reasonably good, but there was scope to improve the numbers participating by running shorter sessions. Some of the accommodation was poorly ventilated and cramped. There was good provision of remedial PE and promotion of healthy living.
- 5.26 The PE department was run by a senior officer and eight PE instructors supported by five part-time gym orderlies. Staff were well qualified and experienced. One member of staff had recently been recruited to offer support on F wing when it re-opened.
- 5.27 The range of accredited courses offered included the community sports leaders award, weightlifting programmes, heart start and an instructors award.
- 5.28 Recreational PE was offered in some areas during the day, in the evenings and at weekends. Prisoners participated in a good range of activities, but there was insufficient data to identify how many prisoners took part. Specialist sessions, including remedial sessions, and links with the healthcare department were well embedded and effective. Each wing had at least three PE sessions a week and the larger wings had five. There was a good balance of competitive, social and minority sports and leisure activities. There was fair allocation to all groups of prisoners, but only one long session was run in the mornings and one in the afternoons, which restricted the numbers who could participate. Consideration was being given to splitting the sessions.
- 5.29 Facilities comprised a converted workshop with free weights, cardiovascular equipment and other fitness equipment. The area was not open in the evenings for security reasons. A large sports hall had recently been fitted with a new floor and was open during the day, in the evenings and at weekends. Prisoners with physical disabilities had access to the fitness room, but access to the sports hall was difficult. There were no outdoor PE areas. Communal showers and toilet facilities were limited in both areas and tiled areas needed refurbishment. There was inadequate ventilation in the fitness work area.

- 5.30 Prisoners using the sports hall were collected and returned to wings by PE staff after free flow. People from special needs centres in the local area attended for a variety of sports led by orderlies. PE staff were trained in remedial PE, helped to raise awareness of diet and nutrition, and provided in-cell workout information.
- 5.31 All prisoners received a full induction. Kit and towels were issued and replenished through the clothing exchange store. Trainers were offered if required.

Recommendations

- 5.32 Suitable ventilation should be installed in the fitness area.
- 5.33 The shower areas in the fitness room and sports hall should be refurbished.
- 5.34 Shorter sessions should be introduced on weekdays in the morning and afternoon to allow more classes to be run and increase participation.

Faith and religious activity

Expected outcomes:

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

- 5.35 A range of chaplains met prisoners' faith needs and provided faith-based activities. Vulnerable prisoners could not attend Sunday services with others and services clashed with wing activities.
- 5.36 The main religious denominations were Church of England (20%), Roman Catholic (23%) and Muslim (22%). Twenty-three per cent of prisoners said they had no religion (23%). The chaplaincy was led by a full-time Roman Catholic coordinating chaplain supported by a Church of England, a Roman Catholic and a Muslim chaplain, all of whom were full time. There were also a number of part-time paid chaplains and volunteers covering a wide range of faiths.
- 5.37 A chaplain met all new arrivals the day after arrival and gave them a leaflet detailing the chaplaincy team, times of services and other activities. Chaplaincy information was also displayed on wings.
- 5.38 Services for the main Christian faiths were held on Sunday mornings and Muslim prayers were held on Fridays. Occasional Sunday services were led by church leaders from the local community. Sunday services clashed with exercise and association on the wings and prisoners had to make a choice between attending these activities or services. Muslim prisoners from the vulnerable prisoner landing on G1 attended Friday prayers with other prisoners, but weekend Christian services were not shared and separate services were held on Thursdays. The chaplaincy team had developed links with local community groups to help prisoners' resettlement and was working to develop a community chaplaincy scheme.
- 5.39 A range of faith meetings took place during the week. Other weekly activities included bible study, Muslim class and choir practice. Alpha and New Life courses were run. Major religious festivals were celebrated. Chaplains were involved in a range of pastoral duties and there were

established procedures for passing information about bereavement or serious illness to prisoners. Two chaplains were trained bereavement counsellors.

- 5.40 Chaplains were integrated into the life of the prison, appeared to work well together and met together quarterly. The team kept a record of its work and every application received was logged and action taken recorded. The coordinating chaplain attended several policy groups, including the race equality action team, drug strategy and violence reduction meetings. He also attended the daily morning meetings of managers and managed a small prison visitors scheme.
- 5.41 In our survey, significantly more than the comparator said their religious beliefs were respected. The responses from black and minority ethnic and Muslim prisoners were significantly better than white and non-Muslim prisoners. Prisoners individually and in groups said they could see a chaplain either by application or by speaking to a member of the team when they were on the wing. There was no evidence of any animosity between prisoners of different religions. This was confirmed by chaplains and prisoners.
- 5.42 The chapel was welcoming and well maintained, with a range of books and religious publications. A larger world faith room was planned at the rear of the chapel. The mosque had been enlarged and easily accommodated all who wished to use it.

Recommendation

- 5.43 Vulnerable prisoners should be able to attend weekend services alongside others.

Time out of cell

Expected outcomes:

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

- 5.44 A more consistent regime operated across the prison and all prisoners received daily association and exercise. There was too little time out of cell and poor access to evening association. Vulnerable prisoners on G1 and enhanced prisoners on D wing fared best. Unemployed prisoners, a quarter of the population, spent most of their time locked in cells.
- 5.45 Time out of cell was managed more efficiently than previously. Up-to-date records were maintained and managers had a much more accurate picture of time unlocked. A standard core day had been published for the whole prison and each wing also had its own slightly modified version of the core day, outlining how it was to be implemented. Managers based at the centre monitored when different wings locked and unlocked prisoners and staff had to account for any delays or reductions in time spent unlocked.
- 5.46 The amount of time prisoners spent out of their cells was considerably short of our expectation of 10 hours. Vulnerable prisoners on G1 and enhanced prisoners on D wing fared best. G1 prisoners routinely received two periods of association a day as well as exercise. Prisoners on D wing were unlocked for most of the day. Association was offered as an alternative when exercise was cancelled due to bad weather.

- 5.47 About a quarter of prisoners were unemployed. They spent the most time locked up, usually receiving one period of association a day lasting about an hour and a period of exercise lasting about 45 minutes. A significant proportion of the population was therefore locked up for around 21.5 hours a day. All other prisoners who were involved in some sort of activity received at least one period of association and exercise during the day and one period of association a week in the evening. Association during the week normally lasted an hour and was seldom cancelled. There was no evening association on Fridays or at weekends. Prisoners were unlocked for only between two and three hours during the day at weekends.
- 5.48 As most association took place during the day and there was limited evening association, some prisoners at work or education during the day were disadvantaged because they could not take a shower or make telephone calls at a cheaper or more convenient time. There were facilities for prisoners to shower in most workshops, but uptake was low.
- 5.49 There was limited space for association on the wings and usually only two landings at a time were unlocked, which helped ensure appropriate supervision. A large amount of new recreational equipment had recently been provided and facilities on the wings were adequate to keep prisoners occupied. We saw some staff playing board games, table tennis and pool with prisoners during association.

Recommendations

- 5.50 Time out of cell should be increased, particularly at weekends and evenings and for unemployed prisoners.
- 5.51 Prisoners involved in activities should have equal access to showers and telephones.

Section 6: Good order

Security and rules

Expected outcomes:

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

- 6.1 Security was a busy department and many security information reports (SIRs) were received. Some SIRs took too long to be completed, so target searching suspicion drug testing was not always completed on time. Dynamic security was improving. Drug dog cover at weekends was insufficient. Categorisation and allocation procedures were satisfactory, although many prisoners were transferred to prisons a long way from their homes.
- 6.2 Security was a busy department, effectively split into operations and intelligence, with each function managed by a governor and a principal officer under the direction of another manager. The prison was preparing for a security audit and was updating a number of procedures. There had been a significant setback following the escape from custody of a prisoner in the reception area two months earlier. Systems had since been reviewed and an external investigation completed.
- 6.3 The department was responsible for a large operations group, with high numbers of prisoners discharged and received daily and significant public protection issues.
- 6.4 Day-to-day security intelligence was the responsibility of two intelligence (operational support grade) officers who were managed by a senior officer. The number of SIRs was high, with 1,400 received to date in 2009, an average of just under 300 a month. There was some detailed and thorough analysis of intelligence, with good information sharing with other departments, including the violence reduction team and race equality officer. Dynamic security was improving with better staff engagement with prisoners (see section on staff-prisoner relationships). A range of SIRs originated from non-discipline departments and through information being passed to staff.
- 6.5 Monthly security meetings were well attended by a wide range of staff, including resettlement, residential and healthcare. Issues were discussed in some depth and action points attributed to key individuals and subsequently chased up.
- 6.6 The main security considerations were drugs and mobile telephones. The perimeter walls adjacent to residential streets meant some areas of the prison were particularly vulnerable. The prison reported improving communication with the local police force and a new police intelligence officer worked well in the prison to improve cooperation. A number of areas within the perimeter had been identified as particularly vulnerable to the traffic of contraband and also internal problems such as drug misuse. Other areas of concern were visits and reception. The prison had recently taken delivery of a detection chair, but its operation was proving problematic. There were three dog handlers operating six dogs, but these were available only one in every four weekends on visits, making this area particularly vulnerable. There had been

70 finds of mobile telephones to date in 2009, many of which were 'throwovers'. The number of finds had fallen significantly from a high of 400 in 2007.

- 6.7 There were three prisoners held on terrorism charges and potential category A prisoners were occasionally held on remand. These prisoners were routinely placed in the segregation unit pending a response from the national category A section before a move to the high security estate if necessary.
- 6.8 There were some delays in processing security intelligence. Many SIRs were not signed off by a manager until a week after receipt, which was a problem when a suspicion drug test or targeted cell search was required. Although mandatory drug testing staff visited the security department daily, some of the information they were acting on was over a week old. This might have contributed to the relatively low positive test rate for suspicion testing, although this had improved from around 30% in January 2009 to 48% in April. Similarly, targeted cell searches were often carried out late. Of 58 target searches recommended in the previous six weeks, only 27 had been completed. In the most urgent cases, searching took place on the same day, but the two security staff allocated to this role were also used for short notice external escorts and when this happened work such as searching was delayed.
- 6.9 Delays in SIRs also meant that some public protection information was not passed on for several days. Although most urgent matters were communicated quickly, the delay in passing relevant information, particularly given the high turnover of the population, hindered some good work.
- 6.10 There were 18 prisoners on closed visits and 13 banned visitors. This was a significant reduction on previous figures following a vigorous review by the principal officer in charge of visits to ensure that the nature of the security intelligence warranted this strict measure.
- 6.11 Arrangements for staff working during the night were sound. Night staff had been trained in most emergency procedures and were updated before each period of nights.
- 6.12 There were no rules displayed in the residential areas, although all prisoners signed compacts on various arrangements such as incentives and earned privileges (IEP), in-cell television and cell contents. Some prisoners said staff interpreted rules differently, but there was no evidence of minor charges brought to adjudications that could have been dealt with at a lower level. Some rules were petty, including that prisoners were not allowed to walk across the radial centre, for which there did not appear to be any clear reason other than tradition.

Categorisation

- 6.13 Thirty-five per cent of prisoners were sentenced, most of whom were category C. Categorisation was carried out by a core group of staff working from the offender management unit.
- 6.14 Population pressures required a number of sentenced prisoners to move quickly. The weekly number of moves was around 60 prisoners, although this had been as high as 90 several months previously. The main allocating prisons were in East Anglia. There were 126 prisoners on a 'hold' list, most of whom were waiting for particular allocations due to the nature of their sentence or security category. A further 22 prisoners were on medical restrictions and 11 were waiting for beds in secure mental health units.
- 6.15 The allocations team had built up some good links with receiving prisons. Many prisoners did not want to move out of London further away from home, but estate pressures meant this was

often inevitable. Moves made in and out of Pentonville and Wandsworth for the duration of their inspections were unacceptable and bore no relation to prisoners' needs, risks or sentence plans.

Recommendations

- 6.16 Information received on security information reports should be actioned within 72 hours.
- 6.17 Local prison rules should be displayed in residential areas.
- 6.18 More drug dog cover should be provided at weekends.
- 6.19 Prisoners should only be moved between prisons where this is in their best interests, in accordance with sentence plan targets, or for fully evidenced reasons of good order.

Discipline

Expected outcomes:

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

- 6.20 Adjudications were generally well conducted, but there was too much use of cellular confinement. Referrals to the independent adjudicator were rare. Use of force was decreasing, but still high compared with other local prisons. There were good governance arrangements to oversee its use. Special cell use had fallen significantly, but some prisoners were inappropriately left without clothing. The segregation unit was well run and orderly.
- 6.21 The number of adjudications was high, with 700 charges to date in 2009. Only the most serious charges of class A drug possession were referred to the independent adjudicator.
- 6.22 There was a high use of cellular confinement. While this had been used mostly for relatively serious offences, it had also been used for less serious cases where other punishments might have been more effective. In one case, cellular confinement had been given for using abusive language.
- 6.23 Adjudication standardisation meetings were held monthly and ensured a consistent approach. Meetings were attended by all adjudicating governors and allowed for some discussion about the adjudication tariff. Adjudications were also monitored for other trends, such as ethnicity, outcome and type of charge. Records we sampled indicated most adjudications were well conducted, but in one fighting case a prisoner had been found guilty without having the opportunity to hear or challenge all the evidence and before the adjudicator had made full enquiries.
- 6.24 We found two examples of unofficial punishment where officers had restricted association without proper authority.

Use of force

- 6.25 The use of force had reduced, with a monthly average for 2009 of 23 compared with 27 in 2008. Although use of force was still high compared with other local prisons, there had been a great deal of management attention on this area. Prisoners in groups and individually said staff were too quick to use force and not enough was done to de-escalate incidents. To ensure incidents were appropriately managed, all were now attended by either a principal officer or duty governor.
- 6.26 The deputy governor chaired a monthly control and restraint review meeting, which was well attended by a wide range of disciplines including healthcare, residential staff and trainers. Individual incidents were analysed and deconstructed and incidents were examined for trends and lessons on how situations could be managed better. Some thoughtful and considered attention was given to issues such as the over-representation of particular ethnic groups and to managing staff who were over-represented.
- 6.27 Use of force records were completed promptly and checked against Prison Service instructions for compliance. Duty governors carried out a use of force report routinely after each incident and documented whether or not prisoners had been searched under restraint and asked to squat. Incidents when prisoners were asked to squat were not routine and mostly, but not always, linked to intelligence about items concealed.
- 6.28 There had been a significant reduction in the use of special cells, from 27 in 2007 to 13 in 2008 and five to date in 2009. In most cases, prisoners had been held there a very short time, although there had been one case when detention overnight had inappropriately been authorised in advance. Special accommodation in healthcare had been used twice for reasons of self-harm. In some cases, prisoners had been left in the special cell without clothing after being strip-searched under restraint. In one incident, the authorisation given was that 'no clothes were given as he was extremely refractory and a risk to staff'. This was insufficient justification. In these cases, prisoners were given strip blankets contrary to Prison Service Orders, which state that this can be done only where the situation is a threat to life, and there was no justification for leaving them without clothing even for a short time.

Segregation unit

- 6.29 With just 10 cells (one a double), the segregation unit was small for the size of the prison. There were also two holding cells for prisoners attending adjudications. The unit, which was located on the lower floor of E wing, had recently been refurbished with new toilet panels. Communal areas were mostly clean, but some cell floors required replacing. Two cells did not have electricity apart from lighting.
- 6.30 Prisoners in the segregation unit were supervised by dedicated staff who had been selected for the role. During the core day, there was a senior officer on duty supported by three prison officers. The unit was calm and orderly and staff-prisoner relationships appeared relaxed and positive. The regime described in writing was basic, with showers every three days and telephone calls on application. In practice, it was better and prisoners could shower on most days and make telephone calls on request. There was some access to education and daily access to governors and members of the chaplaincy team. Prisoners participating in offending behaviour courses were allowed to continue with them, but not able to participate in other areas of the regime. All prisoners were allowed to exercise together unless there were particular security concerns. The large exercise yard was clean, but austere and without any

seating. Some prisoners segregated for good order could have a television. Not all those on cellular confinement had access to a radio.

- 6.31 Most prisoners on the unit were there on cellular confinement. Most were held for between two and seven days, although some punishments were as high as 21 days. When the unit was full, some punishments were served in cells on E wing, but this was difficult to manage and avoided where possible. Two prisoners could be held in the one double cell in the segregation unit, but this was rare.
- 6.32 Segregation under Prison Rule 45 for the maintenance of good order or for the protection of the prisoner was infrequent, with 55 locations in 2009. In most cases, prisoners requiring protection were moved to the vulnerable prisoner unit on G1. Segregation reviews were completed well, with attention paid to individual circumstances and objectives. Reviews were well attended by a range of people, including representatives from healthcare, psychology, the Independent Monitoring Board and the chaplaincy. Links with mental health services were described as constructive, but few segregation staff had received any mental health training for their role.
- 6.33 There were three designated special cells, one of which was used to hold violent and refractory prisoners. The cells had previously been used routinely to search prisoners following an incident where force had been used. This practice had ceased and, unless prisoners were still actively resisting staff, most remained in the residential areas and were returned to their own cells.

Recommendations

- 6.34 Adjudicating governors should examine the use of cellular confinement and ensure that it is given only after all other punishments have been explored.
- 6.35 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.
- 6.36 Residential managers should ensure that there is no use of unofficial punishments on their wings.
- 6.37 Prisoners should not be left without clothing unless there is a threat to life.
- 6.38 All officers working in the segregation unit should receive mental health awareness training.

Housekeeping points

- 6.39 The segregation unit exercise yard should be provided with some seating.
- 6.40 Damaged floors in segregation unit cells should be replaced.
- 6.41 The segregation unit regime should document that daily showers are available.

Incentives and earned privileges

Expected outcomes:

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

- 6.42 There were few significant incentives to motivate behaviour and for many prisoners it took too long to achieve the highest regime level. The evidence in wing history sheets, on which prisoners' progress through the scheme was based, was often weak. There was insufficient monitoring of the scheme.
- 6.43 The incentives and earned privileges (IEP) scheme had last been reviewed in July 2008 and re-written to make it more easily understood. The scheme required good behaviour to be recorded in history sheets in black ink and poor behaviour in red. Two red entries within 28 days led to a written warning and an interview with a senior officer when targets were set. A third red entry within a further 28 days triggered a review of a prisoner's IEP level, when a downgrade would be considered. Although recommendations and positive entries were encouraged, they did not at any stage trigger a review to be considered for promotion for those not on the enhanced level.
- 6.44 In practice, entries in wing history sheets were poor, providing very little evidence on which an IEP scheme could operate. One entry for a prisoner on basic regime read 'you have not received any entries in your history sheet either positive or negative therefore I have no alternative but to progress you to standard'. An entry for another basic level prisoner read 'you have been progressed to standard as I can see no evidence as to why you were placed on basic'. Not only was prisoners' general behaviour not recorded, it was not being monitored. A third prisoner on basic shared a cell with a television, which the scheme was supposed not to allow.
- 6.45 The enhanced level was hard to achieve and rewards were not realisable for prisoners without sufficient funds or regular visitors. New arrivals were placed on the standard level and could not apply for the enhanced regime for three months. They also had to have had no adjudications and not be subject of intelligence suggesting involvement in trading in mobile telephones or drugs. If an application did not meet the requirements, a prisoner was ineligible to re-apply for a further three months. More than half of sentenced prisoners remained at Pentonville for less than three months so many had no chance of progression and most remand prisoners, who made up 60% of the population, would not have this opportunity.
- 6.46 Prisoners on the enhanced level could spend additional personal cash and were given an extra visiting order. They were also allowed a number of extra items in possession, including a DVD, electronic games and some personal bedding, towels and crockery, if they could afford to buy them. Most prisoners and staff were indifferent to the scheme.
- 6.47 Nineteen per cent of prisoners were on enhanced, 80% on standard and three prisoners, less than 1%, on basic. Around half of enhanced prisoners were on the enhanced wing (D) with some extra privileges, including additional association, which was not offered to enhanced prisoners on other wings. Prisoners' IEP levels were not routinely reviewed. Reviews occurred only when prisoners applied for promotion or when staff thought it appropriate to downgrade as

- a consequence of negative behaviour. There was no prison-wide monitoring to evidence the reasons for reviews and their outcomes or how fairly the scheme operated across the prison.
- 6.48 A comprehensive impact assessment of the IEP scheme had identified a number of concerns, including an under-representation of black and minority ethnic prisoners on the enhanced level and an over-representation on the basic level. There were concerns that the scheme allowed too much staff discretion.
- 6.49 The information collated for reviews varied across the units. Most included a wing report, but few made reference to sentence plans. Some prisoners attended reviews or made written representations. Where targets were set to improve behaviour, these were often formulaic such as 'be polite and respectful to staff, be clean and tidy and adhere to the rules'.

- 6.50 The prison had a problem with prisoners trading in drugs and mobile telephones and the IEP scheme was used in some cases to reinforce the adjudication system. Some prisoners were downgraded solely on suspicion of involvement, which the policy allowed. In one review, the prisoner had been downgraded as a result of a serious charge before the case had been heard at adjudication. There was an appeal process, but this was used rarely.

Recommendations

- 6.51 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.
- 6.52 Prisoners should be able to attain the enhanced level in a shorter time, with more incentives for prisoners without their own funds.
- 6.53 The operation of the incentives and earned privileges scheme across the prison should be routinely monitored by a senior manager for consistency and fairness.
- 6.54 Prisoners should not be downgraded an incentives and earned privileges level solely on suspicion of involvement in a single serious offence.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 Many prisoners complained about the food, but there had been some improvements. There were some good consultation arrangements and the menu had changed as a result. The prison had suffered a setback due to the unforeseen loss of the main kitchen. Meals were served too early. There was no accredited training for prisoners working in the kitchen.
- 7.2 Prisoners were critical of the food. In our survey, only 15%, significantly fewer than the comparator of 24% but much better than the 6% at our previous inspection, said the food was good or very good. Managers had put some effort into prisoner consultation. The catering manager regularly attended consultation meetings and had implemented some of the suggestions, including replacing weekend lunches with brunch options, which had been well received. The food we sampled was satisfactory. There was a range of options, including the scope to have fruit and vegetables every day. The last full food survey had been completed in 2007.
- 7.3 Progress had been hampered by the failure of the ventilation system in the main kitchen shortly before the inspection. Two temporary kitchens had been established in portacabins. The situation was not ideal, but the prison had coped very well in ensuring that prisoners were still provided with a pre-select choice and hot options at both lunch and tea time.
- 7.4 Meals were served very early. On the main residential wing, G wing, the food trolley was collected before 11am and serving started shortly afterwards. The evening meal started at 4pm and most landings were locked up by 5pm. Breakfast packs were issued the day before use. Mealtimes at the weekend were slightly later.
- 7.5 There was no scope for prisoners to work towards qualifications in the kitchen due to the lack of sufficient staff to carry out assessments. Prisoners were trained in food hygiene and there was a rolling training programme for prisoners working on the serveries, but the constant changing complement of prisoners in this area meant it was difficult to maintain a fully trained group. Serveries were mostly clean and well maintained. Temperature checks were carried out at the point of serving. Catering staff kept a record of food comments and complaints and prisoners received polite personal replies to their complaints.

Recommendations

- 7.6 Lunch should not be served before noon and the evening meal not before 5pm.
- 7.7 Prisoners working in the kitchen should have the opportunity to gain qualifications.
- 7.8 Breakfast should be served on the morning it is eaten.

Housekeeping point

- 7.9 An annual food survey should be completed.

Prison shop

Expected outcomes:

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

- 7.10 The existing in-house shop was shortly to be replaced by a centralised system. Prisoners were not particularly content with the existing arrangement, but it did allow some flexibility and there was a risk that the new system would be less responsive to the needs of a diverse and rapidly changing population.
- 7.11 In our survey, only 21% of prisoners, significantly fewer than the comparator of 44%, said the shop sold a wide enough range of goods to meet their needs. Black and minority ethnic prisoners were a little more positive than white prisoners.
- 7.12 The shop was run in-house by a civilian manager and six operational support grade staff. Items were bagged up centrally and orders were issued by staff individually when prisoners were locked up to reduce the opportunities for bullying. Prisoners received up-to-date details of their account and a receipt for items purchased.
- 7.13 The shop list contained over 250 items, most of which were held in a store inside the prison. These were ordered in bulk from a local supplier. The range of goods was reasonable, but fresh fruit could not be bought because there were no storage facilities. Glass bottles were prohibited for security reasons. Prisoners could request items that were not on the list and staff could buy some of these at a local wholesale store. Prices were in line with those in small stores, but not as cheap as in supermarkets and prisoners found goods expensive. The shop list was reviewed every three months and prisoners could raise issues about how the shop was run through the catering committee.
- 7.14 Prisoners could also buy items from a catalogue at no extra cost. Newspapers or magazines had to be ordered separately through a local newsagent. Prisoners complained that newspapers were delivered a day late and appeared to have already been read by someone else.
- 7.15 The shop arrangements were due to change in a few weeks as part of a nationally agreed contract that meant local arrangements would be centralised. A member of staff had been designated responsibility for introducing the new system. She had consulted with prisoners about the proposed changes and visited other establishments where these changes had already been introduced. The new shop list was supposed to be more extensive and prices were not expected to change. However, staff involved in this area of work were clearly concerned that the changes might result in a less flexible and more restricted service, due to the need to comply with a centrally imposed contract.

Recommendations

- 7.16 The new shop arrangements should be monitored and reviewed to ensure that they are responsive to prisoners' needs and that prices are not unreasonably increased.
- 7.17 Prisoners should be able to buy fresh fruit and there should be no routine ban on products in glass jars.

Housekeeping point

- 7.18 Prisoners ordering newspapers should have them delivered on the day of publication.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 8.1 The resettlement strategy was up to date and based on a detailed needs analysis of the population. Pathways were assigned to senior managers and monitored regularly. Some provision was changing to meet the needs of the short-term population. There were some good and innovative links with outside agencies and the voluntary sector. Too little attention was paid to ensuring that short-term and remand prisoners being released had access to the right services.
- 8.2 The resettlement strategy was up to date and based on a needs analysis of 6,000 reception interviews carried out by psychology staff through the LISAR (London initial screening and referral) programme. Resettlement was managed under the direction of a senior manager who also had strategic responsibility for healthcare, learning and skills. This was particularly useful in a prison where healthcare issues were frequently linked to offending.
- 8.3 The strategy specified that all prisoners should be interviewed within 72 hours of arrival and in 2008 this took place in 83% of cases. These interviews were linked to the seven resettlement pathways and resulted in 12,000 referrals (see section on resettlement pathways). Five per cent of all new arrivals refused to engage and a similar proportion were in Pentonville for too short a time to participate in this process.
- 8.4 All pathways had a named lead and action plans were updated at each resettlement meeting. Pathway leads were always senior managers with some influence in the prison and represented a wide range of disciplines, which had been a deliberate decision to widen the responsibility for resettlement outcomes. The separate resettlement pathways were the subject of a reducing reoffending action plan where each pathway had a set of objectives assigned to named members of staff and set timescales. Many of the issues arising were linked to prisoners serving short sentences.
- 8.5 There were some good links with external agencies, including some local councils, and some local initiatives with two external agencies who were about to start coming into the prison to provide support and continuity for prisoners being released into their areas. There was also some innovative work with outside partnerships such as Only Connect, a creative arts company and resettlement charity working with prisoners, ex-offenders and young people at risk of crime and exclusion. This mainly took the form of drama workshops in the prison before full involvement in the programme on release. Another partnership project, Streetleague, worked with prisoners at the end of their sentence before engagement in a sport and education programme that included some mentoring.
- 8.6 The population had changed in recent years and remand prisoners now made up 60% of the population compared with 40% in 2006–7. Around 70% of sentenced prisoners stayed for less than six months and 55% stayed less than three months. The average length of stay for most prisoners was less than three months. Awareness of resettlement services was lower than in

comparator prisons. The prison had reviewed offending behaviour provision and was about to stop the controlling anger and learning to manage it (CALM) programme in favour of a motivational course aimed at more short-term prisoners, including the remand population (see section on resettlement pathways).

- 8.7 Once F wing re-opened, there were plans to designate B wing as a resettlement facility aimed at prisoners who were motivated to take advantage of the resettlement provision on offer with more concentrated support. The aim was to co-locate prisoners who wanted to make changes to their lives. This was a welcome initiative, but risked the needs of most prisoners who stayed for a short time being overlooked.
- 8.8 Prisoners were not consulted about resettlement services and there was no exit survey. There were no discharge interviews to ascertain whether prisoners had outstanding resettlement needs, although key performance targets such as housing and employment were collected before release for statistical purposes. There was no drop-in service or resettlement 'one stop shop' service that would have been relevant to prisoners at Pentonville.

Recommendations

- 8.9 The prison should carry out exit interviews with prisoners to ascertain the level of outstanding needs of those leaving the prison. This should be built into the reducing reoffending action plan.
- 8.10 A well-promoted resettlement advice centre should be accessible to all prisoners backed up by formal discharge interviews at least six weeks before release.

Offender management and planning

Expected outcomes:

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

- 8.11 Offender management arrangements were developing well under the direction of a senior probation officer and key prison managers. Arrangements for those in scope were good and a backlog was being dealt with. There were no custody plans for short-term prisoners, and low-risk prisoners were mostly transferred before sentence planning could take place. Some life-sentenced prisoners waited too long for transfers to first stage prisons. Public protection arrangements were sound.
- 8.12 The number in scope for offender management included 56 high-risk prisoners, 42 prolific and priority offenders and 52 indeterminate-sentenced prisoners. Offender management was a developing area under the responsibility of a senior probation officer who was also responsible for public protection work. Offender supervisor roles were undertaken by a combination of prison and probation officers. Arrangements mostly worked well for those in scope. Prisoners met their offender supervisors very quickly after sentencing and had regular, mostly monthly, meetings with them. Sentence planning boards were multidisciplinary and mostly well attended. Contact with external offender managers was less frequent, with little documented contact apart from at sentence planning boards. Most prisoners in scope had an up-to-date

sentence plan, although 15 of the 56 high-risk prisoners were out of their timescale for a sentence planning board.

- 8.13 The offender management unit also incorporated the allocations department, bail information, home detention curfew (HDC) and other custody functions. The unit had previously suffered staff shortages, but was now almost up to complement and had moved to a new large office where most staff were co-located. This worked well in terms of information sharing. The senior probation officer and principal officer in charge of the area worked with London probation departments to try to improve the exchange of information with them. The senior probation officer had developed protocols that would require external offender managers to become more involved in prison work. There was little use of video conferencing.
- 8.14 Most records were held electronically and were well maintained. Prison staff had access to the probation recording system and the police national computer, but some arrangements for transferring information between these systems were cumbersome.
- 8.15 Targets set for sentence planning were specific and time bound and many, such as enhanced thinking skills, were achievable at Pentonville. Offender supervisors had an input to where prisoners were subsequently allocated to try to ensure they could complete sentence planning targets.
- 8.16 Arrangements for those prisoners not in scope for offender management were limited to referrals made during the LISAR interview. There was no case management for this group. Once sentenced, prisoners were categorised and allocated to training prisons very quickly as the prison was obliged to transfer 60 sentenced prisoners every week. Some prisoners were on various holds (see section on categorisation). Sentenced prisoners were rarely held at Pentonville long enough for the 12-week initial sentence plan to take place. There were no systems to ensure that sentenced prisoners remaining at the prison had access to sentence planning. There were, for example, no short-term custody plans, although low and medium-risk prisoners could request a sentence plan and this occasionally happened. There was almost no information on prisoner wing files relating to sentence planning targets or resettlement issues.
- 8.17 The prison had introduced release on temporary licence (ROTL) for prisoners to work outside the prison and attend appointments and for family ties. ROTL was actively promoted in the residential areas and through resettlement departments and prisoners were encouraged to apply, although only a few were eligible or suitable. This was a positive development and reflected the relatively low risk of some of the population. Forty-four prisoners had been screened in 2009 and seven had been granted. Pressure on moving prisoners to training establishments meant Pentonville had only a small group of prisoners it could assess.
- 8.18 Prisoners eligible for HDC were screened quickly, but most were transferred before this could take place. Of 470 prisoners eligible for HDC in the previous six months, 200 had been transferred before being assessed.
- 8.19 There were 69 determinate-sentenced prisoners who had been recalled from licence. They were quickly identified on arrival, partly because of safer custody concerns. The clerk responsible for liaising with the recall section estimated that 10 prisoners did not have written reasons why they had been recalled. Once reasons had been received, prisoners were seen by the clerk and the offender supervisor to have these reasons explained. Licence recall prisoners were frequently within the scope of offender management and had an identified offender supervisor. A helpful and informative question and answer guide to licence recall had been produced.

Indeterminate-sentenced prisoners

- 8.20 There were 52 prisoners serving life or indeterminate sentences, of whom 42 were serving indeterminate sentences for public protection (IPPs). Of these, three were licence recall life-sentenced prisoners. Both groups were well managed under offender management arrangements. Some life-sentenced prisoners spent a long time at Pentonville, some as long as three years. Some stayed to take advantage of offending behaviour courses such as CALM and thinking skills. Others, particularly category B prisoners requiring sex offender treatment programmes, were more difficult to move. The waiting list for prisons such as Albany could be very long. Other prisoners could be subject to healthcare restrictions that delayed a move, but this was rare. Of the group, 13 had been sentenced 18 months or longer ago and most were waiting for specific training establishments.
- 8.21 Category C IPPs who did not need to move to stage one lifer prisons generally moved quite quickly.
- 8.22 Newly sentenced lifers were usually allocated to offender supervisors quickly and seen for an initial interview within days. There were, however, no formal arrangements for identifying remand prisoners who could expect a life sentence. There were some informal arrangements between offender supervisors and residential staff, and offender supervisors were well known around the prison and available for advice and guidance.
- 8.23 There was no lifer management team, although the offender management principal officer had taken this role and was waiting for training. He was supported by two officers on residential wings, but there were no organised meetings with life-sentenced prisoners as a group.

Public protection

- 8.24 Public protection arrangements were good and largely the responsibility of an administrative grade with a prison officer and senior officer. There was some good communication and information-sharing with other departments. Relevant prisoners were identified quickly and plans put in place to manage their risks. Six prisoners were identified as a very high risk and 90 as a high risk. A further 55 prisoners were identified as being a risk to children. This information was communicated to visits staff and updated regularly. The group included some prolific offenders and a number of prisoners who had yet to be tried.
- 8.25 Public protection staff communicated regularly with correspondence and security staff to ensure that those serving sentences for harassment or with restricted communication were monitored properly. There had been some problems with prisoner access to mobile telephones and delays in dealing with security information reports about this sometimes hindered public protection work (see section on security and rules).
- 8.26 Monthly public protection meetings were well attended, although police intelligence officers had not attended the previous three meetings and there was only occasional input from residential staff. However, the two public protection officers were active around the prison in terms of information sharing and talking to staff. The gap between meetings was sometimes a problem as the high turnover meant some prisoners could be transferred or released before their case had been discussed.

Recommendations

- 8.27 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.
- 8.28 There should be regular (bi-monthly) meetings with life-sentenced prisoners to provide a forum to discuss issues.
- 8.29 Newly convicted life-sentenced prisoners should transfer to first stage prisons no later than 12 months after sentence.
- 8.30 The monthly public protection meeting should be supplemented by a weekly screening of all new receptions who come under public protection arrangements. This information should be shared with key staff.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 8.31 Few prisoners said they knew who to contact about finding accommodation on release. Information about housing advice was advertised on wing notice boards, but not included in the prisoner information booklet or the induction presentation. There was a small range of education and training focused on employability and resettlement. There were no formal healthcare discharge clinics, but prisoners were given information on how to find a GP. A range of financial services was provided by Jobcentre Plus workers, but, as with housing advice, few prisoners knew how to access these services.

Accommodation

- 8.32 In our survey, 36% of prisoners said they had arrived with housing problems, but only 21%, significantly fewer than the comparator of 42%, knew who to contact about finding accommodation on release. Accommodation advice and support was provided primarily by a full-time manager and three full-time workers from St Mungo's. Accommodation and support services were also available through ClearSprings for those on bail and home detention curfew.
- 8.33 St Mungo's services were advertised on wing notice boards and in the induction rooms on A and C wings. Some notices advertised a weekly surgery, but this no longer operated. Prisoners could self-refer to St Mungo's and an application form was included among several forms given to new arrivals on their first night, but its use was not explained. No information

about St Mungo's was included in the information booklet and the service was not mentioned during induction or the first night interview even though prisoners were asked about housing need.

- 8.34 All new arrivals were interviewed the day after arrival to complete a London initial screening and referral form (LISAR). This gathered pertinent information about needs, including accommodation, and referrals were made to a St Mungo's housing adviser and/or a Jobcentre Plus worker to safeguard or close housing benefit claims. The aim of the interview was not well explained to prisoners. St Mungo's workers saw all completed LISAR forms and 36% of all referrals in 2008–09 were made to them. They saw all prisoners who said they had a tenancy irrespective of whether or not they had been referred.
- 8.35 All prisoners referred to St Mungo's were sent a letter. Prisoners with existing tenancies, with no fixed abode and with the earliest release date were prioritised for appointments. Letters included details of self-refer hostels and basic advice about making a homeless person application so that the many prisoners who were transferred or released before being seen received some advice. Prisoners with a tenancy received a letter advising them of their benefit entitlements when remanded or sentenced and what to do if they did not return from a court appearance. Those serving lengthy sentences were not seen on arrival and received a letter giving advice.
- 8.36 Workers maintained a good database of all prisoners seen and outcomes for them. Prisoners were helped to keep their homes, to register with their local authority for housing, helped to apply for supported or semi-independent housing and referred to temporary accommodation such as hostels or homeless persons' units. Workers could represent prisoners at court appearances, for example in cases of repossession.
- 8.37 The prison's analysis of 6,527 LISAR interviews carried out in 2008–09 identified that 66% of prisoners had previously been living in permanent accommodation, 17% in temporary accommodation, 4% in a hostel and 13% declared themselves homeless. Forty-seven per cent were living with their family or partner and 73% said they had a discharge address. LISAR interviews over the previous three years showed that the number of prisoners claiming to have permanent accommodation had increased and those declaring no fixed address had remained relatively unchanged.
- 8.38 A two-year pilot project operated in the prison for prisoners serving less than five years. The London Diamond Initiative was a joint partnership between prisons, police and probation departments and offered pre- and post-release support to prisoners in a geographical area of London, primarily Hackney and Newham.
- 8.39 Prisoners who identified themselves as having no fixed address and serving a custodial sentence were seen by a St Mungo's worker three weeks before release to see what help could be provided. It was difficult to get prisoners accommodation other than in their own borough. Hostels were often full and any that had spaces would not hold these in advance of a prisoner's release. Of 815 prisoners released between September 2008 and April 2009, 20% (152) were released with no fixed abode.

Education, training and employment

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

- 8.40 The prison provided a small range of education and training focused on employability skills and resettlement. These included preparation for employment, electrical maintenance, repair and testing in the contract workshop, industrial cleaning, ICT and the construction skills certification

scheme (CSCS) award. Some prisoners were involved in painting and decorating work around the prison, but this was not accredited. Quarterly job/training fairs were well supported and provided good links with employers and training providers. Over 100 prisoners attended each time. Jobcentre Plus provided some support with job search and advice for further training on release, but prisoners found it very difficult to apply for work while in prison. Information, advice and guidance (IAG) was insufficient to meet needs despite additional support provided by the City and Islington College. Staff liaised with employers when necessary and also contacted further education colleges to find out for prisoners what opportunities were available.

Mental and physical health

- 8.41 In our survey, very few prisoners said they knew who to contact about accessing health services on release. There were no formal discharge clinics, but administrative staff received a list of all the next day's releases and prepared a summary of each prisoner's clinical records. This was given to the prisoner during the discharge process in reception. The prisoner was also given a booklet on how to find a GP in local and outside areas. There were no palliative care policies, but we were told these were being developed.
- 8.42 Prisoners known to the criminal justice team were referred to relevant community mental health teams and whenever possible the team was invited into the prison for a pre-release meeting. Arrangements for prisoners who were being seen only by the psychiatric mental health team were less structured.

Finance, benefit and debt

- 8.43 In our survey, 28% of prisoners said they had money worries on arrival, but only 8%, significantly fewer than the comparator of 29%, knew who to contact for help with money/finances on release and only 16%, significantly fewer than the comparator of 45%, knew where to get help with claiming benefits on release.
- 8.44 Nearly 30% of all referrals made by LISAR in 2008–09 related to finance and debt. However, the aim of the interview was not well explained and prisoners were not told during induction about the services available to them. A poster about all the pathways displayed on wings did not mention the agencies able to offer help by name or how to contact them.
- 8.45 The prison's analysis of LISAR interviews in 2008–09 (see also paragraph 8.37) identified that 38% of prisoners had been employed, 37% in receipt of benefits, 7% relied on family for support and 8% supported themselves through crime. Sixteen per cent had bank overdrafts and loans, 10% owed council tax/rates and 51% had outstanding fines.
- 8.46 Finance advice was primarily provided by two full-time Jobcentre Plus workers. A worker from Islington People's Rights was available to give advice on debt and fines on two half-days a week. A course of financial management was available through education. Jobcentre Plus workers closed benefit claims on behalf of prisoners, arranged any arrears to be paid to them and safeguarded housing benefit payments as necessary. They helped prisoners apply for community care grants six weeks before release and saw prisoners three weeks before release to see if they wanted to arrange an appointment at their benefits office.
- 8.47 Prisoners could not open bank accounts while in prison, but senior managers were liaising with high street banks with a view to introducing this service.

Recommendations

- 8.48 Reintegration services should be better promoted to prisoners so they know who to contact to get help.
- 8.49 Formal health pre-release clinics should be introduced to ensure that every prisoner has the opportunity to see a health professional before release.
- 8.50 Palliative care policies should be introduced and reviewed regularly.
- 8.51 Prisoners should be able to open a bank account before release.

Drugs and alcohol

- 8.52 Interventions available included counselling, assessment, referral, advice and throughcare (CARAT) group work modules, the short duration programme (SDP), the prisons – addressing substance-related offending (P-ASRO) course and self-help groups. There were no services or strategy for those with alcohol problems. There was good throughcare support and drug intervention programme (DIP) officers were available to support prisoners from local boroughs.
- 8.53 The drug strategy committee had not met for some time and integrated drug treatment system (IDTS) board meetings had taken priority. The drug coordinator took responsibility for IDTS project management. In the absence of a forum open to all service providers and relevant departments, and especially the security intelligence unit, there was a danger of fragmentation.
- 8.54 The drug strategy document had recently been updated, but lacked action plans for demand and supply reduction initiatives and there was no alcohol strategy. The document was informed by population needs assessments.
- 8.55 CARAT services were provided by a manager and 11 workers from the Rehabilitation of Addicted Prisoners trust (RAPt). Another eight posts (including six newly funded ones) were vacant. The triage assessment key performance target (KPT) had increased from 1,600 to 2,640 in 2009, which was challenging for the current team. The service was well managed, with appropriate supervision arrangements and access to training. The team offered induction input on a group and individual basis. The open caseload stood at 248, with another 28 files suspended. Prisoners said it was difficult to see their CARAT worker. Structured one-to-one work was limited and prisoners with complex needs, vulnerable prisoners and those requiring post-programme support were prioritised.
- 8.56 Prisoners could access three validated group work modules: alcohol, heroin (both consisting of two sessions) and crack (running over six sessions). These were due to be replaced by the range of short 90-minute IDTS modules. The service had been required to stop a relapse prevention module and a peer support scheme in order to meet assessment targets. There was a risk that this would become a front-loaded service, as is so often the case in busy local prisons, with little flexibility to offer ongoing support and interventions.
- 8.57 The team was well integrated into the prison, was represented at IDTS meetings and worked closely with the offender management unit. Joint care coordination with the substance misuse and the mental health in-reach teams had not yet been developed.

- 8.58 Prisoners requiring structured intervention could access the short duration programme (SDP) for remand and short-term prisoners or the P-ASRO course for longer-term sentenced prisoners. The target for both programmes was 216 starts and 140 completions, which had been achieved. The SDP team consisted of a treatment manager (senior officer) and two facilitators (an officer and a civilian). Another officer post was vacant. In the previous 12 months, 120 prisoners had started and 78 had completed the course. Participants spoke highly of the support they received. Dedicated gym and individual key working sessions supplemented both the SDP and P-ASRO and those requiring counselling were referred back to the CARAT team.
- 8.59 The P-ASRO course was provided by a treatment manager and four facilitators from Phoenix Futures. The programme was well supported and well integrated into the prison. In the previous year, 96 prisoners had started and 76 had completed the course. The high population turnover and the high number of remand prisoners led to concerns about filling groups, especially in light of IDTS. Current selection criteria excluded prisoners maintained on methadone. Two peer supporters had been selected for P-ASRO, but there was a lack of clarity about their role. Post-programme follow-up groups and a peer support scheme facilitated by the CARAT service had stopped. All programme participants were subject to drug testing compacts and two P-ASRO prisoners had been de-selected from the current programme having twice tested positive for opiates. Drug availability was described as 'a constant challenge'.
- 8.60 The majority of voluntary drug testing (VDT) was actually compliance testing for key workers and for prisoners attending education. An appropriate compact was in place. The prison met its target of 350 compacts and testing was undertaken at the required level. While the testing suite was separate from mandatory drug testing (MDT), the two drug strategy-funded VDT officers belonged to the intelligence unit, undertook MDT when required and were cross-deployed to help with searches. This was inappropriate.
- 8.61 Throughcare links were impressive. Local drug and alcohol action teams had funded five DIP officers to support prisoners from their boroughs. This included accompanying prisoners to court, to residential rehabilitation centres, housing departments and hostels and constantly updating the community DIP workers. One officer described it as 'communities taking responsibility for their residents'. To ensure good throughcare for prisoners not covered by this arrangement, the CARAT team ran monthly continuity of care meetings with workers from 11 DIPs.
- 8.62 Primary problem alcohol users did not receive such a comprehensive service, although approximately a quarter of prisoners in our survey said they had an alcohol problem when they came to the prison. The CARAT and the DIP remit excluded ongoing work with this group. Service provision consisted only of the alcohol module, weekly Alcoholics Anonymous group meetings and signposting to services in the community.

Recommendations

- 8.63 The drug strategy committee should meet regularly and relevant departments and service providers should attend.
- 8.64 The drug strategy document should contain detailed action plans and performance measures for supply and demand reduction measures.

- 8.65 The prison should develop an alcohol strategy and address the currently insufficient level of services for prisoners with primary alcohol problems.
- 8.66 The CARAT service should provide structured relapse prevention work and post-programme support. The peer support scheme should recommence.
- 8.67 The P-ASRO programme should not exclude prisoners maintained on methadone.
- 8.68 There should be a clear separation between voluntary and mandatory drug testing. Voluntary drug testing officers should not come under the remit of the security department/intelligence unit.

Good practice

- 8.69 *The drug intervention programme initiative provided in partnership with London boroughs offered a well-coordinated through and aftercare service to prisoners.*

Children and families of offenders

- 8.70 Prisoners received only limited information about visits and how to keep in contact with their family when they arrived. The visitors' centre was well run and visitors could book their next visit while at the prison, but many reported problems with the telephone booking line. Some visits did not begin at the published time. The visits room was large, noisy and hot with fixed seating. Prisoners had to wear orange bibs despite other security measures. Family days were run only for the minority of enhanced prisoners. Use of release on temporary licence had allowed a small number of prisoners to spend time with their family and it was positive that a family support worker had recently been employed. Inter-prison telephone calls relied on the goodwill of staff at other prisons.
- 8.71 In our survey, 29% of prisoners, significantly fewer than the comparator of 43% but more than the 19% in 2006, said they had received information about visits on their day of arrival. Prisoners were told about the possibility of a reception visit during their first night interview, but were not given any other visits information. Details about visits in the prisoner information booklet were scant and did not explain what prisoners were entitled to. Visits were covered on the second day of the induction programme. Some men new to prison were unaware that they had to complete a list of telephone numbers and this had clearly not been explained by all first night officers. Significantly fewer than the comparator said they had had a visit in their first week.
- 8.72 Remanded prisoners were told during induction that they were entitled to only two visits each week, while other prisoners could have three visits a month. Visits were available from 9.15am to 11.15am and from 2pm to 4pm on weekdays and Saturdays. Prisoners on the enhanced incentives and earned privileges (IEP) levels could also have visits between 2pm and 4pm on Sundays. There were no evening visits.
- 8.73 Some visitors complained that it was difficult to get through to the telephone booking line. We spoke to a booking clerk on our third attempt, having first found the line engaged and then been cut off after a few seconds. There was no opportunity to leave a message and no call queuing system.

- 8.74 The visitors' centre was managed and staffed by the Prison Advice and Care Trust (PACT). It was comfortable and relaxed, and offered refreshments and toilet facilities. Visitors could speak to a PACT worker in private and access a range of local and national information. All visitors booked in at the visitors' centre and could book their next visit while there. Prisoners on the enhanced IEP level could book their own visits.
- 8.75 Once booked in, visitors went over to the main gate. Some, but not all, arrived in the visits room before the start time of their visit. Search staff had nowhere safely to place a baby while searching the carer. Anyone indicated by the drug dog was offered the choice of leaving or having a closed visit without any other security information being required. Those on closed visits could clearly be seen by everyone in the visits room and, while visitors were able to have refreshments, prisoners were not.
- 8.76 Prisoners made their own way to the visits hall entrance during free flow and queued in a small holding room to be processed. We did not see anyone kept waiting in the holding room, but there was evidence that some were held there long enough to smoke. Vulnerable prisoners were moved in and out of the visits room either before or after other prisoners. They were not seated in a designated area, but staff were aware of them and of other prisoners subject to child protection procedures.
- 8.77 The large visits room quickly became noisy and hot. It could accommodate 44 groups of prisoners and visitors on fixed furniture that allowed each group little privacy. Easy contact between prisoners and visitors was not possible. Even though all visitors and prisoners were identified by a finger scan and photographs before entering the visits room, prisoners still had to wear orange bibs. There was a small well-equipped play area, but it was not always staffed and children could not use it when it was not.
- 8.78 A visits survey had recently been carried out among prisoners and visitors, but the results had not yet been analysed.
- 8.79 In our survey, 57% of men said they had children under 18 years old, but only 36%, significantly fewer than the comparator of 40%, said they had been helped to maintain contact with family and friends and only 27%, significantly fewer than the comparator of 54%, said they had been asked by staff if they needed help contacting their family within 24 hours of arrival. All new arrivals were asked about the whereabouts and care arrangements of any children in the first night interview, but they were not asked about any other family issues during the first night or induction process. Prisoners were asked during the LISAR interview if they had been able to contact family, if they were a primary carer (analysis of interviews during 2008–09 indicated that 2% were) and in whose care the children were, but the referral process was not clearly explained (see section on first days in custody). There was no evidence in wing files that staff were aware of prisoners' family situations.
- 8.80 Prisoners' families were invited to reviews at the end of courses and had been invited to sentence plan reviews, although take up had been very low. Information displayed in the visitors' centre included the assisted prison visits scheme and prisoners families helpline. Visitors could send emails to prisoners, which were cheaper than postage. A Story Book Dads scheme encouraging prisoners to record stories for their children was soon to be introduced.
- 8.81 Prisoners were unable to undertake general relationship counselling with their immediate family, but six courses of the Time for Families programme had been run in the previous year. Thirty-four couples had attended the first five courses, with a completion rate of 77%. Topics covered included money management, relationship and parenting support.

- 8.82 Up to 36 enhanced level prisoners could take part in family days run in the visits room about six times a year. These were much enjoyed and included prisoners' children, grandchildren, nephews and nieces up to the age of 15 years. The days were managed by the family support worker (FSW), PACT staff and other partnership staff. There were no other venues for prisoners to receive special visits from their children or family when necessary. During the inspection, a social worker was told by the FSW that a contact visit would take place in the visits room during ordinary domestic visits.
- 8.83 There was no facility for primary carers to receive additional free letters or telephone credit to keep in contact with their children. Prisoners could not receive incoming calls from children or to deal with arrangements for them. Release on temporary licence (ROTL) was occasionally used to allow prisoners to maintain contact with their family. The availability of ROTL was advertised on wings.
- 8.84 The full-time FSW had been in post for two months and was keen to develop services. She acted as an intermediary between prisoners, families and social workers, and organised and attended supervised visits. She could advise on child protection matters, was involved in the Time for Families course and had recently set up a monthly support group for prisoners' partners. Information about her role was included in the prisoner information booklet and she was sent referrals from LISAR interviews. However, prisoners were not told about the service during the LISAR interview and her role was not mentioned during induction. A notice on wings about the pathways referred to the FSW, but not how she could be contacted. There was a dedicated FSW application box on every wing, which she emptied daily. She kept a record of prisoners seen and action taken on their behalf. We welcomed the provision of this valuable service.
- 8.85 There was no central register of requests for accumulated visits and it was not possible to identify if the demand for these was met. Inter-prison telephone calls relied on the goodwill of staff at other prisons, as Pentonville prisoners could not use office telephones for these. The video link had been used for only 10 inter-prison visits between November 2008 and April 2009.

Recommendations

- 8.86 There should be no upper limit on the number of visits a remand prisoner is entitled to.
- 8.87 Visits should start for all visitors at the advertised time.
- 8.88 Closed visits should be authorised only when there is a risk justified by security intelligence in addition to a drug dog indication.
- 8.89 The closed visits facility should be moved to a more private location.
- 8.90 There should be improved systems for booking visits by telephone or email.
- 8.91 The visits room should be staffed, furnished and arranged to ensure easy contact between prisoners and their visitors. Ventilation should be improved.
- 8.92 Prisoners should not have to wear bibs in the visits room.
- 8.93 The children's play area should be available and supervised during all visits sessions.

- 8.94 Prisoners should be encouraged and helped to maintain telephone contact with partners and family members in other establishments.
- 8.95 Evening visits should be available.
- 8.96 Family visits should be open to all prisoners irrespective of their incentives and earned privileges status.
- 8.97 Prisoners should be able to receive additional visits from children or immediate family in venues other than the visits room.
- 8.98 Prisoners identified as primary carers should be provided with additional free letters and telephone calls specifically to maintain contact with their children.
- 8.99 Prisoners should be able to receive incoming telephone calls from children or to deal with arrangements for them.
- 8.100 The role of the family support worker should be more widely advertised to prisoners.

Housekeeping points

- 8.101 Visitors should be able to leave their name and number on the visits booking line for a call back.
- 8.102 A facility to safely lay down a baby while the carer is searched should be provided.
- 8.103 Prisoners should be able to have refreshments in closed visits.
- 8.104 A log should be kept of requests for accumulated visits to enable any unmet need to be identified and acted on.

Attitudes, thinking and behaviour

- 8.105 A reasonable range of interventions was run. Waiting lists for accredited programmes were not long and appropriately prioritised. The controlling anger and learning to manage it (CALM) course was to be replaced by the A-Z motivational programme, which would be accessible to the prison's majority remand and short-term prisoner population.
- 8.106 The prison delivered the thinking skills programme (TSP), controlling anger and learning to manage it (CALM), P-ASRO and the short duration programme (see section on drugs and alcohol). Prisoners were also able to complete various assessments required for participation in the sex offender treatment programme before transferring to a prison where the course was delivered.
- 8.107 The prison had achieved its target of 102 TSP completions and 32 CALM completions in the previous financial year. The recent audits indicated that the multidisciplinary team of facilitators delivered the programme to a high standard. Waiting lists were not long and were appropriately prioritised. Prisoners serving indeterminate sentences for public protection (IPP) were prioritised followed by level of risk and time left to release/tariff date. Waiting lists were relatively short. Diversity issues were discussed during pre-programme planning and in

supervision. Helping foreign national prisoners to participate in offending behaviour courses had been discussed at the foreign national committee and was being addressed by translating TSP workbooks into languages other than English.

- 8.108 Although records of post-programme reviews showed that offender supervisors attended, personal officers did not do so routinely. Families were always invited and a small number had chosen to do so.
- 8.109 The current CALM course, due to complete on the last day of the inspection, was to be the last. It was to be replaced by the A-Z motivational programme, with delivery planned to start in August 2009. This decision was based on the prison's recognition of the gap in provision to meet the needs of its substantial remand population and this appeared appropriate.
- 8.110 The head of psychology planned to conduct an assessment of the needs of short-term prisoners and had mapped all current interventions available in the prison, both accredited and non-accredited, to each of the resettlement pathways. This work would help to inform the delivery of appropriate interventions and assist in identifying any gaps in provision.

Recommendation

- 8.111 Personal officers should routinely attend post-programme case reviews.

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendation	To the Director General, NOMS
9.1 Under no circumstances should prisoners be transferred out in order to ensure that they are not present during an inspection. (HP41)	
Main recommendations	To the Governor
9.2 Prisoners who are vulnerable or have ongoing medical treatment should only be transferred where this is in their best interests, and in line with a multi-disciplinary care plan. (HP42)	
9.3 The Director of Offender Management should ensure that all staff, and particularly senior managers, understand that prisoner care is their prime responsibility at all times. (HP43)	
9.4 A personal officer scheme should be established so that there is a designated officer actively responsible for checking regularly on individual prisoners' welfare, dealing with issues as they arise and helping to ensure that any identified reintegration needs are met. (HP44)	
9.5 Appropriate first night prescribing for opiate dependent prisoners should be introduced urgently. (HP45)	
9.6 Officers should be effectively trained to use the staged violence reduction strategy, and reporting, investigation and monitoring of bullies and support for victims should be clearly recorded. (HP46)	
9.7 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. (HP47)	
9.8 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. (HP48)	
9.9 The number and quality of employment places should be increased. (HP49)	
9.10 Prisoners should have more time out of cell. (HP50)	
9.11 Prison officers should have appropriate training to recognise and take appropriate action when a prisoner may have mental health problems. (HP51)	
9.12 Resettlement services should be made available through an easily accessible and widely publicised drop-in centre. (HP52)	
9.13 Sentence or custody plans should be developed for all prisoners whatever their status or length of sentence. (HP53)	

Recommendations

To the Director General, NOMS

Residential units

- 9.14 The Prison Service should clarify its position in relation to the application of Prison Rule 7 (2) prohibiting unconvicted prisoners to share cells with convicted prisoners. (2.22)

Resettlement pathways

- 9.15 The P-ASRO programme should not exclude prisoners maintained on methadone. (8.67)

Recommendations

To PECS

Courts, escorts and transfers

- 9.16 Prisoners should be held in court cells for the minimum possible period. (1.7)

- 9.17 Prisoners should arrive at the prison before 7pm. (1.8)

Recommendations

To the governor

Courts, escorts and transfers

- 9.18 Prisoners should receive information at court about the prison in a language they can understand. (1.9)

- 9.19 Prisoners should be offered the option of using the video link for suitable hearings. (1.10)

- 9.20 Prisoners involved in trials should be able to keep their cell while the trial is ongoing. (1.11)

- 9.21 All prisoners should be given 24 hours notice of a planned transfer. (1.13)

First days in custody

- 9.22 Prisoners should be held in reception for as short a time as possible. (1.33)

- 9.23 Reception staff should actively engage with and supervise prisoners. (1.34)

- 9.24 All interviews with new arrivals should take place in private and uninterrupted. (1.35)

- 9.25 All prisoners should be given comprehensive and supportive first night information to prepare them for the following few days. (1.36)

- 9.26 Cell-sharing risk assessments should be checked before cell allocation. (1.37)

- 9.27 Staff should introduce themselves to prisoners and wear identification that displays their name and status. (1.38)

- 9.28 Prisoners should be fully occupied through a comprehensive, structured and engaging induction programme. (1.39)
- 9.29 Prisoners should understand how their resettlement needs are assessed and identified during induction and to whom referrals can be made. (1.40)
- 9.30 Prisoners should be helped to understand first night and induction information through reinforcement by peer supporters. (1.41)
- 9.31 Prisoners withdrawing from drugs or alcohol should not share cells with those who are not. (1.42)

Residential units

- 9.32 Broken cell windows should be repaired quickly. (2.14)
- 9.33 All cell toilets should be adequately screened to allow appropriate privacy. (2.15)
- 9.34 All cells should contain serviceable furniture, including lockable cupboards. (2.16)
- 9.35 All cells should be adequately ventilated. (2.17)
- 9.36 Shower areas should be adequately ventilated and maintained in good condition. (2.18)
- 9.37 Laundry facilities should be of an adequate standard. (2.19)
- 9.38 Prisoners should have regular access to reliable telephones and should be able to use them in private. (2.20)
- 9.39 The arrangements for storing property should be improved so that items are all accounted for and prisoners have appropriate access to their possessions. (2.21)

Personal officers

- 9.40 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. (2.35)
- 9.41 Wing files should contain care plans for prisoners with special needs, such as older prisoners or those with disabilities. (2.36)

Bullying and violence reduction

- 9.42 A comprehensive survey of prisoners' experiences and perceptions of bullying and violence should be conducted. (3.19)
- 9.43 All showers should be in cubicles and there should be improved supervision of these areas. (3.20)
- 9.44 Investigations into violent incidents should aim to identify the underlying reasons for violence and conflict between prisoners. (3.21)

- 9.45 The role of the residential intelligence meeting should be included in the local policy and outcomes communicated effectively to staff responsible for monitoring prisoners. (3.22)
- 9.46 Vulnerable prisoners should not be held on A wing. (3.23)

Self-harm and suicide

- 9.47 Assessment, care in custody and teamwork (ACCT) liaison officers should be appointed for each wing as an integral part of the suicide prevention strategy. (3.41)
- 9.48 The consolidated safer custody action plan should include relevant recommendations from all deaths in custody, findings from coroners' inquests and learning points from any near-death investigations. (3.42)
- 9.49 The use of gated cells for prisoners at risk of self-harm should be monitored by the safer custody meeting. (3.43)
- 9.50 Safer cells should be available on all residential wings. (3.44)
- 9.51 Prisoners should have access to Listeners day and night. Reasons for refusing access should be investigated by the suicide prevention coordinator and reported to the safer custody meeting. (3.45)
- 9.52 The Listener suite should be refurbished to provide a suitable environment for Listeners to support prisoners in distress. (3.46)
- 9.53 There should be appropriate confidential telephone access to the Samaritans at night. (3.47)

Diversity

- 9.54 There should be improved assessment procedures to detect prisoners' disabilities at reception and afterwards. (3.56)
- 9.55 All staff should attend diversity training and be given guidance to enable them to understand and respond appropriately to diversity issues. (3.57)
- 9.56 There should be regular monitoring to ensure that prisoners from minority groups are not victimised or excluded from any activity. (3.58)
- 9.57 All prisoners with disabilities and older prisoners with identified needs should have a care plan that is informed by healthcare and residential staff and about which they should be consulted. (3.59)
- 9.58 There should be a review of the rate of retirement pay, which should take into account or waive the charge for a television. (3.60)
- 9.59 Personal evacuation plans should be developed for prisoners requiring them and they should be signed by the prisoner. (3.61)

Race equality

- 9.60 All members of the race equality action team should attend the relevant training. (3.75)

- 9.61 External independent representatives should be identified to contribute to the work of the race equality action team and scrutinise completed racist incident investigations. (3.76)
- 9.62 Reports of racist incidents should be fully investigated, including an interview with the alleged perpetrator, and completed promptly. (3.77)
- 9.63 Where appropriate, mediation should be used to help resolve racist complaints. (3.78)
- 9.64 Procedures to identify prisoners with current or previous racially motivated offences should ensure that the race equality officer can maintain an accurate list and target interventions. (3.79)

Foreign national prisoners

- 9.65 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. (3.92)
- 9.66 Foreign national liaison officers should attend the monthly workshops. (3.93)
- 9.67 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. (3.94)
- 9.68 The workshops and seminars for foreign national prisoners should be used to explore the reasons behind the different perceptions in our survey. (3.95)

Applications and complaints

- 9.69 Wing staff should engage more effectively with prisoners and aim to resolve issues without the need for written applications. (3.104)
- 9.70 All complaints should receive full and detailed responses. (3.105)
- 9.71 Complaints should be analysed to address any significant patterns or trends. (3.106)

Legal rights

- 9.72 There should be a full-time trained legal services officer with adequate resources and facilities to do the job. (3.114)
- 9.73 The effectiveness of the bail information scheme should be assessed. (3.115)
- 9.74 More booths for private legal and professional visits should be provided. (3.116)

Substance use

- 9.75 The prison, in partnership with the primary care trust, should ensure that appropriate protocols, systems and staffing are in place for the clinical management of substance-dependent prisoners. (3.129)

- 9.76 Prescribing regimes should be flexible, based on individual need and adhere to national guidance. (3.130)
- 9.77 Individual care plans and reviews should be developed that demonstrate patient involvement. (3.131)
- 9.78 Joint work between primary care services, the clinical substance misuse team, the CARAT and the mental health in-reach teams should be developed to provide integrated care to prisoners. (3.132)
- 9.79 A dual diagnosis service should be developed for prisoners experiencing mental health and substance-related problems. (3.133)
- 9.80 The substance misuse unit should provide a supportive regime and structured psychosocial support to prisoners. (3.134)
- 9.81 The prison should ensure that target testing takes place within the required timeframe. (3.135)
- 9.82 There should be a clear separation between mandatory and voluntary drug testing both in terms of staffing and management. (3.136)

Health services

- 9.83 Wing and first night centre treatment rooms should undergo an infection control audit and its findings should be implemented. All wing treatment areas should be refurbished to ensure that health services are delivered in clean and appropriately equipped accommodation. (4.56)
- 9.84 The reception healthcare room should be adequately supervised or relocated to ensure the safety of healthcare staff. The room should be clinically clean and fit for purpose. (4.57)
- 9.85 A regular cleaning schedule for all healthcare areas should be implemented and audited regularly. (4.58)
- 9.86 Charge nurses should be involved in senior nursing management meetings to ensure they have a voice in the development of healthcare and represented on the service user group. (4.59)
- 9.87 A senior healthcare worker should be nominated as the focus for older people to ensure their management is appropriate and that health services are developed to meet their needs. (4.60)
- 9.88 Nurses with specialist qualifications should be encouraged to practise their speciality. (4.61)
- 9.89 There should be regular and minuted healthcare team and general staff meetings. (4.62)
- 9.90 Registered mental health nurses should, wherever possible, be ring-fenced to mental health duties. (4.63)
- 9.91 Non-nursing duties for wing-based nurses should be reduced to allow an improved service and engagement with prisoners on wings. (4.64)
- 9.92 GP appointments should be managed by the administrative team and a telephone booking system considered. (4.65)

- 9.93 Appropriate and transportable emergency equipment should be located on all wings. Defibrillators should be held in all landing offices and wing staff trained in cardiopulmonary resuscitation. (4.66)
- 9.94 Clinical records should be audited regularly to ensure that entries comply with professional guidelines. (4.67)
- 9.95 A health promotion strategy, including oral health, should be introduced and given sufficient importance across all healthcare areas. (4.68)
- 9.96 Regular well man and long-term condition clinics should be introduced. (4.69)
- 9.97 Triage algorithms should be developed to ensure consistency of advice and treatment. (4.70)
- 9.98 Interpreting services should be used for confidential medical matters. (4.71)
- 9.99 Lockable cabinets should be provided for prisoners receiving medication in possession and in shared cells. (4.72)
- 9.100 The administration of methadone should be reviewed to ensure the correct dose is administered. (4.73)
- 9.101 Secondary dispensing should stop. (4.74)
- 9.102 Prisoners should be encouraged to reorder their own medication. (4.75)
- 9.103 The medicines and therapeutics committee should review the use of general stock, and named-patient medication should be used wherever possible. (4.76)
- 9.104 Pharmacy-led clinics should be introduced. (4.77)
- 9.105 The medicines and therapeutics committee should ensure that prescribing is evidence-based. Prescribing data should be used to demonstrate value for money and to promote effective medicines management. (4.78)
- 9.106 The plan to relocate the dental surgery should be expedited. (4.79)
- 9.107 Prisoners should be advised of their dental appointments as early as possible. (4.80)
- 9.108 Health services bed spaces should not form part of the prison's certified normal accommodation and admission should be only on assessment of clinical need. (4.81)
- 9.109 Inpatients should have a full therapeutic regime, including regular association and exercise, that is not curtailed due to low staff numbers. (4.82)
- 9.110 Staffing levels, clinical and discipline, in the inpatient area should reflect prisoners' needs. (4.83)
- 9.111 All inpatients should have up-to-date, comprehensive and relevant care plans that are used to inform patient care delivery. (4.84)
- 9.112 Primary mental health services should be improved, including access to talking and other appropriate therapies and guided self-help. (4.85)

- 9.113 Prisoners requiring care under the Mental Health Act should be referred, assessed and transferred expeditiously. (4.86)
- 9.114 There should be a clear policy for the administration of medication under restraint, which ensures that such an action is used only as an absolute last resort. If the policy is used, the event should be reported as a serious incident. (4.87)
- 9.115 Medicine trolleys in the treatment rooms should be secured to the wall when not in use. (4.88)

Learning and skills and work activities

- 9.116 A wider range of education courses and employment opportunities should be provided for vulnerable prisoners. (5.19)
- 9.117 Effective processes should be introduced to recognise and record prisoners' progress and achievement in areas that do not lead to accreditation. (5.20)
- 9.118 Information, advice and guidance resources should be increased to meet the needs of all prisoners. (5.21)
- 9.119 Learning and skills data collection and analysis should be improved to inform decision-making and target-setting for improvement. (5.22)
- 9.120 Punctuality and attendance of prisoners at education, training and work should be improved. (5.23)
- 9.121 Action should be taken to ensure better use of the library such as extending opening hours, maximising attendance during the day. (5.24)

Physical education and health promotion

- 9.122 Suitable ventilation should be installed in the fitness area. (5.32)
- 9.123 The shower areas in the fitness room and sports hall should be refurbished. (5.33)
- 9.124 Shorter sessions should be introduced on weekdays in the morning and afternoon to allow more classes to be run and increase participation. (5.34)

Faith and religious activity

- 9.125 Vulnerable prisoners should be able to attend weekend services alongside others. (5.43)

Time out of cell

- 9.126 Time out of cell should be increased, particularly at weekends and evenings and for unemployed prisoners. (5.50)
- 9.127 Prisoners involved in activities should have equal access to showers and telephones. (5.51)

Security and rules

- 9.128 Information received on security information reports should be actioned within 72 hours. (6.16)
- 9.129 Local prison rules should be displayed in residential areas. (6.17)
- 9.130 More drug dog cover should be provided at weekends. (6.18)
- 9.131 Prisoners should only be moved between prisons where this is in their best interests, in accordance with sentence plan targets, or for fully evidenced reasons of good order. (6.19)

Discipline

- 9.132 Adjudicating governors should examine the use of cellular confinement and ensure that it is given only after all other punishments have been explored. (6.34)
- 9.133 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. (6.35)
- 9.134 Residential managers should ensure that there is no use of unofficial punishments on their wings. (6.36)
- 9.135 Prisoners should not be left without clothing unless there is a threat to life. (6.37)
- 9.136 All officers working in the segregation unit should receive mental health awareness training. (6.38)

Incentives and earned privileges

- 9.137 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. (6.51)
- 9.138 Prisoners should be able to attain the enhanced level in a shorter time, with more incentives for prisoners without their own funds. (6.52)
- 9.139 The operation of the incentives and earned privileges scheme across the prison should be routinely monitored by a senior manager for consistency and fairness. (6.53)
- 9.140 Prisoners should not be downgraded an incentives and earned privileges level solely on suspicion of involvement in a single serious offence. (6.54)

Catering

- 9.141 Lunch should not be served before noon and the evening meal not before 5pm. (7.6)
- 9.142 Prisoners working in the kitchen should have the opportunity to gain qualifications. (7.7)
- 9.143 Breakfast should be served on the morning it is eaten. (7.8)

Prison shop

- 9.144 The new shop arrangements should be monitored and reviewed to ensure that they are responsive to prisoners' needs and that prices are not unreasonably increased. (7.16)
- 9.145 Prisoners should be able to buy fresh fruit and there should be no routine ban on products in glass jars. (7.17)

Strategic management of resettlement

- 9.146 The prison should carry out exit interviews with prisoners to ascertain the level of outstanding needs of those leaving the prison. This should be built into the reducing reoffending action plan. (8.9)
- 9.147 A well-promoted resettlement advice centre should be accessible to all prisoners backed up by formal discharge interviews at least six weeks before release. (8.10)

Offender management and planning

- 9.148 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. (8.27)
- 9.149 There should be regular (bi-monthly) meetings with life-sentenced prisoners to provide a forum to discuss issues. (8.28)
- 9.150 Newly convicted life-sentenced prisoners should transfer to first stage prisons no later than 12 months after sentence. (8.29)
- 9.151 The monthly public protection meeting should be supplemented by a weekly screening of all new receptions who come under public protection arrangements. This information should be shared with key staff. (8.30)

Resettlement pathways

- 9.152 Reintegration services should be better promoted to prisoners so they know who to contact to get help. (8.48)
- 9.153 Formal health pre-release clinics should be introduced to ensure that every prisoner has the opportunity to see a health professional before release. (8.49)
- 9.154 Palliative care policies should be introduced and reviewed regularly. (8.50)
- 9.155 Prisoners should be able to open a bank account before release. (8.51)
- 9.156 The drug strategy committee should meet regularly and relevant departments and service providers should attend. (8.63)
- 9.157 The drug strategy document should contain detailed action plans and performance measures for supply and demand reduction measures. (8.64)

- 9.158 The prison should develop an alcohol strategy and address the currently insufficient level of services for prisoners with primary alcohol problems. (8.65)
- 9.159 The CARAT service should provide structured relapse prevention work and post-programme support. The peer support scheme should recommence. (8.66)
- 9.160 There should be a clear separation between voluntary and mandatory drug testing. Voluntary drug testing officers should not come under the remit of the security department/intelligence unit. (8.68)
- 9.161 There should be no upper limit on the number of visits a remand prisoner is entitled to. (8.86)
- 9.162 Visits should start for all visitors at the advertised time. (8.87)
- 9.163 Closed visits should be authorised only when there is a risk justified by security intelligence in addition to a drug dog indication. (8.88)
- 9.164 The closed visits facility should be moved to a more private location. (8.89)
- 9.165 There should be improved systems for booking visits by telephone or email. (8.90)
- 9.166 The visits room should be staffed, furnished and arranged to ensure easy contact between prisoners and their visitors. Ventilation should be improved. (8.91)
- 9.167 Prisoners should not have to wear bibs in the visits room. (8.92)
- 9.168 The children's play area should be available and supervised during all visits sessions. (8.93)
- 9.169 Prisoners should be encouraged and helped to maintain telephone contact with partners and family members in other establishments. (8.94)
- 9.170 Evening visits should be available. (8.95)
- 9.171 Family visits should be open to all prisoners irrespective of their incentives and earned privileges status. (8.96)
- 9.172 Prisoners should be able to receive additional visits from children or immediate family in venues other than the visits room. (8.97)
- 9.173 Prisoners identified as primary carers should be provided with additional free letters and telephone calls specifically to maintain contact with their children. (8.98)
- 9.174 Prisoners should be able to receive incoming telephone calls from children or to deal with arrangements for them. (8.99)
- 9.175 The role of the family support worker should be more widely advertised to prisoners. (8.100)
- 9.176 Personal officers should routinely attend post-programme case reviews. (8.111)

Housekeeping points

Courts, escorts and transfers

- 9.177 Prisoners attending trials should be able to shower daily. (1.13)

First days in custody

- 9.178 The means to pass the time should be provided in initial holding rooms. (1.43)
- 9.179 Reception holding rooms should be smoke free. (1.44)
- 9.180 Information in the prisoner information booklet should be correct and comprehensive. (1.45)
- 9.181 Prisoners should be told how long the reception pack is expected to last, its cost and the system for repayment. (1.46)
- 9.182 The toilet in the induction room on C wing should be cleaned and kept clean. (1.47)
- 9.183 Vulnerable prisoners' induction should be recorded in their wing files. (1.48)

Residential units

- 9.184 All cells should have notice boards. (2.23)
- 9.185 Prisoners should have access to washing up liquid and appropriate cleaning materials. (2.24)
- 9.186 Prison kit should be available in all sizes. (2.25)

Bullying and violence reduction

- 9.187 The security department should be regularly represented at the safer custody meeting. (3.24)

Self-harm and suicide

- 9.188 A representative from the escort contractor should attend the safer custody meeting. (3.48)

Diversity

- 9.189 The database of prisoners with disabilities should be accurately maintained and frequently reviewed. (3.62)

Race equality

- 9.190 Information displayed on diversity notice boards should be up to date. (3.80)
- 9.191 The race equality officer should have access to all security information about racially motivated incidents. (3.81)

- 9.192 Racist incident complaints should be investigated and followed to a conclusion even if the complainant has moved from the prison. (3.82)

Foreign national prisoners

- 9.193 Interviews with UK Border Agency staff should take place in private interview rooms. (3.96)

Health services

- 9.194 Out-of-date pharmacy reference books should be disposed of. (4.89)

- 9.195 A greater selection of over-the-counter remedies should be made available for patients to purchase. (4.90)

- 9.196 Medication should only be transported in locked containers. (4.91)

- 9.197 The use of both HR013 forms and EMIS for prescribing should be reviewed to avoid duplication and inaccuracies in patients' records. (4.92)

- 9.198 Statistics should be kept about attendance at day services to inform potential changes in service provision. (4.93)

- 9.199 The patient toilet in the C/D treatment area should be cleaned regularly. (4.94)

- 9.200 Electrical cabling should not cross floor areas. (4.95)

- 9.201 Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms to ensure that thermolabile items are stored within the 2–8°C range. Corrective action should be taken where necessary. (4.96)

- 9.202 Clear demarcation lines should be identified outside treatment hatches and prisoners should not be allowed past the lines if another prisoner is already at the hatch. (4.97)

- 9.203 Medication should be stored in an orderly way. Loose tablets and tablet foils do not satisfy labelling requirements and named-patient medication and stock should be segregated. Patients' own medication should not be present in stock. (4.98)

- 9.204 Nurses should be encouraged to participate in clinical supervision. (4.99)

- 9.205 The service user group should include clinical staff involved in the day-to-day management of patients. (4.100)

- 9.206 All healthcare policies and procedures should be reviewed at least annually. Review dates should be adhered to. (4.101)

Discipline

- 9.207 The segregation unit exercise yard should be provided with some seating. (6.39)

- 9.208 Damaged floors in segregation unit cells should be replaced. (6.40)

- 9.209 The segregation unit regime should document that daily showers are available. (6.41)

Catering

- 9.210 An annual food survey should be completed. (7.9)

Prison shop

- 9.211 Prisoners ordering newspapers should have them delivered on the day of publication. (7.18)

Resettlement pathways

- 9.212 Visitors should be able to leave their name and number on the visits booking line for a call back. (8.101)

- 9.213 A facility to safely lay down a baby while the carer is searched should be provided. (8.102)

- 9.214 Prisoners should be able to have refreshments in closed visits. (8.103)

- 9.215 A log should be kept of requests for accumulated visits to enable any unmet need to be identified and acted on. (8.104)

Examples of good practice

Health services

- 9.216 The robust approach to the management of patients referred to external NHS facilities was excellent and had significantly reduced the numbers referred externally. It also ensured that there were no delays for patients in accessing their outpatient appointments. (4.102)

- 9.217 The system of routinely acknowledging patients' applications meant that patients knew their request had been received and was being dealt with. (4.103)

- 9.218 The healthcare support cells on C/D wings provided prisoners with a 'halfway house' support mechanism to advise and monitor their progress following a physical or mental illness. (4.104)

- 9.219 The weekly wing meetings between members of the criminal justice team and discipline and primary care staff provided good channels of communication. (4.105)

Resettlement pathways

- 9.220 The drug intervention programme initiative provided in partnership with London boroughs offered a well-coordinated through and aftercare service to prisoners. (8.69)

Appendix 1: Inspection team

Anne Owers	HM Chief Inspector of Prisons
Michael Loughlin	Team leader
Andrea Walker	Inspector
Joss Crosbie	Inspector
Ian Macfadyen	Inspector
Paul Fenning	Inspector
Hayley Folland	Inspector
Sigrid Engelen	Substance misuse inspector
Brigid McEvilly	Healthcare inspector
Elizabeth Tysoe	Healthcare inspector
Bob Cowdrey	Ofsted lead inspector
Andrew Boughton	Ofsted inspector
Iris Evans	Ofsted inspector
Deborah Tye	Researcher
Julia Fossi	Researcher
Catherine Nichols	Researcher

Appendix 2: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced		382	35.71
Recall		69	6.46
Convicted unSENTENCED		184	17.26
Remand		406	38.01
Civil prisoners		4	0.34
Detainees		23	2.21
Total		1068	100

Sentence	18–20 yr olds	21 and over	%
UnSENTENCED		618	57.82
Less than 6 months		93	8.67
6 months to less than 12 months		40	3.74
12 months to less than 2 years		70	6.55
2 years to less than 4 years		97	9.10
4 years to less than 10 years		82	7.65
10 years and over (not life)		22	2.04
ISPP		37	3.57
Life		9	0.85
Total		1068	100

Age	Number of prisoners	%
Please state minimum age 21		
Under 21 years	0	0.00
21 years to 29 years	458	42.86
30 years to 39 years	353	33.08
40 years to 49 years	193	18.11
50 years to 59 years	52	4.85
60 years to 69 years	12	1.11
70 plus years	0	0.00
Maximum age: 69		
Total	1068	100

Nationality	18–20 yr olds	21 and over	%
British		675	63.18
Foreign nationals		393	36.82
Total		1068	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unSENTENCED		680	63.61
Uncategorised SENTENCED		80	7.48
Cat A		0	0.00
Cat B		45	4.25
Cat C		251	23.47

Cat D		12	1.19
Other		0	0.00
Total		1068	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British		314	29.42
Irish		14	1.36
Other White		197	18.28
Mixed			
White and Black Caribbean		25	2.21
White and Black African		2	0.17
White and Asian		3	0.26
Other Mixed		13	1.28
Asian or Asian British			
Indian		56	5.27
Pakistani		16	1.53
Bangladeshi		37	3.32
Other Asian		29	2.72
Black or Black British			
Caribbean		203	18.88
African		98	9.10
Other Black		30	2.81
Chinese or other ethnic group			
Chinese		13	1.19
Other ethnic group		18	1.70
Not stated		0	0.00
Total		1068	100

Religion	18–20 yr olds	21 and over	%
Baptist		2	0.17
Church of England		224	20.92
Roman Catholic		253	23.72
Other Christian denominations		43	4.00
Muslim		238	22.28
Sikh		15	1.45
Hindu		14	1.28
Buddhist		8	0.85
Jewish		7	0.60
Other		11	1.02
No religion		253	23.72
Total		1068	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			161	35.69
1 month to 3 months			103	23.19
3 months to 6 months			82	18.15
6 months to 1 year			64	14.11
1 year to 2 years			31	6.85
2 years to 4 years			9	2.02
4 years or more			0	0.00
Total			450	100

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			292	47.21
1 month to 3 months			206	33.38
3 months to 6 months			87	14.12
6 months to 1 year			30	4.85
1 year to 2 years			3	0.44
2 years to 4 years			0	0.00
4 years or more			0	0.00
Total			618	100

Main offence	18–20 yr olds	21 and over	%
Violence against the person		237	22.19
Sexual offences		96	9.01
Burglary		101	9.44
Robbery		112	10.54
Theft and handling		120	11.22
Fraud and forgery		45	4.25
Drugs offences		131	12.24
Other offences		179	16.75
Civil offences		1	0.09
Offence not recorded/holding warrant		46	4.25
Total		1068	100

Appendix 3: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 15 – 16 April 2009, the prisoner population at HMP Pentonville was 1053. The sample size was 190. Overall, this represented 18% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. Two respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 161 respondents completed and returned their questionnaires. This represented 15% of the prison population. The response rate was 85%. In addition to the nine respondents who refused to complete a questionnaire, eight questionnaires were not returned and 12 were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 37 local prisons since April 2003.
- A comparison within the 2009 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2009 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2009 survey between Muslim and non-Muslim prisoners.
- A comparison within the 2009 survey between those who consider themselves to have a disability and those who do not.

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

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

Summary

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

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all

missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

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

Section 1: About You

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

Q1.2	How old are you?	
	Under 21	2%
	21 - 29	41%
	30 - 39	33%
	40 - 49	19%
	50 - 59	5%
	60 - 69	1%
	70 and over	0%
Q1.3	Are you sentenced?	
	Yes.....	45%
	Yes - on recall.....	10%
	No - awaiting trial.....	26%
	No - awaiting sentence.....	18%
	No - awaiting deportation	1%
Q1.4	How long is your sentence?	
	Not sentenced	47%
	Less than 6 months	12%
	6 months to less than 1 year	8%
	1 year to less than 2 years	8%
	2 years to less than 4 years	8%
	4 years to less than 10 years	9%
	10 years or more	3%
	IPP (Indeterminate Sentence for Public Protection)	3%
	Life	0%
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	Not sentenced	49%
	6 months or less	31%
	More than 6 months	20%
Q1.6	How long have you been in this prison?	
	Less than 1 month.....	24%
	1 to less than 3 months	29%
	3 to less than 6 months	20%
	6 to less than 12 months	14%
	12 months to less than 2 years	8%
	2 to less than 4 years	4%
	4 years or more	1%
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	Yes.....	27%
	No	73%

Q1.8	Is English your first language?							
	Yes.....							73%
	No							27%
Q1.9	What is your ethnic origin?							
	White - British	33%	Asian or Asian British - Bangladeshi.....	6%				
	White - Irish.....	3%	Asian or Asian British - Other.....	4%				
	White - Other	11%	Mixed Race - White and Black Caribbean.....	3%				
	Black or Black British - Caribbean	18%	Mixed Race - White and Black African.....	2%				
	Black or Black British - African.....	9%	Mixed Race - White and Asian.....	0%				
	Black or Black British - Other	3%	Mixed Race - Other	3%				
	Asian or Asian British - Indian	3%	Chinese.....	2%				
	Asian or Asian British - Pakistani	0%	Other ethnic group.....	1%				
Q1.10	What is your religion?							
	None	13%	Hindu.....	1%				
	Church of England.....	24%	Jewish.....	2%				
	Catholic.....	25%	Muslim.....	20%				
	Protestant	0%	Sikh	2%				
	Other Christian denomination	11%	Other	1%				
	Buddhist.....	1%						
Q1.11	How would you describe your sexual orientation?							
	Heterosexual/ Straight.....							95%
	Homosexual/Gay							2%
	Bisexual							1%
	Other							1%
Q1.12	Do you consider yourself to have a disability?							
	Yes.....							25%
	No							75%
Q1.13	How many times have you been in prison before?							
	0	1	2 to 5	More than 5				
	33%	13%	30%	24%				
Q1.14	Including this prison, how many prisons have you been in during this sentence/remand time?							
	1	2 to 5	More than 5					
	62%	32%	7%					
Q1.15	Do you have any children under the age of 18?							
	Yes.....							57%
	No							43%

Section 2: Courts, transfers and escorts

Q2.1	We want to know about the most recent journey you have made either to or from court or between prisons? How was	...	Very good	Good	Neither	Bad	Very Bad	Don't remember	N/A
	The cleanliness of the van		5%	46%	20%	13%	12%	2%	3%

	Your personal safety during the journey	9%	47%	12%	16%	13%	1%	1%
	The comfort of the van	1%	12%	9%	30%	46%	0%	1%
	The attention paid to your health needs	3%	18%	24%	21%	24%	1%	8%
	The frequency of toilet breaks	5%	11%	17%	17%	34%	2%	15%
Q2.2	How long did you spend in the van?							
	Less than 1 hour	Over 1 hour to 2 hours	Over 2 hours to 4 hours	More than 4 hours				
	37%	44%	13%	2%				
Q2.3	How did you feel you were treated by the escort staff?							
	Very well	Well	Neither	Badly	Very badly			
	10%	54%	23%	7%	4%			
Q2.4	Please answer the following questions about when you first arrived here:							
				Yes	No			
	Did you know where you were going when you left court or when transferred from another prison?			70%	25%			
	Before you arrived here did you receive any written information about what would happen to you?			13%	83%			
	When you first arrived here did your property arrive at the same time as you?			81%	15%			

Section 3: Reception, first night and induction

Q3.1	In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you)							
	Didnt ask about any of these	28%	Money worries	11%				
	Loss of property.....	6%	Feeling depressed or suicidal	45%				
	Housing problems.....	22%	Health problems	52%				
	Contacting employers.....	7%	Needing protection from other prisoners.....	10%				
	Contacting family.....	26%	Accessing phone numbers.....	26%				
	Ensuring dependants were being looked after	7%	Other	3%				
Q3.2	Did you have any of the following problems when you first arrived here? (Please tick all that apply)							
	Didnt have any problems.....	18%	Money worries	28%				
	Loss of property.....	17%	Feeling depressed or suicidal	23%				
	Housing problems.....	36%	Health problems	30%				
	Contacting employers.....	12%	Needing protection from other prisoners.....	10%				
	Contacting family.....	41%	Accessing phone numbers.....	34%				
	Ensuring dependants were looked after	11%	Other	5%				
Q3.3	Please answer the following questions about reception:							
	Were you seen by a member of health services?	Yes	No					
	When you were searched, was this carried out in a respectful way?	84%	10%					
		66%	29%					
Q3.4	Overall, how well did you feel you were treated in reception?							
	Very well	Well	Neither	Badly	Very badly			
	8%	34%	26%	16%	13%			
Q3.5	On your day of arrival, were you offered information on the following? (Please tick all that apply)							
	Information about what was going to happen to you.....							
								32%

	Information about what support was available for people feeling depressed or suicidal.....	39%
	Information about how to make routine requests	26%
	Information about your entitlement to visits	29%
	Information about health services	37%
	Information about the chaplaincy	35%
	Not offered anything	40%
Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply)	
	A smokers/non-smokers pack.....	94%
	The opportunity to have a shower.....	18%
	The opportunity to make a free telephone call	25%
	Something to eat	81%
	Did not receive anything.....	3%
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply)	
	Chaplain or religious leader	42%
	Someone from health services.....	70%
	A listener/Samaritans	7%
	Did not meet any of these people	17%
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes.....	8%
	No	92%
Q3.9	Did you feel safe on your first night here?	
	Yes.....	55%
	No	37%
	Don't remember	8%
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course	35%
	Within the first week	50%
	More than a week.....	10%
	Don't remember	5%
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	36%
	Yes.....	21%
	No	29%
	Don't remember	14%

Section 4: Legal rights and respectful custody

Q4.1	How easy is to?							
		Very easy	Easy	Neither	Difficult	Very difficult	N/A	
	Communicate with your solicitor or legal representative?	4%	24%	17%	31%	17%	8%	
	Attend legal visits?	6%	39%	23%	12%	6%	13%	
	Obtain bail information?	2%	14%	18%	24%	16%	26%	
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?							
	Not had any letters							17%

Yes.....	38%
No	45%

Q4.3	Please answer the following questions about the wing/unit you are currently living on:	Yes	No	Don't know	N/A		
		Are you normally offered enough clean, suitable clothes for the week?	45%	47%	3%	5%	
		Are you normally able to have a shower every day?	66%	33%	1%	1%	
		Do you normally receive clean sheets every week?	69%	27%	3%	1%	
		Do you normally get cell cleaning materials every week?	43%	51%	5%	1%	
		Is your cell call bell normally answered within five minutes?	38%	56%	5%	2%	
		Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	51%	45%	1%	3%	
		Can you normally get your stored property, if you need to?	21%	54%	19%	6%	
Q4.4	What is the food like here?	Very good 0%	Good 15%	Neither 20%	Bad 29%	Very bad 36%	
Q4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	Have not bought anything yet	6%				
		Yes.....	21%				
		No	72%				
Q4.6	Is it easy or difficult to get either	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
	A complaint form	32%	44%	6%	8%	4%	7%
	An application form	35%	48%	5%	8%	3%	1%
Q4.7	Have you made an application?	Yes.....	87%				
	No	13%					
Q4.8	Please answer the following questions concerning applications (If you have not made an application please tick the 'not made one' option)	Not made one	Yes	No			
	Do you feel applications are dealt with fairly?	13%	39%	48%			
	Do you feel applications are dealt with promptly? (within seven days)	14%	30%	56%			
Q4.9	Have you made a complaint?	Yes.....	41%				
	No	59%					
Q4.10	Please answer the following questions concerning complaints (If you have not made a complaint please tick the 'not made one' option)	Not made one	Yes	No			
	Do you feel complaints are dealt with fairly?	61%	10%	29%			
	Do you feel complaints are dealt with promptly? (within seven days)	61%	12%	27%			
	Were you given information about how to make an appeal?	32%	16%	51%			
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	Not made a complaint	60%				

	Yes.....	12%			
	No	28%			
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?				
	Don't know who they are	Very easy	Easy	Neither	Difficult
	44%	2%	13%	15%	17%
					Very difficult
					9%
Q4.13	Please answer the following questions about your religious beliefs?			Yes	No
					Don't t know/ N/A
	Do you feel your religious beliefs are respected?			61%	17%
	Are you able to speak to a religious leader of your faith in private if you want to?			51%	15%
					22%
					34%
Q4.14	Can you speak to a listener at any time, if you want to?			Yes	No
					Don't know
	Yes		No		
	42%		13%		
					45%
Q4.15	Please answer the following questions about staff in this prison?			Yes	No
	Is there a member of staff you can turn to for help if you have a problem?			75%	25%
	Do most staff treat you with respect?			66%	34%

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?				
	Yes.....	51%			
	No	49%			
Q5.2	Do you feel unsafe in this prison at the moment?				
	Yes.....	23%			
	No	77%			
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply)				
	Never felt unsafe	53%	At meal times.....	12%	
	Everywhere.....	16%	At health services	4%	
	Segregation unit	3%	Visit's area	8%	
	Association areas	10%	In wing showers.....	12%	
	Reception area	7%	In gym showers	3%	
	At the gym.....	5%	In corridors/stairwells.....	9%	
	In an exercise yard	8%	On your landing/wing.....	8%	
	At work.....	4%	In your cell	10%	
	During Movement	15%	At religious services.....	2%	
	At education.....	2%			
Q5.4	Have you been victimised by another prisoner or group of prisoners here?				
	Yes.....	19%			
	No	81%	If No, go to question 5.6		
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)				
	Insulting remarks (about you or your family or friends).....	5%	Because you were new here.....	7%	

	Physical abuse (being hit, kicked or assaulted)	8%	Because of your sexuality	1%
	Sexual abuse	1%	Because you have a disability	3%
	Because of your race or ethnic origin	5%	Because of your religion/religious beliefs.....	1%
	Because of drugs.....	3%	Being from a different part of the country than others.....	4%
	Having your canteen/property taken	3%	Because of your offence/ crime.....	4%
Q5.6	Have you been victimised by a member of staff or group of staff here?			
	Yes.....	29%		
	No	71%	If No, go to question 5.8	
Q5.7	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)			
	Insulting remarks (about you or your family or friends)	12%	Because of your sexuality	1%
	Physical abuse (being hit, kicked or assaulted)	4%	Because you have a disability	4%
	Sexual abuse	1%	Because of your religion/religious beliefs.....	5%
	Because of your race or ethnic origin	12%	Being from a different part of the country than others.....	3%
	Because of drugs.....	2%	Because of your offence/ crime.....	7%
	Because you were new here.....	8%		
Q5.8	If you have been victimised by prisoners or staff, did you report it?			
	Not been victimised			68%
	Yes.....			8%
	No			24%
Q5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?			
	Yes.....			26%
	No			74%
Q5.10	Have you ever felt threatened or intimidated by a member of staff/group of staff in here?			
	Yes.....			25%
	No			75%
Q5.11	Is it easy or difficult to get illegal drugs in this prison?			
	Very easy	Easy	Neither	Difficult
	24%	14%	7%	5%
				Very difficult
				7%
				Don't know
				44%

Section 6: Health services

Q6.1	How easy or difficult is it to see the following people:	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
	The doctor	11%	4%	19%	8%	34%	24%
	The nurse	8%	11%	40%	14%	14%	13%
	The dentist	17%	3%	4%	4%	27%	45%
	The optician	28%	2%	10%	6%	29%	26%
Q6.2	Are you able to see a pharmacist?	Yes.....					34%
		No					66%

Q6.3	What do you think of the quality of the health service from the following people:					
		Not been	Very good	Good	Neither	Bad
	The doctor	21%	9%	20%	10%	24%
	The nurse	13%	11%	25%	13%	17%
	The dentist	38%	5%	10%	11%	14%
	The optician	45%	8%	8%	13%	13%
Q6.4	What do you think of the overall quality of the health services here?					
		Not been	Very good	Good	Neither	Bad
		9%	3%	23%	17%	26%
						Very bad
						23%
Q6.5	Are you currently taking medication?					
	Yes.....					49%
	No					51%
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?					
	Not taking medication.....					53%
	Yes.....					19%
	No					28%
Q6.7	Do you feel you have any emotional well being/ mental health issues?					
	Yes.....					32%
	No					68%
Q6.8	Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)					
	Do not have any issues / Not receiving any help.....					83%
	Doctor					10%
	Nurse					4%
	Psychiatrist					10%
	Mental Health In Reach team.....					8%
	Counsellor.....					3%
	Other					2%
Q6.9	Did you have a problem with either of the following when you came into this prison?					
		Yes				No
	Drugs					38%
	Alcohol					24%
						76%
Q6.10	Have you developed a problem with either of the following since you have been in this prison?					
		Yes				No
	Drugs					13%
	Alcohol					1%
						99%
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?					
	Yes.....					32%
	No					11%
	Did not / do not have a drug or alcohol problem.....					56%
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?					
	Yes.....					26%
	No					16%
	Did not / do not have a drug or alcohol problem.....					57%

Q6.13	Was the intervention or help you received, whilst in this prison, helpful?	
	Yes.....	23%
	No	14%
	Did not have a problem/Have not received help.....	64%
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?	
		Yes No Don't know
	Drugs	15% 66% 19%
	Alcohol	10% 73% 17%
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?	
	Yes.....	29%
	No	21%
	N/A.....	51%

Section 7: Purposeful Activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply)	
	Prison job.....	43%
	Vocational or skills training.....	11%
	Education (including basic skills)	27%
	Offending behaviour programmes	5%
	Not involved in any of these	35%
Q7.2	If you have been involved in any of the following, whilst in prison, do you think it will help you on release?	
		Not been involved Yes No Don't know
	Prison job	32% 28% 29% 12%
	Vocational or skills training	45% 29% 12% 14%
	Education (including basic skills)	34% 41% 8% 16%
	Offending behaviour programmes	48% 26% 17% 9%
Q7.3	How often do you go to the library?	
	Don't want to go.....	17%
	Never	45%
	Less than once a week.....	15%
	About once a week.....	12%
	More than once a week	1%
	Don't know	10%
Q7.4	On average how many times do you go to the gym each week?	
	Don't want to go 0 1 2 3 to 5 More than 5 Don't know	
	21% 30% 17% 17% 4% 1% 9%	
Q7.5	On average how many times do you go outside for exercise each week?	
	Don't want to go 0 1 to 2 3 to 5 More than 5 Don't know	
	13% 13% 29% 24% 17% 4%	
Q7.6	On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	Less than 2 hours.....	34%
	2 to less than 4 hours	21%
	4 to less than 6 hours	11%

	6 to less than 8 hours	11%
	8 to less than 10 hours	6%
	10 hours or more	10%
	Don't know	6%
Q7.7	On average, how many times do you have association each week?	
	Don't want to go	0
	3%	2%
	1 to 2	22%
	3 to 5	35%
	More than 5	28%
	Don't know	10%
Q7.8	How often do staff normally speak to you during association time?	
	Do not go on association.....	5%
	Never	18%
	Rarely.....	24%
	Some of the time	35%
	Most of the time	14%
	All of the time	5%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?						
	Still have not met him/her.....						87%
	In the first week						4%
	More than a week.....						2%
	Don't remember						7%
Q8.2	How helpful do you think your personal officer is?						
	Do not have a personal officer	Very helpful	Helpful	Neither	Not very helpful	Not at all helpful	
	89%	1%	5%	1%	2%	1%	
Q8.3	Do you have a sentence plan/OASys?						
	Not sentenced						47%
	Yes.....						8%
	No						45%
Q8.4	How involved were you in the development of your sentence plan?						
	Do not have a sentence plan/OASys.....						93%
	Very involved						4%
	Involved						1%
	Neither						0%
	Not very involved.....						1%
	Not at all involved						2%
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?						
	Do not have a sentence plan/OASys.....						94%
	Yes.....						5%
	No						1%
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?						
	Do not have a sentence plan/OASys.....						93%
	Yes.....						4%
	No						3%

Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?				
	Not sentenced	49%			
	Yes.....	11%			
	No	40%			
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?				
	Yes.....	17%			
	No	83%			
Q8.9	Have you had any problems with sending or receiving mail?				
	Yes.....	39%			
	No	49%			
	Don't know	12%			
Q8.10	Have you had any problems getting access to the telephones?				
	Yes.....	38%			
	No	58%			
	Don't know	4%			
Q8.11	Did you have a visit in the first week that you were here?				
	Not been here a week yet	10%			
	Yes.....	21%			
	No	63%			
	Don't remember	6%			
Q8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)				
	Don't know what my entitlement is.....	25%			
	Yes.....	50%			
	No	26%			
Q8.13	How many visits did you receive in the last week?				
	Not been in a week	0	1 to 2	3 to 4	5 or more
	11%	53%	35%	1%	1%
Q8.14	Have you been helped to maintain contact with your family/friends whilst in this prison?				
	Yes.....	36%			
	No	64%			
Q8.15	Do you know who to contact to get help with the following within this prison: (please tick all that apply)				
	Don't know who to contact	65%	Help with your finances in preparation for release	8%	
	Maintaining good relationships.....	14%	Claiming benefits on release	16%	
	Avoiding bad relationships	7%	Arranging a place at college/continuing education on release	7%	
	Finding a job on release	15%	Continuity of health services on release	6%	
	Finding accommodation on release	21%	Opening a bank account	4%	
Q8.16	Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)				
	No problems	30%	Help with your finances in preparation for release	38%	
	Maintaining good relationships.....	16%	Claiming benefits on release	35%	
	Avoiding bad relationships	16%	Arranging a place at college/continuing education on release	16%	
	Finding a job on release	49%	Continuity of health services on release	21%	

	Finding accommodation on release	49%	Opening a bank account	30%
Q8.17	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?			
	Not sentenced			48%
	Yes.....			20%
	No			32%



Prisoner Survey Responses HMP Pentonville 2009

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 percent highlighted in green is significantly better		
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Number of completed questionnaires returned	HMP Pentonville	Local prisons comparator
	161	4005

SECTION 1: General Information

2	Are you under 21 years of age?	2%	5%
3a	Are you sentenced?	55%	67%
3b	Are you on recall?	10%	9%
4a	Is your sentence less than 12 months?	21%	18%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	3%
5	Do you have six months or less to serve?	31%	32%
6	Have you been in this prison less than a month?	24%	18%
7	Are you a foreign national?	27%	12%
8	Is English your first language?	73%	91%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	53%	25%
10	Are you Muslim?	21%	11%
11	Are you homosexual/gay or bisexual?	5%	3%
12	Do you consider yourself to have a disability?	25%	17%
13	Is this your first time in prison?	33%	27%
14	Have you been in more than 5 prisons this time?	7%	8%
15	Do you have any children under the age of 18?	57%	57%

SECTION 2: Transfers and Escorts

For the most recent journey you have made either to or from court or between prisons:

1a	Was the cleanliness of the van good/very good?	51%	49%
1b	Was your personal safety during the journey good/very good?	56%	58%
1c	Was the comfort of the van good/very good?	13%	12%
1d	Was the attention paid to your health needs good/very good?	21%	29%
1e	Was the frequency of toilet breaks good/very good?	15%	12%
2	Did you spend more than four hours in the van?	2%	5%
3	Were you treated well/very well by the escort staff?	63%	68%
4a	Did you know where you were going when you left court or when transferred from another prison?	70%	73%
4b	Before you arrived here did you receive any written information about what would happen to you?	13%	14%
4c	When you first arrived here did your property arrive at the same time as you?	81%	82%

Key to tables

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SECTION 3: Reception, first night and induction

1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	6%	15%
1c	Housing problems?	22%	35%
1d	Problems contacting employers?	7%	16%
1e	Problems contacting family?	27%	54%
1f	Problems ensuring dependants were looked after?	7%	16%
1g	Money problems?	11%	23%
1h	Problems of feeling depressed/suicidal?	45%	59%
1i	Health problems?	52%	62%
1j	Problems in needing protection from other prisoners?	10%	28%
1k	Problems accessing phone numbers?	27%	40%
2	When you first arrived:		
2a	Did you have any problems?	82%	77%
2b	Did you have any problems with loss of property?	18%	12%
2c	Did you have any housing problems?	36%	23%
2d	Did you have any problems contacting employers?	12%	6%
2e	Did you have any problems contacting family?	41%	30%
2f	Did you have any problems ensuring dependants were being looked after?	11%	7%
2g	Did you have any money worries?	28%	25%
2h	Did you have any problems with feeling depressed or suicidal?	23%	23%
2i	Did you have any health problems?	30%	25%
2j	Did you have any problems with needing protection from other prisoners?	10%	9%
2k	Did you have problems accessing phone numbers?	34%	29%
3a	Were you seen by a member of health services in reception?	84%	86%
3b	When you were searched in reception, was this carried out in a respectful way?	66%	68%
4	Were you treated well/very well in reception?	42%	58%
5	On your day of arrival, were you offered any of the following information:		
5a	Information about what was going to happen to you?	32%	43%
5b	Information about what support was available for people feeling depressed or suicidal?	39%	43%
5c	Information about how to make routine requests?	26%	33%
5d	Information about your entitlement to visits?	29%	43%
5e	Information about health services?	37%	53%
5f	Information about the chaplaincy?	35%	48%

Key to tables

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SECTION 3: Reception, first night and induction continued

6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	94%	77%
6b	The opportunity to have a shower?	19%	34%
6c	The opportunity to make a free telephone call?	25%	57%
6d	Something to eat?	81%	82%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	42%	49%
7b	Someone from health services?	70%	69%
7c	A listener/Samaritans?	7%	31%
8	Did you have access to the prison shop/canteen within the first 24 hours?	8%	22%
9	Did you feel safe on your first night here?	56%	74%
10	Have you been on an induction course?	65%	75%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	33%	57%

SECTION 4: Legal Rights and Respectful Custody

1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	28%	43%
1b	Attend legal visits?	46%	63%
1c	Obtain bail information?	16%	25%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	45%	51%
3b	Are you normally able to have a shower every day?	66%	80%
3c	Do you normally receive clean sheets every week?	69%	83%
3d	Do you normally get cell cleaning materials every week?	43%	65%
3e	Is your cell call bell normally answered within five minutes?	38%	37%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	51%	64%
3g	Can you normally get your stored property, if you need to?	21%	30%
4	Is the food in this prison good/very good?	15%	24%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	21%	44%
6a	Is it easy/very easy to get a complaints form?	76%	80%
6b	Is it easy/very easy to get an application form?	83%	85%
7	Have you made an application?	87%	81%

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SECTION 4: Legal Rights and Respectful Custody continued

For those who have made an application:

8a	Do you feel applications are dealt with fairly?	45%	54%
8b	Do you feel applications are dealt with promptly? (within 7 days)	35%	50%
9	Have you made a complaint?	41%	48%

For those who have made a complaint:

10a	Do you feel complaints are dealt with fairly?	25%	33%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	31%	36%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	30%	27%
10c	Were you given information about how to make an appeal?	16%	28%
12	Is it easy/very easy to see the Independent Monitoring Board?	15%	30%
13a	Do you feel your religious beliefs are respected?	61%	53%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	51%	57%
14	Are you able to speak to a Listener at any time, if you want to?	42%	62%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	75%	65%
15b	Do most staff, in this prison, treat you with respect?	66%	68%

SECTION 5: Safety

1	Have you ever felt unsafe in this prison?	51%	39%
2	Do you feel unsafe in this prison at the moment?	23%	19%
4	Have you been victimised by another prisoner?	19%	23%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	5%	12%
5b	Hit, kicked or assaulted you?	9%	8%
5c	Sexually abused you?	1%	1%
5d	Victimised you because of your race or ethnic origin?	5%	4%
5e	Victimised you because of drugs?	3%	3%
5f	Taken your canteen/property?	3%	4%
5g	Victimised you because you were new here?	7%	5%
5h	Victimised you because of your sexuality?	1%	1%
5i	Victimised you because you have a disability?	3%	2%
5j	Victimised you because of your religion/religious beliefs?	1%	3%
5k	Victimised you because you were from a different part of the country?	4%	5%
5l	Victimised you because of your offence/crime?	4%	7%

Key to tables

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SECTION 5: Safety continued

6	Have you been victimised by a member of staff?	29%	26%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	12%	14%
7b	Hit, kicked or assaulted you?	4%	5%
7c	Sexually abused you?	1%	1%
7d	Victimised you because of your race or ethnic origin?	12%	5%
7e	Victimised you because of drugs?	2%	5%
7f	Victimised you because you were new here?	8%	6%
7g	Victimised you because of your sexuality?	1%	1%
7h	Victimised you because you have a disability?	4%	3%
7i	Victimised you because of your religion/religious beliefs?	5%	3%
7j	Victimised you because you were from a different part of the country?	3%	4%
7k	Victimised you because of your offence/crime?	7%	8%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	25%	31%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	26%	25%
10	Have you ever felt threatened or intimidated by a member of staff in here?	25%	25%
11	Is it easy/very easy to get illegal drugs in this prison?	37%	33%

SECTION 6: Healthcare

1a	Is it easy/very easy to see the doctor?	23%	28%
1b	Is it easy/very easy to see the nurse?	51%	54%
1c	Is it easy/very easy to see the dentist?	7%	12%
1d	Is it easy/very easy to see the optician?	12%	13%
2	Are you able to see a pharmacist?	34%	47%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	36%	47%
3b	The nurse?	41%	60%
3c	The dentist?	24%	34%
3d	The optician?	29%	37%
4	The overall quality of health services?	28%	42%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
Healthcare continued			
5	Are you currently taking medication?	49%	45%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	40%	63%
7	Do you feel you have any emotional well being/mental health issues?	32%	33%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	42%	40%
8b	A doctor?	33%	28%
8c	A nurse?	13%	12%
8d	A psychiatrist?	33%	16%
8e	The Mental Health In-Reach Team?	27%	31%
8f	A counsellor?	9%	8%
9a	Did you have a drug problem when you came into this prison?	38%	25%
9b	Did you have an alcohol problem when you came into this prison?	24%	21%
10a	Have you developed a drug problem since you have been in this prison?	13%	9%
10b	Have you developed an alcohol problem since you have been in this prison?	1%	4%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	74%	80%
12	Have you received any help or intervention whilst in this prison?	62%	68%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	63%	78%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	34%	31%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	27%	26%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	58%	55%
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	43%	42%
1b	Vocational or skills training?	11%	9%
1c	Education (including basic skills)?	28%	29%
1d	Offending Behaviour Programmes?	5%	8%

Key to tables

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	Any percent highlighted in blue is significantly worse		
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Purposeful Activity continued			
2ai	Have you had a job whilst in prison?	68%	65%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	41%	38%
2bi	Have you been involved in vocational or skills training whilst in prison?	55%	55%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	53%	48%
2ci	Have you been involved in education whilst in prison?	66%	64%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	63%	57%
2di	Have you been involved in offending behaviour programmes whilst in prison?	52%	51%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	49%	46%
3	Do you go to the library at least once a week?	13%	36%
4	On average, do you go to the gym at least twice a week?	23%	42%
5	On average, do you go outside for exercise three or more times a week?	41%	39%
6	On average, do you spend ten or more hours out of your cell on a weekday?	10%	9%
7	On average, do you go on association more than five times each week?	28%	50%
8	Do staff normally speak to you most of the time/all of the time during association?	19%	17%
SECTION 8: Resettlement			
1	Do you have a personal officer?	13%	39%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	56%	64%
For those who are sentenced:			
3	Do you have a sentence plan?	15%	38%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	64%	59%
5	Can you achieve some/all of your sentence plan targets in this prison?	78%	59%
6	Are there plans for you to achieve some/all your targets in another prison?	60%	46%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	22%	24%
8	Do you feel that any member of staff has helped you to prepare for release?	17%	15%
9	Have you had any problems with sending or receiving mail?	39%	43%
10	Have you had any problems getting access to the telephones?	38%	32%
11	Did you have a visit in the first week that you were here?	21%	36%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	50%	65%

Key to tables

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Resettlement continued						
13	Did you receive one or more visits in the last week?				36%	39%
14	Have you been helped to maintain contact with family/friends whilst in this prison?				36%	40%
15	Do you know who to contact within this prison to get help with the following:					
15b	Maintaining good relationships?				14%	18%
15c	Avoiding bad relationships?				7%	13%
15d	Finding a job on release?				15%	39%
15e	Finding accommodation on release?				21%	42%
15f	With money/finances on release?				8%	29%
15g	Claiming benefits on release?				16%	45%
15h	Arranging a place at college/continuing education on release?				7%	29%
15i	Accessing health services on release?				6%	35%
15j	Opening a bank account on release?				4%	30%
16	Do you think you will have a problem with any of the following on release from prison?					
16b	Maintaining good relationships?				16%	17%
16c	Avoiding bad relationships?				16%	16%
16d	Finding a job?				49%	56%
16e	Finding accommodation?				49%	49%
16f	Money/finances?				38%	56%
16g	Claiming benefits?				35%	39%
16h	Arranging a place at college/continuing education?				16%	36%
16i	Accessing health services?				21%	25%
16j	Opening a bank account?				30%	43%
For those who are sentenced:						
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?				38%	49%



Key questions (Disability Analysis) HMP Pentonville 2009

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 percent highlighted in green is significantly better	Consider themselves to have a disability Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse	
	Any percent highlighted in orange shows a significant difference in prisoners' background details	
	Percentages which are not highlighted show there is no significant difference	
Number of completed questionnaires returned		40 119
1.3	Are you sentenced?	63% 53%
1.7	Are you a foreign national?	23% 29%
1.8	Is English your first language?	84% 71%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.	43% 57%
1.10	Are you Muslim?	15% 22%
1.12	Do you consider yourself to have a disability?	
1.13	Is this your first time in prison?	13% 41%
2.1d	Was the attention paid to your health needs good/very good?	24% 20%
2.3	Were you treated well/very well by the escort staff?	64% 64%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	80% 67%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	31% 26%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	54% 43%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	57% 50%
3.2a	Did you have any problems when you first arrived?	92% 79%
3.3a	Were you seen by a member of healthcare staff in reception?	90% 84%
3.3b	When you were searched in reception, was this carried out in a respectful way?	74% 64%
3.4	Were you treated well/very well in reception?	45% 42%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	82% 66%
3.9	Did you feel safe on your first night here?	51% 57%
3.10	Have you been on an induction course?	62% 67%

Key to tables

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4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	15%	33%		

Key to tables

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Any percent highlighted in blue is significantly worse			
Any percent highlighted in orange shows a significant difference in prisoners' background details			
Percentages which are not highlighted show there is no significant difference			
4.3a Are you normally offered enough clean, suitable clothes for the week?	36%	48%	
4.3b Are you normally able to have a shower every day?	70%	65%	
4.3e Is your cell call bell normally answered within five minutes?	27%	42%	
4.4 Is the food in this prison good/very good?		13%	15%
4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?	15%	23%	
4.6a Is it easy/very easy to get a complaints form?	75%	77%	
4.6b Is it easy/very easy to get an application form?	75%	86%	
4.9 Have you made a complaint?	47%	39%	
4.13a Do you feel your religious beliefs are respected?	53%	64%	
4.13b Are you able to speak to a religious leader of your faith in private if you want to?	51%	52%	
4.14 Are you able to speak to a Listener at any time, if you want to?	47%	41%	
4.15a Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	78%	
4.15b Do most staff, in this prison, treat you with respect?	61%	69%	
5.1 Have you ever felt unsafe in this prison?	75%	43%	
5.2 Do you feel unsafe in this prison at the moment?	34%	19%	
5.4 Have you been victimised by another prisoner?	29%	15%	
5.5d Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	4%	
5.5i Victimised you because you have a disability?	11%	0%	
5.5j Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	1%	
5.6 Have you been victimised by a member of staff?	34%	26%	
5.7d Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	16%	11%	
5.7h Victimised you because you have a disability?	16%	0%	
5.7i Have you been victimised because of your religion/religious beliefs? (By staff)	5%	4%	

Key to tables

Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
Any percent highlighted in blue is significantly worse		
Any percent highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		
5.9 Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	51%	18%
5.10 Have you ever felt threatened or intimidated by a member of staff in here?	35%	22%
5.11 Is it easy/very easy to get illegal drugs in this prison?	41%	37%
6.1a Is it easy/very easy to see the doctor?	23%	26%
6.1b Is it easy/ very easy to see the nurse?	49%	53%
6.2 Are you able to see a pharmacist?	19%	39%
6.5 Are you currently taking medication?	92%	34%
6.7 Do you feel you have any emotional well being/mental health issues?	71%	19%
7.1a Are you currently working in the prison?	32%	47%
7.1b Are you currently undertaking vocational or skills training?	5%	12%
7.1c Are you currently in education (including basic skills)?	26%	28%
7.1d Are you currently taking part in an Offending Behaviour Programme?	5%	5%
7.3 Do you go to the library at least once a week?	14%	12%
7.4 On average, do you go to the gym at least twice a week?	11%	27%
7.5 On average, do you go outside for exercise three or more times a week?	54%	37%
7.6 On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	11%	10%
7.7 On average, do you go on association more than five times each week?	33%	26%
7.8 Do staff normally speak to you at least most of the time during association time? (most/all of the time)	26%	16%
8.1 Do you have a personal officer?	11%	13%
8.9 Have you had any problems sending or receiving mail?	62%	32%
8.10 Have you had any problems getting access to the telephones?	54%	32%
8.12 Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	45%	51%



Key Question Responses (Ethnicity, Nationality and Religion) HMP Pentonville 2009

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

		BME prisoners	White prisoners		
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		85	75	Foreign National prisoners	British National Prisoners
1.3	Are you sentenced?	40%	73%	43	115
1.7	Are you a foreign national?	32%	22%	47%	58%
1.8	Is English your first language?	69%	79%	36%	60%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.			18%	30%
1.10	Are you Muslim?	37%	1%	52%	78%
1.12	Do you consider yourself to have a disability?	20%	31%	97%	42%
1.13	Is this your first time in prison?	40%	24%	14%	24%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	19%	24%	22%	27%
2.3	Were you treated well/very well by the escort staff?	70%	56%	19%	27%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	72%	67%	45%	30%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	28%	25%	26%	20%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	38%	52%	74%	61%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	52%	51%	81%	67%
3.2a	Did you have any problems when you first arrived?	83%	80%	29%	26%
3.3a	Were you seen by a member of healthcare staff in reception?	85%	83%	39%	47%
3.3b	When you were searched in reception, was this carried out in a respectful way?	62%	69%	52%	52%

Key to tables

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	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Were you treated well/very well in reception?	40%	45%
		34%	45%
		50%	41%

Key to tables

Diversity Analysis

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
3.7b	Did you have access to someone from healthcare within the first 24 hours?	70%	72%	64%	73%	59%	73%
3.9	Did you feel safe on your first night here?	44%	67%	44%	59%	50%	57%
3.10	Have you been on an induction course?	76%	55%	76%	61%	64%	66%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	28%	27%	23%	30%	33%	27%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	51%	38%	50%	42%	53%	42%
4.3b	Are you normally able to have a shower every day?	62%	70%	50%	71%	76%	63%
4.3e	Is your cell call bell normally answered within five minutes?	39%	36%	48%	32%	45%	36%
4.4	Is the food in this prison good/very good?	8%	21%	17%	13%	6%	17%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	24%	18%	19%	21%	24%	20%
4.6a	Is it easy/very easy to get a complaints form?	76%	76%	62%	82%	70%	78%
4.6b	Is it easy/very easy to get an application form?	87%	79%	82%	84%	84%	83%
4.9	Have you made a complaint?	40%	44%	32%	46%	33%	44%
4.13a	Do you feel your religious beliefs are respected?	65%	55%	65%	59%	70%	58%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	55%	46%	49%	53%	57%	50%
4.14	Are you able to speak to a Listener at any time, if you want to?	40%	46%	29%	47%	33%	45%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	78%	71%	66%	78%	88%	72%
4.15b	Do most staff, in this prison, treat you with respect?	64%	69%	59%	69%	69%	66%
5.1	Have you ever felt unsafe in this prison?	55%	48%	52%	52%	49%	52%
5.2	Do you feel unsafe in this prison at the moment?	26%	21%	29%	22%	22%	24%
5.4	Have you been victimised by another prisoner?	18%	21%	32%	15%	12%	21%

Key to tables

Diversity Analysis

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	4%	10%	3%	3%	5%
5.5i	Have you been victimised because you have a disability? (By prisoners)	3%	3%	3%	3%	0%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	3%	3%	1%	0%	2%
5.6	Have you been victimised by a member of staff?	32%	24%	35%	27%	30%	28%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	19%	4%	15%	11%	15%	11%
5.7h	Have you been victimised because you have a disability? (By staff)	3%	6%	3%	5%	0%	5%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	4%	0%	6%	9%	3%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	22%	31%	28%	25%	15%	29%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	29%	22%	28%	25%	30%	24%
5.11	Is it easy/very easy to get illegal drugs in this prison?	28%	48%	32%	39%	33%	39%
6.1a	Is it easy/very easy to see the doctor?	20%	26%	12%	28%	28%	22%
6.1b	Is it easy/ very easy to see the nurse?	52%	52%	44%	54%	53%	51%
6.2	Are you able to see a pharmacist?	34%	34%	44%	31%	34%	34%
6.5	Are you currently taking medication?	35%	64%	34%	55%	36%	52%
6.7	Do you feel you have any emotional well being/mental health issues?	29%	36%	22%	36%	33%	32%
7.1a	Are you currently working in the prison?	41%	44%	34%	47%	49%	42%
7.1b	Are you currently undertaking vocational or skills training?	12%	10%	7%	13%	12%	11%
7.1c	Are you currently in education (including basic skills)?	37%	17%	41%	23%	27%	28%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	2%	9%	3%	6%	3%	6%
7.3	Do you go to the library at least once a week?	12%	13%	18%	11%	6%	14%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
7.4	On average, do you go to the gym at least twice a week?	29%	13%	19%	24%	39%	18%
7.5	On average, do you go outside for exercise three or more times a week?	42%	40%	43%	41%	48%	39%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5%	16%	15%	8%	3%	12%
7.7	On average, do you go on association more than five times each week?	24%	31%	31%	26%	30%	27%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	24%	18%	18%	25%	17%
8.1	Do you have a personal officer?	13%	13%	12%	14%	15%	13%
8.9	Have you had any problems sending or receiving mail?	39%	41%	30%	44%	39%	40%
8.10	Have you had any problems getting access to the telephones?	39%	38%	43%	37%	37%	38%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	50%	49%	35%	56%	56%	48%