

Report on an announced inspection of

# **HMP Sudbury**

12–16 April 2010

by HM Chief Inspector of Prisons

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# Introduction

Sudbury is an open prison in the East Midlands, holding around 570 low-risk prisoners. Since our last visit, the prison had faced significant efficiencies and its population had increased, including a substantial influx of indeterminate-sentenced prisoners. Nevertheless, it continued to provide a reasonably safe, respectful and purposeful environment with a sound focus on resettlement.

Sudbury remained an essentially safe place and, commendably, the number of absconds had continued to fall. However, we were surprised that prisoners reported negatively on early days in custody. There was a need to review first night arrangements and induction to ensure that prisoners – many having served long periods in closed conditions – were properly supported to make a smooth transition to open conditions. Suicide and self-harm prevention procedures were sound and there were few incidents of violence. Security was well managed, but prisoners reported that drugs were relatively easy to obtain. There was little use of force, but the segregation unit required improvement.

The accommodation and environment were generally well maintained. Relationships between staff and prisoners varied, and were not supported by an effective personal officer scheme. While the small number of staff in open prisons will always make such schemes difficult to achieve, we have seen examples around the estate where similar prisons have risen to the challenge, and also placed such officers at the centre of offender management and resettlement work.

The quality of work to address diversity varied. There were good efforts to ensure race equality, but nascent work in most other areas and very limited support for foreign nationals. The chaplaincy offered a full range of services, and health care was generally sound.

Sudbury remained a generally purposeful prison, with sufficient work, training or education places for all prisoners, together with an impressive amount of voluntary and paid work in the community for those assessed as suitable. However, the quality of some prison work was mundane, and there was plenty of scope to increase the availability of vocational qualifications. The library was excellent, and PE was well managed.

There was a good strategic focus on resettlement. Offender management was well managed, although resources were inevitably tight and there was a backlog in some assessments. The establishment had managed the increased population of indeterminate-sentenced prisoners very well. Work along most resettlement pathways was good, although better support was needed to help prisoners find jobs on release.

Sudbury continues to provide a reasonably safe, respectful and purposeful environment, together with an effective focus on resettlement. Indeed, since our last visit it has risen to the challenge of an increased population, including many more indeterminate-sentenced prisoners, while continuing to manage down the number of absconds. There are a number of areas where further improvement is needed but, overall, staff are to be commended for maintaining a largely effective open prison at a challenging time.

**Nigel Newcomen**  
HM Deputy Chief Inspector of Prisons

July 2010



# Fact page

## **Task of the establishment**

HMP Sudbury is a category D male adult prison.

## **Area organisation**

East Midlands

## **Number held**

568

## **Certified normal accommodation**

581

## **Operational capacity**

581

## **Last inspection**

January 2005

## **Brief history**

Built as a hospital for the US Air Force for the D-Day landings, HMP Sudbury was converted to a prison in 1948. Most of the original single-storey accommodation is still in use but has been converted to double or single rooms. New single-storey buildings accommodate prisoners in either single or two-man rooms. A modular temporary unit (MTU), containing 40 single rooms on two floors, was installed in 2003.

## **Description of residential units**

The wings are a combination of 14 single-storey wartime dormitories, partitioned into single and double accommodation, four single-storey buildings (P1–4) and the MTU. At the time of the inspection, this was being re-roofed.





# Healthy prison summary

## Introduction

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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:

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

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

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

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

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

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

**- outcomes for prisoners are not sufficiently good against this healthy prison test.**

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

**- outcomes for prisoners are poor against this healthy prison test.**

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

## Safety

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HP3 Staff in reception were welcoming, despite negative survey perceptions. First night arrangements were not sufficiently supportive for all prisoners. Induction covered key

issues but was not immediate. Self-harm and suicide prevention measures were of a high standard. There were few incidents of violence, but prisoners reported feeling unsafe on their first night. Security intelligence arrangements were good and absconds had been sharply reduced. Some prisoners were segregated too long without access to an appropriate regime. The number of prisoners testing positive under mandatory drug testing had increased. Overall, outcomes for prisoners were reasonably good against this healthy prison test.

- HP4 Some prisoners were handcuffed on arrival at the establishment which was unnecessary at an open prison. Reception was closed over lunch, but at other times disembarkation from escort vans was speedy and efficient. Reception was busy and staff we observed were cordial and thorough, although prisoners in the survey reported more negatively than at comparator prisons about their treatment in reception, including searching. The cell sharing risk assessment process was weak. The induction orderly took new arrivals to their cells on the dedicated first night unit, but had no further formal mentoring responsibilities. Newly arrived prisoners did not initially meet any staff and when they did there was no opportunity for a one-to-one interview.
- HP5 The information given on the first night centre was disjointed and some was incorrect. Prisoners were encouraged to take responsibility for familiarising themselves with their environment; there was little sensitivity shown to the fact that many prisoners were in open conditions for the first time. No account was taken of the location of newly arrived prisoners.
- HP6 Most prisoners experienced a delay before the start of induction and some found this difficult. The programme covered basic information. The anonymous resettlement survey missed the opportunity to assess need and refer to appropriate services. Prisoners could wait up to 10 days to gain employment.
- HP7 While governance arrangements around safer custody were reasonable, there was no assurance that the recommendations made in the death in custody reports by the Prisons and Probation Ombudsman (PPO) continued to be acted upon. None of the night staff who were on duty at the time of the inspection had up-to-date first-aid training. Self-harm and suicide prevention measures were well managed and the documentation for those in need of assessment, care in custody and teamwork (ACCT) procedures was of a high standard and quality assessed by the safer custody senior officer. There had been no active Samaritan input to the prison, and therefore no Listener scheme, since September 2009.
- HP8 More prisoners than at comparator prisons felt unsafe on their first night. Significantly more prisoners than at comparator prisons said that they had been victimised by staff, but this was not borne out in formal complaint procedures. There were few violent incidents. The violence reduction strategy contained some useful guidance for staff, and progress against the strategic action plan was monitored at the monthly safer custody meeting. Allegations and suspicions of bullying were followed up by the violence reduction coordinator but there was little evidence of systematic action being taken.
- HP9 The flow and quality of dynamic security intelligence was good. Some excellent work was carried out with the police liaison officer, particularly in relation to absconding. Absconding had reduced significantly over recent years. External workplace assessments were thorough.

- HP10 The segregation unit was used for housing prisoners during cell searches, as well as for holding those waiting for transfer to closed conditions. Cells were dirty and contained graffiti. The policy reflected Prison Service Order 1700 (segregation), but the accompanying documentation was poorly completed in some instances, with essential details missing. Most prisoners were located there for a few hours but some had been held there for over 24 hours, with no access to an appropriate regime. There was little use of force.
- HP11 There was a large number of adjudications but they were mostly carried out appropriately. All prisoners were referred to a risk assessment board following an adjudication, whether completed or adjourned, and irrespective of a finding of guilt. Their release on temporary licence (ROTL) was always immediately suspended and the reasons for grounding prisoners rigidly adhered to.
- HP12 There was evidence of effective care planning between the counselling, assessment, referral, advice and throughcare (CARAT) service and clinicians. The methadone administration area was small and there was virtually no privacy for prisoners receiving medication.
- HP13 The random mandatory drug testing (MDT) positive rate had increased. The MDT suite was clean and tidy, but the toilet area was not private. Suspicion tests were conducted in time and had a reasonable positive return rate. Significantly more prisoners than at comparator prisons said that it was easy to get illegal drugs.

## Respect

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- HP14 The environment was mostly well maintained and pleasant. The quality of staff-prisoner relationships varied and the personal officer scheme was not effective. The incentives and earned privileges scheme was used well. Arrangements around race equality were good and developing for those with disabilities, older, and gay, bisexual and transgender prisoners. Services for foreign national prisoners were poor. Some aspects of health care had improved but governance arrangements were not sufficiently robust. Overall, outcomes for prisoners were reasonably good against this healthy prison test.
- HP15 Accommodation was in good order and cells mostly clean and comfortable. Those shared were of a reasonable size and furnished for two but there was nowhere for individuals to secure items. The cleanliness of wings varied. Showers were freely accessible and privacy offered through provision of shower curtains. There were no wing laundries and no opportunities for long-term prisoners to launder their own clothes.
- HP16 Prisoners were negative about the respect shown to them by staff, and fewer than at comparator prisons said they had a member of staff they could turn to with a problem. The quality of the relationships we observed were mostly positive but prisoners reported difficulties accessing staff and finding time for any meaningful interaction. A good level of responsibility was given to prisoners, but staff were not consistent in supporting them to make the transition to open conditions.
- HP17 With the exception of work with indeterminate-sentenced prisoners, the personal officer scheme was largely ineffectual. Few prisoners said that they had a relationship

with their personal officer and there was no expectation that staff would introduce themselves. There was little evidence of personal officer engagement in supporting resettlement and some history sheets on P-NOMIS contained no personal officer entries.

- HP18 The incentives and earned privileges (IEP) policy had recently been updated. Verbal warnings were used before more formal measures, but not all formal warnings were given in writing. Prisoners were appropriately referred to an IEP review board for promotion or demotion and advised of their right to appeal. Prisoners could be demoted from enhanced to basic for a single serious offence and those on basic were not routinely monitored.
- HP19 Prisoners had a reasonable range of menu options and access to fruit and vegetables. An insubstantial breakfast was served on the day before it was eaten. The evening meal was eaten in association. Meal times took account of outworkers but the lunch provided for community service volunteers was nutritionally inadequate. The lack of pre-selection of meals resulted in long queues, which were poorly supervised.
- HP20 There was little consultation about the shop. Prisoners could wait for up to 11 days after arrival for their first shop order. Prisoners expressed concern over the shop prices, especially in the light of low prison wages.
- HP21 The profile of diversity had risen since the previous inspection. Local policies covered each of the diversity strands but, other than with race relations, where an action plan monitored targets achieved, these were just statements of intent. The recently established 'Sudbury induction, diversity and decency' peer support team was aimed at providing more responsive diversity support. Consultation arrangements had improved and there had been some thoughtful promotion of diversity.
- HP22 The number of prisoners with a disability appeared under-recorded. Disabled access around the site was good but the other facilities were limited. Adapted rooms on W7 offered sliding doors and lower beds, along with separate shower and toilet facilities. Poor communication meant that some older prisoners and those with disabilities were unaware of the facilities available to them. Ad hoc reasonable adjustments were made as required and some attempt had been made to identify the distinctive needs of older prisoners.
- HP23 There was a policy which outlined how gay or bisexual prisoners should be treated, and these prisoners' needs were then dealt with on an individual basis.
- HP24 Race equality was managed well. There had been few racist incidents and none had been serious. Investigations were carried out fairly and care was taken to ensure that complainants received satisfactory feedback. Prisoners and outside agencies were actively involved in the bi-monthly committee meeting. Statistical data on race equality were collected, and areas of concern identified quickly and examined closely to ensure that discrimination was prevented.
- HP25 Foreign national prisoners were a neglected group. There was no policy and their needs as a group were not considered. They were identified on admission and a checklist of their needs completed. Subsequent support was dependent on prisoners referring themselves for help. At least two foreign national prisoners were having

problems coping, largely due to their difficulty understanding English, but there was little evidence of interpreting services being used to help them.

- HP26 The chaplaincy offered a full range of spiritual and pastoral support. Prisoners had ready access to the chapel and multi-faith room. Faith and non-faith activities were run in the chapel, and there were links with community-based faith groups.
- HP27 Complaint and application forms were generally available and prisoners reported more confidence in the systems than at comparator prisons. Analysis of complaints identified prisoners' cash and property as key issues but no further work had been done to identify causes and possible solutions. Responses were mostly respectful but not always addressed to the prisoner.
- HP28 There was good engagement between the prison and Derbyshire County Primary Care Trust. The health needs assessment was out of date and it was not clear whether services met the population's health needs. Clinical governance was fragile across all health service provision. More prisoners than at comparator prisons were satisfied with the quality of health care services. All prisoners were seen on arrival by a nurse in reception but given only a basic health screening. There was a satisfactory range of primary care services and good access to them but there were no structured nurse-led clinics for patients with chronic diseases. The recording of medication administration exposed patients and staff to risk of error. There was no triage protocol when prisoners first presented for appointments. Access to the dentist and other specialist services was good.
- HP29 The lead primary mental health nurse had regular dedicated time for mental health consultations. The computer-based cognitive behavioural therapy programme, Beating the Blues, was available. There was effective integration with the mental health in-reach nurse, who provided a good service and access to a wide range of counselling.

## Purposeful activity

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HP30 All prisoners were in work, training or education and a large percentage worked out on voluntary or paid employment. Work opportunities in the prison were basic and did not fully engage those employed. Vocational training was limited. The learning and skills provision was satisfactory. The library was well managed and used, and the gym offered good access to a wide range of activities. Overall, outcomes for prisoners were reasonably good against this healthy prison test.

- HP31 Prisoners were free to access all outside areas within bounds up to 8.30pm and to associate on their unit until midnight. Association areas were limited and the recreation room was shut during the inspection due to the theft of snooker equipment. Many prisoners associated in their rooms. There was a limited amount of activity available in the evenings and at weekends.
- HP32 Allocation to work and activities was not well understood. Some applications for employment were filled out on out-of-date forms, which gave insufficient information to inform the allocation process. There was no unemployment in the prison and a strong focus on work, but a large proportion of this was mundane and did not fully

engage all of those involved. Targets were not set for prisoners doing external voluntary and paid work, and achievement or experience gained was not recorded.

- HP33 Only a small proportion of the prison population was engaged in vocational training courses. Achievement of qualifications was mostly good and the quality of teaching and learning satisfactory. Quality monitoring was inadequate but the quality of work in farms and gardens, bricklaying, and painting and decorating was good. There were few progression routes for those doing vocationally related programmes, with few opportunities at the higher level.
- HP34 The strategy for the development of learning and skills was new and had yet to have an impact on provision. There was insufficient use of management information across learning and skills to analyse trends and inform improvement.
- HP35 Individual learning plans were perfunctory and did not clearly identify meaningful targets. The overall standard of work in education classes was satisfactory, but the number participating was low. The education department offered a small range of courses. Only around half of prisoners identified with literacy and numeracy below level one attended education classes. Few progressed to level two but for those who attended, the development of literacy and numeracy skills was satisfactory. Further support was offered to prisoners undergoing vocational training. Teaching and learning were mainly satisfactory. Those attending education received individual support but there was a limited choice of educational programmes at a higher level. Evening provision had recently been introduced, and take-up was reasonable.
- HP36 The library was well managed. It was a popular and well-used facility. The range of books and materials was good and generally reflected prisoners' interests and needs, although library staff were not provided with sufficient information on the number or range of foreign national prisoners, so could not cater fully for them. Access to the library was good, and activities such as DVD Dads, Storybook Dads and Toe by Toe were well promoted and supported.
- HP37 PE provision was well managed. Access to the gym and fitness equipment was generally good. Facilities were satisfactory, although some equipment was shabby. There was an adequate range of courses available and achievement of qualifications was good. There were few opportunities for prisoners to develop their leadership and team-building skills. There was a range of PE sessions available for the over-50s, as well as remedial PE and special activities for CARAT clients. Sporting events with community groups were well supported.

## Resettlement

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- HP38 There was a new reducing reoffending strategy and governance arrangements were good. The offender management unit worked well and case files were of a reasonable standard, although increasing workloads had led to delays in offender assessment system (OASys) reviews. There was also a backlog of public protection assessments. The management of indeterminate-sentenced prisoners was excellent. Good use was made of work placements in charities or in paid work in the community. Most resettlement pathway provision was good, with the exception of support in finding employment. Overall, outcomes for prisoners were good against this healthy prison test.

- HP39 The recently produced reducing reoffending strategy and action plan covered the resettlement pathways, offender management and public protection comprehensively and there was evidence of progress against targets. The needs analysis underpinning it was not sufficiently systematic to identify potential gaps in provision. Governance arrangements were multidisciplinary and well structured but the quality and outcomes of services were not adequately monitored. Some shortfalls in the provision of interventions had been addressed through partnerships with the Probation Service.
- HP40 The offender management unit struggled to manage the caseload for which it was responsible due to the increase in the proportion of indeterminate-sentenced prisoners. There were backlogs in offender assessment system (OASys) assessments, and contact with lower-risk prisoners had reduced. Involvement of offender managers in the sentence planning process for prisoners in scope of offender management was good and but there was no video-conferencing. Examination of offender management files showed that communication with offender managers was good and sentence plans were in place. Information about the risk of harm and likelihood of reoffending was not always sufficiently well analysed, and a prisoner's progress was not always reflected in a change in their risk category. Early contact was initiated by offender supervisors and they were responsive to prisoners' needs.
- HP41 The system for recategorising prisoners to C was not formalised and there were some inconsistencies in returning prisoners to closed conditions.
- HP42 Prisoners presenting a potential risk to the public were not being identified as soon as they arrived at the prison, as there was a backlog of assessments. This could have led to delays in the approval of temporary release for some prisoners and meant that some home detention curfew (HDC) assessments were made without full information. HDC arrangements otherwise worked well and most applications were granted. Prisoners were well informed about ROTL opportunities and many were successfully offered and completed. The backlog of OASys risk assessments had also delayed some ROTL decisions.
- HP43 Life-sentenced prisoners and those serving indeterminate sentences for public protection (IPP) were allocated to a dedicated group of officers and were well supported. All parole dossiers for indeterminate-sentenced prisoners had been provided in time for hearings but prisoners were frustrated by parole board delays in scheduling hearings.
- HP44 Prisoners were referred to reintegration services in the resettlement unit by offender supervisors and personal officers or they made self-referrals. The pre-release interview took place too near release to be of significant benefit. Advice and assistance was provided by a prisoner orderly to prisoners requiring accommodation on release. Fewer than 4% of prisoners were discharged without a settled address. Jobcentre Plus staff provided advice on benefits and set up discharge appointments for fresh claims. Citizens Advice staff provided debt advice and assistance and a money management course for prisoners due for release. Prisoners working out were helped to open bank accounts.
- HP45 Around 200 prisoners had work placements in charities or paid employment. The waiting list was managed fairly. Prisoners had gained a wide variety of employment and some had secured jobs to continue beyond their release date. Job search facilities were poor. The prison had no job club and prisoners had no secured internet

access for online job applications. Access to Jobcentre Plus staff was limited to two days a week. Advice and guidance for work was not sufficiently well promoted and prisoners generally had to find their own paid work. A resettlement programme was available for those due to work out but was not sufficiently focused on meeting individual needs. There were insufficient links with employers.

- HP46 Prisoners asking for a clinical summary were given it on the day of release or it was sent to their GP if they were registered. Information about local GP practices was given. All prisoners with mental health needs and on the care programme approach were linked with their local community mental health team and the team invited in to share planning for release.
- HP47 Prisoners spoke highly of the counselling, assessment, referral, advice and throughcare (CARAT) service. Prisoners 'grounded' for drug and alcohol test failures had reviews to support them in reducing their risk level. Forty per cent of the prisoners involved had achieved returns to ROTL, on completion of targets set.
- HP48 Support was offered in maintaining links with families and friends. The visits hall offered a pleasant and relaxed environment. There was no play area for children but activity tables were available and the education department provided support for children on family days. Visits started promptly and staff were polite, respectful and sensitive to visitor needs during the booking-in and searching processes. Family days were held during school holidays and well regarded by prisoners and their families. The family learning programme and Read on – Write Away were positive initiatives. There were no relationships or parenting courses but ROTL was well used to support family ties.
- HP49 The range of accredited programmes offered in the prison was limited and while there were not enough cognitive skills booster places for the number of suitable prisoners, there were insufficient suitable prisoners for the thinking skills programme. Prisoners attended community-based programmes but too many could not complete programmes before their release date.

## Main recommendations

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- HP50 The first night arrangements should be amended to ensure that those needing structured support in their first days at the establishment are identified and enabled to make a smooth transition to open conditions.
- HP51 The effectiveness of the personal officer scheme should be evaluated and lessons drawn to design and deliver a scheme which meets the particular circumstances at the establishment.
- HP52 Arrangements should be made to ensure that the needs of all foreign national prisoners are adequately met.
- HP53 The quality of jobs available in the prison should be improved and opportunities for gaining accredited vocational qualifications increased.
- HP54 Resourcing of the offender management unit should be amended to meet the demands of the changing prison population profile and to eradicate the offender assessment system (OASys) backlog.



# Section 1: Arrival in custody

## Courts, escorts and transfers

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### Expected outcomes:

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

- 1.1 The cellular vehicles we saw were clean and had provided refreshments. The closure of reception over the lunch period resulted in long waiting times for prisoners to disembark. Escort staff interacted well with prisoners. Prisoner escort records were fully completed and paperwork was checked thoroughly by reception and escort staff before prisoners were accepted.
- 1.2 Most prisoners did not travel for long periods to reach the establishment. Although, in our survey, significantly fewer prisoners than the comparator said that the vans were clean and comfortable, the vehicles we saw were clean and prisoners we spoke to ambivalent about the level of comfort afforded by the cellular vehicles.
- 1.3 Escort staff interacted well with prisoners. Prisoners we spoke to who had undergone a journey of around two hours had been given refreshments. Although the vehicles we observed arrived mid-afternoon and were speedily admitted, any vehicles arriving after 11.45am had to wait for an hour before being allowed into the prison, as reception closed over lunch. None of the prisoners we observed were handcuffed but prisoners in our groups said that they had been handcuffed when transferred. Prisoner escort records were fully completed and paperwork was checked thoroughly by reception and escort staff before prisoners were accepted.
- 1.4 Few court appearances were made, with an average of 3.5 per month for the six months before the inspection. Most appearances were unescorted and related to family custody matters.
- 1.5 All of the prisoners we saw arriving had been given appropriate notice of transfer and arrived with all of their property. None had received written information about Sudbury before arrival.

### Recommendations

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- 1.6 Prisoners should not be kept on vehicles for long periods once the escort arrives at the prison.
- 1.7 Prisoners should not be handcuffed on transfer to open conditions.
- 1.8 Written information should be provided to prisoners before transfer to Sudbury.

# First days in custody

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## 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.

1.9 Prisoners' perception of their treatment in reception was significantly worse than at comparator establishments, but the interactions we observed between reception staff and newly arrived prisoners were courteous and friendly. Prisoners were unable to make a telephone call or have a shower in reception. All prisoners were interviewed by an officer, who then completed a cell sharing risk assessment, and were seen by health services staff. There were no Listeners in reception. All prisoners attended an induction course but there were mixed views about its value. Prisoners were left unoccupied for much of their first week at the prison and were expected to demonstrate a large degree of self-reliance. There were no structured opportunities for a confidential interview with staff, and there was only a small amount of induction information in languages other than English. Assessment of resettlement needs was limited and not linked to services.

## Reception

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- 1.10 The reception building was a single-storey building with small interview rooms. There were four officers on duty, supported by an orderly who also acted as a meet-and-greeter to new prisoners. Reception was open from 7.45am to 5.30pm and was closed for an hour over lunchtime (see section on courts, escorts and transfers).
- 1.11 The reception area was small, and during the inspection was busy when a large number of prisoners returned from home leave at the same time that staff were processing prisoners from two escort vehicles.
- 1.12 In our survey, prisoners responded significantly more negatively than the comparator about being searched respectfully (78% compared with 82%) and in general about how they were treated in reception (70% compared with 81%). The interactions we observed between reception staff and newly arrived prisoners were courteous and friendly. Prisoners were not routinely strip-searched on arrival.
- 1.13 Prisoners were initially placed in an open holding area, where the reception orderly explained some of the immediate processes and provided all new prisoners with a hot drink if required. There was a large amount of information on the notice boards but none available for issue to new prisoners and it was only in English. Prisoners were then interviewed by health services staff, who contributed to the cell sharing risk assessment (CSRA). The use of first names was routine, and staff explained all procedures, especially the reasons why some possessions were not currently permitted at the establishment. The CSRA was completed by officers at the desk in the main reception area, which did not afford privacy.
- 1.14 There were no showering facilities in reception and none of the prisoners we saw were offered a free telephone call. Smokers' packs and non-smokers' packs were offered by reception staff. The cost of these was recoverable from prisoners' spending accounts. As there was no active Listener scheme in operation, there were no Listeners in reception (see paragraph 3.19).

- 1.15 Prisoners were allocated rooms and issued keys to the landing and their room by reception staff. On completion of the reception process, the induction orderly took the new prisoners to E7, the induction wing, and showed them to their rooms. There was no restriction on the times when prisoners could be taken to this wing.

## First night

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- 1.16 On arrival on E7, new prisoners were left unattended, with no staff to receive them and no interview to assess their immediate needs. Other than taking new arrivals to the induction wing, the induction orderly had no other involvement in the first night process and had no structured mentoring role. There was no system of identifying newly received prisoners in the wing office and, when questioned, night staff were unaware of who the new prisoners were or where they were located.
- 1.17 Prisoners were allocated to double rooms on E7 and stayed on this wing for no more than two weeks. There was free access to showers and telephones. One of the prisoners we observed in reception had stated that he did not want to share with black or Asian prisoners. Although this had been highlighted on his CSRA, he was allocated to a cell with a black prisoner. Once we had brought this to the attention of a senior manager, the new prisoner was moved to a single cell. He was subsequently returned to category C conditions.
- 1.18 In our survey, prisoners responded significantly more negatively than the comparator regarding information provided on the first night. On the evening of arrival, new prisoners were given a first night briefing. This was delivered in a group setting, with an officer reading from a folder. The briefing was monotonous, concentrating on what not to do, rather than what the establishment could offer. Some of the subject matter was ambiguous; the section on fire safety gave mixed messages to prisoners in relation to whether they should attempt to fight any fires or just raise the alarm and get out of the building. 'Out of bounds' areas were mentioned but, without a map of the prison to refer to, this made little sense. There was a section on the Samaritans and Listeners, despite there having been no Samaritan support or Listener scheme since September 2009 (see paragraph 3.19). All information was available in English only. There was little interaction with the prisoners during this briefing, and those we spoke to afterwards said that they had not understood what the officer had told them.
- 1.19 The new prisoners who arrived on the Monday of the inspection were not due to start induction until Thursday morning. They were given little information about structured activities and told to use the time to familiarise themselves with their surroundings and find themselves a job. They also told us that they were expected to find accommodation on their own; however, rooms were allocated at the end of the induction period when required. Prisoners we spoke to told us that they had felt unsupported in their early days at the prison and found this adjustment to greater self-reliance confusing and stressful (see main recommendation HP50).

## Induction

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- 1.20 In our survey, 99% of respondents (significantly better than the 94% comparator) said that they had been on an induction course but only 68% (significantly worse than the 75% comparator) said that it had covered everything they needed to know about the prison.
- 1.21 The induction programme started on Mondays and Thursdays, and therefore did not start on the first working day after arrival for most prisoners. It lasted two days. There was no scheduled individual staff interview with prisoners during their induction period to check their progress, any vulnerability and how they were settling into the prison.

- 1.22 Prisoners were not fully occupied during the induction process. It consisted of presentations, assessment interviews and visits to prison departments, including the gym, library and education. Presentations were provided in the resettlement unit by experienced staff, supported by a prisoner orderly, who encouraged prisoners to approach him for advice and assistance. However, resettlement information was not backed up with a formal assessment of all prisoners' resettlement needs, linked to referral services, although this information was gathered for the purposes of an anonymous resettlement survey (see section on resettlement pathways). The education assessment and careers information and advice service were more structured, and linked to service provision.
- 1.23 Prisoners were given an induction booklet which contained useful information about the prison and policy statements. The booklet and presentations were only in English. Prisoners were assigned to activities by the labour board, which met on a Thursday, and they started activities on the following Monday. This meant that some prisoners were unoccupied for 10 days.

## Recommendations

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- 1.24 All information should be provided in an appropriate range of languages.
- 1.25 Cell sharing risk assessments should be completed in private.
- 1.26 Prisoners should be offered a free telephone call on arrival.
- 1.27 Prisoners should be received by staff onto the induction wing, given appropriate information and interviewed privately to assess immediate needs, including reference to the cell sharing risk assessment.
- 1.28 The number of induction orderlies should be increased and their role developed further, to assist new prisoners to settle into their new surroundings.
- 1.29 The locations of newly received prisoners should be easily identifiable to staff.
- 1.30 Induction should begin for all prisoners on the first working day after their arrival.
- 1.31 The induction programme should be reviewed to ensure that prisoners are kept fully occupied.
- 1.32 An assessment of all prisoners' resettlement needs should be undertaken during induction and should lead to referrals to supporting services.
- 1.33 Prisoners should be provided with activities immediately after completion of their induction programme.

# Section 2: Environment and relationships

## Residential units

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### 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 external environment was well maintained and pleasant. Accommodation was in good order and cells mostly clean and comfortable. Those shared were of a reasonable size and furnished for two, but there was nowhere for individuals to secure items. The cleanliness of wings varied and was poorer where cleaners were not based on the unit. Showers were freely accessible and offered sufficient privacy. Prisoners could not launder for themselves.

### Accommodation and facilities

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2.2 External areas were planted with flowers, shrubs and trees. Internal communal areas were in a good state of repair but less invested in, and generally dingy and underused. The P5 and P6 landing and entry areas were grubby.

2.3 The cells were clean and in good condition and received ongoing maintenance. There was good natural light in all the living accommodation. Prisoners complained about the state of the first night accommodation on E7 but, although the accommodation was bare, the only graffiti observed there was on notice boards.

2.4 The cells we saw were of a reasonable size. Although prisoners complained that there were too few single cells, the shared cells were spacious and contained sufficient furniture. Although prisoners had their own keys, the shared accommodation contained no lockable cupboards to secure valuable or personal items, including medication. Cells were designated as smoking or non-smoking, and when there was a shortage of single accommodation, smokers had to refrain from smoking in rooms they were asked to share with non-smokers. Prisoners were expected to share when they first arrived at the establishment but could immediately apply to move to a single cell if they were on the enhanced level of the incentives and earned privileges (IEP) scheme. Two waiting lists for single cell accommodation were held, one for determinate- and one for indeterminate-sentenced prisoners. It was not clear how these lists were operated to ensure equity of treatment, and black and minority ethnic prisoners in our groups felt that fewer black than white prisoners were successful in their application for single cells.

2.5 Facilities for prisoners with disabilities or mobility problems were limited. There were some slightly adapted cells on W7, with lower beds and further evidence of reasonable adjustments being made where requested. The site was readily accessible by prisoners with mobility problems (see section on disability).

2.6 There was no in-cell emergency call bell system. Any requests for assistance had to be made in person, and prisoners in our groups expressed concern at the amount of time it would take to raise the alarm on P units. They also said that they would be reprimanded if they went to the main staff office at night to ask for help, although we observed a range of requests being dealt with during the night state.

- 2.7 A notice to prisoners about the display of offensive material had been issued in June 2009. There was little evidence of inappropriate material on display, and staff and prisoners we spoke to were aware of what was considered acceptable.
- 2.8 There was a wide variety of notices, and the information point in the library ensured that prisoners could access up-to-date information, with support from peers with any literacy or language issues. There was limited information in any languages other than English, and none on display (see recommendation 1.24).
- 2.9 All prisoners had access to drinking water in the residential areas. Hot water came from boilers on the wing, as the electrical system could not cope with individual kettles. Toilets and showers were available in each residential area at all times, although prisoners were not expected to shower between midnight and 5.30am. The showers were in a reasonable state of repair and mostly clean. Prisoners reported no difficulties with access. Showers were in separate cubicles on some wings and communal on others, but where communal were separated by shower curtains.
- 2.10 Observation panels in cell doors were generally free from obstruction; we saw clearly into cells at all times. Residential units were calm and well ordered at night. However, in our survey, fewer prisoners than the comparator said that it was normally quiet enough for them to relax or sleep in their cells at night (69% versus 80%).
- 2.11 Prisoners were able to use telephones freely throughout the day. Although some were out of order, staff allowed the prisoners affected to leave the wings after the curfew time of 8.30pm to use the telephones on the main corridor. All telephones were fitted with privacy hoods, and the telephones on the main corridor were in separate booths, offering better privacy. New and cheaper telephone charges had been introduced on 1 April 2010.
- 2.12 There were not enough telephones for one per 20 prisoners, but this was mitigated by the fact that prisoners were able to use them at any time during the day, up to the curfew, and that nearly 200 prisoners were able to use telephones when out on day release.
- 2.13 There were notices next to all telephones informing prisoners that their calls may be subject to monitoring. None of these notices were in languages other than English (see recommendation 1.24) but prisoners we spoke to were aware of this requirement.
- 2.14 There were no restrictions on the amount of mail that prisoners could send or receive. Incoming mail was collected daily from Monday to Saturday by operational support grades and sorted on the same day. Five per cent of mail was checked. Incoming mail was handed out to prisoners between 11.30am and noon on weekdays and 10.30am until 11am on weekends from a central point in the dining hall. A register was kept of Rule 39 privileged mail received and any opened in error (a small number) was recorded. Prisoners were required to post any outgoing mail in post boxes adjacent to the administration building. This was collected daily for onward posting.

## Clothing and possessions

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- 2.15 Other than those on the basic level of the IEP scheme, all prisoners were allowed to wear their own clothes. These could be handed in by friends and family on visits, making this an affordable option for most.

- 2.16 Prisoners were able to have their clothes cleaned, although the capacity of the laundry was limited and prisoners could only wash eight items a week, including personal bedding. There were no wing laundries and no opportunities for long-term prisoners to launder their own clothes. Prisoners could have clothes laundered in preparation for release. Ironing boards and irons were available on the residential units. In our survey, fewer than the comparator (70% against 83%) said that they received clean sheets every week, but there was no shortage of prison-issue bedding at the time of the inspection.
- 2.17 The reception systems for the storage and retrieval of property were reasonable, although one of the most common complaints came from prisoners who had been separated from their property en route to the prison. There was no generic list detailing the possessions allowed for open prisons. Prisoners complained that many items they had been allowed in other prisons had been taken from them on their arrival at Sudbury. Volumetric property arrangements were used proportionately but cells generally contained little property, even for longer-term prisoners.
- 2.18 While some prisoners carried their property in anonymous holdalls when leaving the prison, some had clear plastic bags with 'HMP' printed on them.

## Hygiene

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- 2.19 The cleanliness of wings varied and was poorer where cleaners were not based on the unit. Prisoners in our groups complained that they had difficulty in accessing cleaning materials. Fewer prisoners in our survey than at comparator prisons (52% against 73%) said that they normally received cell cleaning materials each week. Wing cleaners held responsibility for cleaning items and toiletries, and did not always make these available to prisoners.
- 2.20 All prisoners were issued with freshly laundered bedding on the first night unit, and sheets were cleaned weekly thereafter. Most of the cells we saw had duvets and curtains. In a few instances, prison-issue sheets been pinned up at the windows.

## Recommendations

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- 2.21 Prisoners should be able to store valuables and medication securely.
- 2.22 Long-term prisoners should be able to do their own laundry.

## Housekeeping points

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- 2.23 Notice boards should be kept clear of graffiti.
- 2.24 The waiting list for single cell accommodation should be operated transparently and monitored to ensure equity of access.
- 2.25 Broken telephones should be mended within 24 hours.
- 2.26 A list detailing the property that is allowed at Sudbury should be made available to prisoners before transfer.
- 2.27 Discharged prisoners should carry their possessions in anonymous bags.

2.28 Staff should ensure cleaning products and toiletries are available to all prisoners.

## Staff–prisoner relationships

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Expected outcomes:

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

- 2.29 Prisoners were more negative than the comparator about the respect shown to them by staff and fewer said that they had a member of staff they could turn to with a problem. Relationships between staff and prisoners were mostly courteous but prisoners reported difficulties in accessing staff, and staff had little time for any meaningful interaction with prisoners. A good level of responsibility was given to prisoners, but staff were not consistent in supporting them to make the transition to open conditions.
- 2.30 Staff were mixed in their approach to working with prisoners; some were relaxed and saw their role as putting prisoners at their ease and supporting them to prepare for life in the community, while others were more distant and saw their role solely as disciplinary. The ratio of staff to prisoners was low, which meant that time to complete tasks was pressured and competed with time spent in conversation with prisoners. We observed most staff responding to prisoners' queries and applications helpfully and swiftly, although usually from the main staff office.
- 2.31 Few staff had undertaken formal pro-social modelling training and some were unaware of the importance of modelling the behaviour they expected, but most were considerate in their dealings with prisoners, staff and visitors. We saw staff being respectful in approaching prisoners in their living areas during roll and fabric checks. Prisoners in our groups complained that staff were sometimes condescending and treated them like children, particularly on arrival.
- 2.32 Many staff used prisoners' first names but others used surnames on a one-to-one basis and over the public address system. In our survey, significantly fewer than the comparator said that most staff treated them with respect (47% against 80%), although this was better for Muslim prisoners (60% against 45%). Significantly fewer than the comparator said that they had a member of staff they could turn to for support (60% against 78%). This also showed a deterioration in perceptions from the time of the previous inspection.
- 2.33 Staff were rarely seen out on the wings or in the grounds during the evening, and prisoners complained that it was difficult to access staff other than formally in wing offices. Staff mostly dealt with issues that prisoners brought to them or referred them to more appropriate areas. The visibility of senior managers varied and the residential function had suffered from having three heads in as many years. Attendance of senior managers at consultative meetings over this time had been sporadic, and senior and principal officers did not always deputise.
- 2.34 There was reasonable encouragement to attend activities and an expectation that prisoners would work. Attendance at work was monitored and prisoners received IEP warnings or were placed on report for repeated lateness or non-attendance.



- 2.35 Staff were generally good at explaining the standards of behaviour expected of prisoners and enforcing rules. This tended to be phrased negatively and there was insufficient support initially to ensure that prisoners understood their new environment (see section on first days in custody), although there was evidence that subsequently they were given several opportunities to amend poor behaviour before formal action was taken. The wing history sheets we sampled showed little recognition of positive behaviour.
- 2.36 A good level of appropriate responsibility was given to prisoners. There was limited use of peer supporters and some skills that prisoners had gained in other prisons as Listeners and mentors were wasted. Prisoner consultative committees were held but did not always follow up on areas raised in previous meetings and were not always attended by staff. It was not always clear from the minutes what action had been agreed, and prisoners generally were not aware of the role of the committee or their opportunity to raise issues of concern there. The committees were used to consult about proposed changes, such as to the prison shop list, but the group engaged in this was too small and unrepresentative. Other forums had been developed to look at the needs of particular groups of prisoners (see section on diversity).

## Recommendations

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- 2.37 The poor perceptions of prisoners about their treatment by staff should be explored and action taken on the findings.
- 2.38 Senior managers should be more visible and engaged routinely in consultative events.
- 2.39 There should be greater formal use of prisoners as peer supporters.
- 2.40 The consultation committees should be more regular, better advertised and their outcomes publicised. They should ensure that the wider concerns of prisoners at the establishment are represented.

## Housekeeping points

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- 2.41 All staff should routinely use prisoners' titles and surnames or preferred names.
- 2.42 Staff should be encouraged to make entries on P-NOMIS recording positive behaviour.

## Personal officers

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### Expected outcomes:

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

- 2.43 The personal officer scheme was largely ineffectual, with the exception of work with indeterminate-sentenced prisoners. Few prisoners had a relationship with their personal officer and the expectation in the local policy that staff would introduce themselves was not met. There was little evidence of personal officer engagement in supporting resettlement and some history sheets on P-NOMIS contained no personal officer entries.

- 2.44 All staff, with the exception of dog handlers, were personal officers, and prisoners were allocated on a caseload and specialist basis, with up to 16 per member of staff. While this worked well for some of the life-sentenced prisoners, it depended on the motivation of the individual personal officer. Prisoners told us about staff who had denied that they were their personal officer when approached and we found some personal officers who had made no entries on files since the introduction of P-NOMIS, over three months earlier. In our survey, significantly fewer prisoners than the comparator (61% against 68%) said that they had a personal officer and significantly fewer (64% against 79%) said that they found them helpful. Prisoners told us that personal officers were unlikely to introduce themselves or spend time with them (see main recommendation HP51).
- 2.45 Personal officers we spoke to varied widely in their level of knowledge about the prisoners in their care. Staff we spoke to were aware of their responsibilities as personal officers, but in some cases their involvement had been limited to the paperwork requested for home detention curfew (HDC), and there was no evidence that completion of this had involved the prisoners. The better personal officers engaged in a variety of ways, helping prisoners with accessing health appointments, accompanying them on escorted licence and discussing plans for release, although this level of engagement was rare. There was only limited evidence of staff engaging with prisoners to encourage them to work or seek new employment if they were dissatisfied, or of involvement by the personal officer in family issues.
- 2.46 The written evidence underpinning the personal officer scheme was poor. The local personal officer scheme policy required staff to make monthly entries, but out of the 25 wing history sheets we sampled, nine contained no personal officer entries. Too many were one-line entries stating 'no issues or concerns' and did not demonstrate any meaningful interaction with the individual concerned. Two personal officers had undertaken visits into the community with the prisoner in their care and reported them thoroughly, and we found one instance where a personal officer had explained his role and what the prisoner could expect from him. The best engagement was shown by personal officers to life-sentenced prisoners, although we found two files for prisoners serving indeterminate sentences for public protection with no personal officer entries. One personal officer had put a prisoner forward for enhanced IEP status, despite five warnings in two months and recent demotion to standard. Only one management check was evident; this commented that personal officer entries were missing because the member of staff had been absent for two months, but made no attempt to address the poor quality of the entries that had been made.
- 2.47 A few personal officers provided good input to parole reports, IEP reviews and HDC applications. Prisoners often relied on members of staff other than their personal officer to give them the information they needed, or, more usually, turned to their peers. In our groups, prisoners said that their peers were far more influential than staff in their progress at the establishment.

## Recommendations

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- 2.48 Personal officers should introduce themselves to those on their caseload within the two days outlined in the local policy, and sooner where possible. This introduction should explain what the personal officer relationship will deliver.
- 2.49 There should be regular, effective management checks of the personal officer scheme which take action on both qualitative and quantitative weaknesses.

# Section 3: Duty of care

## Bullying and violence reduction

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### Expected outcomes:

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

- 3.1 Prisoners were more likely to feel unsafe during their first days at Sudbury than at comparator prisons. There was a violence reduction strategy and action plan, and effective mechanisms for referring incidents to the violence reduction coordinator. All incidents were followed up but there was no staff training, and it was not clear what actions were taken by staff in relation to the individuals concerned.
- 3.2 In our survey, 23% of prisoners said they had felt unsafe at the establishment, which was significantly worse than at other, similar prisons (14%). Significantly fewer prisoners than at comparator prisons said that they had felt safe on their first night at the establishment. Prisoners told us that they had felt most unsafe when they had first arrived in open conditions. Our survey results for being victimised by staff were significantly more negative than the comparator, although this was not borne out in complaints, racist information report forms or by anything that prisoners told us. The recent safety survey carried out by the establishment identified poor staff supervision, the meal queue and showers/toilets as issues/areas where prisoners felt less safe. An action plan to address these issues was being implemented during the inspection.
- 3.3 The establishment's violence reduction strategy was clear and contained useful guidance for staff on recognising and addressing unacceptable behaviour. There was a violence reduction action plan, and progress was monitored at safer custody meetings. There was a helpline for prisoners and their families to report incidents of bullying. The telephone number was advertised, including in the visits hall, but had not been used for a long time, as families tended to use the general prison number if they had any concerns or questions.
- 3.4 Allegations and suspicions of bullying were followed up by the violence reduction coordinator, usually by interviewing alleged victims and perpetrators. There were effective mechanisms to ensure that possible bullying identified in security information reports (SIRs) or prisoner complaints was referred to him. Between September 2009 and February 2010, 21 incidents had been recorded, but there was no database of alleged perpetrators and victims to allow patterns to be determined. There were no formal anti-bullying strategies. Action was taken to address bullying behaviour through the incentives and earned privileges (IEP) scheme. Bullies and victims were flagged up on P-NOMIS and in observation books, and the follow-up of all incidents raised by staff was placed on the shared computer drive. There was no anti-bullying training for staff, and it was not clear how the establishment ensured that staff knew what specific action to take in relation to perpetrators and bullies.
- 3.5 A safer custody meeting took place monthly, and considered all the violent incidents that had taken place in the previous month. It was chaired by the head of residence, who took action to ensure that all relevant departments of the prison were represented. There were no prisoner

representatives at the meeting. It was not clear from the minutes whether there was discussion of any emerging patterns and trends.

## Recommendations

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- 3.6 An anti-bullying strategy should be published.
- 3.7 Staff should be trained in anti-bullying and violence reduction.

## Housekeeping points

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- 3.8 Prisoner representatives should be invited to attend safer custody meetings.
- 3.9 Analysis of the information provided to the safer custody meeting should be recorded.

## Self-harm and suicide

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### 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.

- 3.10 The safer custody team was well managed and the strategy comprehensive. The team met regularly but relevant departments were not always represented. Despite the small number of self-harm incidents each year, assessment, care in custody and teamwork (ACCT) procedures were well monitored and documents generally well completed. Not all staff had received refresher training. There was no Listener scheme and no input into the strategy from the Samaritans.
- 3.11 The safer prisons team was well managed by the head of residence, supported by a safer custody senior officer. There had been few instances of self-harm over the previous two years: 12 in 2008, 16 in 2009 and five in the first three months of 2010. Each case had been well managed by the safer custody senior officer.
- 3.12 The self-harm and suicide prevention policy document was comprehensive and outlined the role of all staff and departments in assessment, care in custody and teamwork (ACCT) procedures. The policy covered all areas from pre-custody to release and also included a section on the management of prisoners whose behaviour was particularly challenging.
- 3.13 There were no safer cells or care suites. The policy identified prisoners requiring this level of support as unsuitable for open conditions.
- 3.14 The safer custody team met monthly, chaired by the head of residence. It was attended by a cross-section of staff, including security, residence, health services, the drug support team, the chaplaincy and offender management. However, the minutes showed that a number of departments and staff identified in the policy did not attend regularly. The police liaison officer

was identified as having a key role in information sharing, but to date there was no evidence of attendance at the meeting.

- 3.15 In our survey, 35% of prisoners said that they had received information about the support available for those feeling depressed or suicidal on their day of arrival, against the comparator of 53% and 50% in the 2005 survey. Eighty-seven per cent of all prisoners surveyed said they had felt safe on their first night, against the 92% comparator and 91% in the 2005 survey.
- 3.16 There had been two deaths in custody in 2007. Although these had been subject to investigation by the Prisons and Probation Ombudsman (PPO) and formal action plans agreed, there was no evidence of reviews in any of the safer custody meetings or inclusion in the continuous improvement plan. There had been a recent death, which was subject to a PPO investigation. A family liaison officer had been appointed but there had been little involvement of the safer custody team.
- 3.17 The quality of care for those on ACCT documents was good and assessments identified relevant concerns, with clear evidence of revised targets being set for prisoners as the care plan progressed. There was community involvement where appropriate, and evidence of a prisoner being allowed to attend outside work while on an open ACCT document. Reviews were multidisciplinary and always included the prisoner. Comments were thorough and demonstrated a high level of engagement with the prisoner and relevant parties. The safer custody senior officer made daily checks of ACCT documentation and followed up any discrepancies with appropriate advice and guidance to staff.
- 3.18 None of the night staff who were on duty at the time of the inspection held a current first-aid certificate, although one of the staff was trained in the use of the defibrillator. All of the day and night staff we saw carried anti-ligature knives, although none of the night staff could identify the location of any of the new prisoners (see recommendation 1.29).
- 3.19 At the time of the inspection, there was no Listener scheme in operation and there had been no Samaritan support for the prison since September 2009. Recent links with the Birmingham branch of the Samaritans had been established and it was hoped that they would fully engage in supporting the prison in order to re-introduce a Listener scheme.
- 3.20 Despite regular training events throughout 2009, not all staff had been trained in initial ACCT procedures.

## Recommendations

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- 3.21 Self-harm and suicide meetings should be attended by all relevant staff/departments.
- 3.22 There should be regular reviews of performance against agreed action plans following a death in custody and the safer custody team should be involved and informed.
- 3.23 Night staff should be appropriately trained in first-aid procedures.
- 3.24 A Listener scheme should be introduced as a matter of urgency.
- 3.25 All directly employed staff and, wherever possible, contracted staff should be trained in assessment, care in custody and teamwork (ACCT) procedures.

# Applications and complaints

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## Expected outcomes:

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

- 3.26 Applications were dealt with promptly. Complaints were generally answered within the prescribed timescales and were mostly answered respectfully, but some were not addressed directly to the prisoner.
- 3.27 In our survey, significantly more prisoners than the comparator (76% against 71%) said that applications were dealt with promptly, and this was supported by comments made in our groups. However, this figure was significantly lower than at the time of the previous inspection. Prisoners could make applications to staff on their residential units daily, and application forms were freely available.
- 3.28 Complaint forms were available on all residential units. A total of 246 had been submitted in the previous six months, the main subjects relating to property, cash, pre-release and groundings but no further work had been done to identify causes and possible solutions.
- 3.29 Many prisoners said that they would not make complaints because they felt that complainants were likely to be returned to closed conditions. There was no objective evidence and there were no examples to support this. In our survey, the number who had made a complaint was similar to that at comparable establishments (36% versus 35%). Only 16%, against the 27% comparator, said that they had been given information about how to appeal.
- 3.30 Complaints were generally answered within the prescribed timescales. Those we looked at were mostly answered respectfully and addressed the issues raised. A small number contained only one-line answers that were curt and bordering on disrespectful, and some were not addressed directly to the prisoner (that is, they were written as if explaining to a third party what had happened). Few complaints went to stage two, meaning that prisoners were content with the response, did not know about stage two (see above) or did not take the matter further once a response had been received. We found two cases where prisoners had been asked to resubmit the complaint to another department.
- 3.31 Information relating to complaints was collected, analysed and monitored monthly.

## Recommendation

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- 3.32 Responses to complaints should be respectful, addressed directly to the complainant by the person or department responsible and not passed back to prisoners for resubmission.

## Housekeeping point

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- 3.33 Prisoners should be given information about how to appeal against responses to complaints.

## Legal rights

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### Expected outcomes:

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

- 3.34 There was reasonable access to legal advice and more prisoners than at comparable prisons said that it was easy to communicate with their solicitors and attend legal visits. There was a formal system for support on legal matters and some prisoners were released on temporary licence to attend appointments with their legal advisers.
- 3.35 Sixty-six per cent of prisoners in our survey said that it was easy or very easy to communicate with their solicitor or legal adviser, which was significantly better than the 62% comparator, and 65% said that it was easy or very easy to attend legal visits, significantly better than the 59% comparator. Thirty-five per cent said that staff had ever opened letters from their solicitor or legal representative in their absence, which was significantly worse than the 26% comparator.
- 3.36 There was an identified legal aid officer, whose identity and services were advertised on induction. Many prisoners at the establishment were undergoing legal proceedings for appeals and had legal teams in place to deal with this. The legal aid officer could signpost prisoners to appropriate legal services and advice. At least two prisoners were being released on temporary licence under the special-purpose licence conditions to attend appointments with their legal advisers. Legal visits were available on Tuesday mornings and the legal services officer facilitated telephone calls in emergencies.

### Recommendation

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- 3.37 Letters from solicitors and legal advisers should be delivered to prisoners unopened.

## Faith and religious activity

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### Expected outcomes:

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

- 3.38 Prisoners' religious needs were well provided for. There was good access to the chaplaincy team and facilities, but not when prisoners first arrived at the prison. The chaplaincy team was well integrated into the life of the establishment.
- 3.39 A full-time chaplain headed the chaplaincy team, which provided spiritual and pastoral care. The chapel was open every day from 8am until 8pm and an orderly was available to provide information about the services available. As well as a chapel, there were two multi-faith rooms, one of which comprised a self-contained building which was used for Muslim prayers and contained washing facilities. The Muslim chaplain was on site for 18 hours a week and, in addition to Friday prayers and a weekly class, he undertook pastoral work around the prison, together with the full-time chaplain. Prisoners were able to visit the chapel and multi-faith rooms at any time before evening roll check. During the inspection, we observed a steady

stream of prisoners visiting the chapel either to sit quietly or to talk to a member of the chaplaincy team.

- 3.40 A range of ministers was available to prisoners throughout the week and all major faiths were catered for. Two feasts were provided for each faith every year, which allowed group celebration of key dates to take place. A portable information board was updated monthly to reflect different religious themes and was moved around the prison during the month, so that prisoners who did not routinely attend the chapel building had an opportunity to see the information.
- 3.41 In our survey, only 29% of prisoners said that they had seen a minister within their first 24 hours of arrival at the establishment, which was significantly worse than at other similar prisons (48%). The chaplain was an ACCT assessor, contributed to parole reviews and provided support to prisoners, their families and staff who were dealing with bereavement, and she and other ministers attended diversity committee and safer custody meetings. She gave advice on areas such as searching, to ensure that religious requirements and artefacts were properly respected. There were links with community-based faith groups, including community chaplaincies, and contact with and visits by prisoners' own ministers had been facilitated in preparation for their return to their community.

## Good practice

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- 3.42 *The chaplaincy had links with community-based faith groups in relation to supporting resettlement.*

## Substance use

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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.**

- 3.43 The integrated drug treatment system was in place, but few prisoners were receiving treatment. The treatment administration area was small and did not allow for confidential interaction between nurses and prisoners. Secondary detoxification was not available. There was good joint working between clinical and psychosocial staff. Prisoners' perception was that drugs were relatively easily available and this was supported by the mandatory drug testing (MDT) figures. A range of supply reduction initiatives was in place, but the misuse of anabolic steroids was causing concern. The MDT suite facilities did not allow prisoners any privacy during the testing procedure.

## Clinical management

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- 3.44 In our survey, 8% of prisoners said that they had had a problem with drugs on arrival, against the 6% comparator, and 8% said that they had had a problem with alcohol on arrival, against the 4% comparator.
- 3.45 The integrated drug treatment system (IDTS) had been in use since March 2008. At the time of the inspection, nine prisoners were on the IDTS, of whom three were receiving methadone



maintenance doses, two were on reducing methadone doses and three were on increasing methadone doses. One prisoner was on a reducing dose of buprenorphine (Subutex). Suboxone was also available if needed, but no prisoners were receiving it at the time of the inspection.

- 3.46 The IDTS administration area was housed in a relatively small room. While it was located away from the main health care waiting area, IDTS prisoners waited close to the administration hatch, so there was virtually no privacy for IDTS prisoners receiving medication at the hatch. There was a rear door entrance to the IDTS administration area, which was more discreet for these prisoners, but this was normally only utilised at weekends.
- 3.47 A prisoner told us that there had been occasions at weekends when he had attended late for methadone administration and that staff had already left by the time he arrived, so he had had to go without treatment for the day. We were told by staff that this issue had been resolved and that prisoners who did not attend at the right time were now collected and brought to the health care department for their medication.
- 3.48 Secondary detoxification treatment was not available, although in our survey 6% of prisoners said that they had developed a drug problem in the prison, against a comparator of 2%. Those requiring secondary treatment were moved to an initialising establishment for stabilisation, after which they could be returned to Sudbury if that was still appropriate.
- 3.49 IDTS was staffed by four health services nurses, under a lead staff nurse, all of whom were trained to the Royal College of General Practitioners (RCGP) level one certificate in the management of drug misuse, overseen by a clinical manager and a non-clinical health care manager. A total of four GPs attended on rota basis; two were RCGP level one, and two RCGP level two trained.
- 3.50 There was good joint working between clinical and psychosocial staff; the lead nurse met workers from the counselling, assessment, referral, advice and throughcare (CARAT) service weekly to review IDTS cases.

## Drug testing

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- 3.51 In our survey, 44% of prisoners said that it was easy or very easy to get drugs in the prison, compared with 34% in similar category prisons.
- 3.52 The figure quoted at the time of the inspection for the random mandatory drug testing (MDT) positive rate for the six months from September 2009 to February 2010 was 9.89%. At the time of inspection we were told there had been seven void results for the period (diluted samples and test refusals) which raised the positive rate to 13.94% for the same period. The MDT key performance target was 11.9%. During the inspection we were told that for the same six-month period, there had been a total of 71 suspicion tests conducted, with 33 of these returning positive results, giving a positive rate of 40.42%. Four void results in the period gave a raised positive rate of 45.80%.
- 3.53 The establishment also ran a frequent testing programme for those who were known to be regular drug users. Figures quoted at the time of the inspection stated that in the six months from September 2009 to February 2010, 29 tests had been conducted, with 17 positive results (58.62%). There had been only one void result during the period; with this added, the rate rose to 63.89%.

- 3.54 There had been a directive by the drug strategy group that any staff member submitting drug-related security information reports should also refer the suspect to the CARAT team. This ensured that prisoners received a targeted reminder that help was available to them to address their issues, should they wish to do so.
- 3.55 In the six months from September 2009 to February 2010 there had been 69 drug finds, 10 alcohol finds and 44 mobile telephone finds. The establishment had two drug dog handlers, each with one proactive and one passive dog.
- 3.56 The MDT suite was clean and tidy, but the toilet area was not screened. A wide observation window was situated beside the toilet on one side, down to approximately one metre above the floor, and a convex mirror was sited high on the wall on the other side of the toilet.
- 3.57 The misuse of anabolic steroids was becoming an increasing problem in the establishment. Information was given to prisoners at induction relating to the dangers of steroid use, and information posters were visible in the gym and in the CARAT drug support unit. The CARAT team additionally offered one-to-one support to cover harm reduction and other steroid use issues, but take-up had been minimal.

## Recommendations

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- 3.58 Access to the integrated drug treatment system (IDTS) administration area should be changed to ensure the confidentiality of IDTS patients.
- 3.59 The current drug strategy for reducing the supply of drugs should be updated in the light of intelligence regarding key routes and targeted action taken.
- 3.60 The toilet facility in the mandatory drug testing (MDT) suite should be screened to allow a greater degree of privacy for prisoners giving samples.

## Good practice

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- 3.61 *The directive to staff submitting drug-related security information reports to refer the suspect to the CARAT team ensured that prisoners received a targeted reminder that help was available to them to address their issues.*

## Section 4: Diversity

### Expected outcomes:

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

- 4.1 Some thoughtful promotional work had been carried out in the area of diversity. Policies covering all aspects of diversity had been introduced and the consultation arrangements had improved. Most diversity work was carried out by a small number of staff, although a promising peer support scheme had just been introduced.
- 4.2 A diversity committee, chaired by the governor, met bi-monthly. Staff from all the key areas of the prison attended this meeting. Prisoner representatives were also normally present, as were members of the local race equality council. Ethnic monitoring was carried out regularly and monthly statistics, providing a breakdown of the prisoner population by religion, disability and age, were recorded. The discussions that took place at the meeting were balanced and prisoner representatives were actively involved. Records showed that managers tried to address the issues raised by prisoners. Feedback from the older prisoners forum (see section on older prisoners) was also considered at the committee.
- 4.3 The governor recognised that the diversity committee focused mainly on race relations. The agenda for the meeting had recently been modified, so that each of the different elements of diversity could be treated as a separate agenda item. It was hoped that this would enable all of the diversity strands to be given sufficient attention. Some useful work had already been carried out, for example in establishing the older prisoners forum (which also involved some prisoners with disabilities), but with limited success (see section on older prisoners). It was intended that further consultation with different minority groups would be carried out using peer supporters.
- 4.4 Local policies had been produced, covering each of the diversity strands. The race equality and nationality document was linked to an action plan, but this was not the case with the policies on disability, age and gender and sexuality, which therefore remained aspirational.
- 4.5 Impact assessments had recently been completed. The findings were not yet available but were due to be considered at a forthcoming diversity committee meeting.
- 4.6 Although the percentage of staff from a black and minority ethnic background was small, at around 5%, the governing governor, the newly appointed deputy governor and the chair of the Independent Monitoring Board were all from a black and minority ethnic background. Approximately a third of all staff had completed the 'challenge it, change it' diversity training. Most of the work being done on diversity was initiated and carried out by the full-time diversity manager, who attended the daily management meeting and was easily accessible to prisoners, as he regularly spent time in the residential areas. However, this area of work was not embraced by a sufficiently wide group of staff for it to be embedded and progress sustained.
- 4.7 A peer support group, named 'Sudbury induction, diversity and decency' (SIDDD), had been set up two weeks before the inspection. The diversity senior officer had designed this initiative, basing the approach on the findings of HM Inspectorate of Prisons reports and relevant Prison

Service guidance. The scheme was well advertised throughout the prison, and was intended to provide prisoners with general peer support, with a particular emphasis on making sure that they received decent treatment. A brief policy explaining the purpose of this initiative had been produced. The SIDD group consisted of six prisoners, all of whom were experienced and had received some form of training in this type of work at other prisons. They had a job description and were managed by the diversity senior officer, who worked closely with them and saw them daily. The group had been allocated office space and operated on a rota. Prisoners could see members of the team on a drop-in basis. Some of the peer supporters had begun to carry out work consulting older prisoners and those with disabilities about their experiences. It was too early to determine how successful the SIDD initiative was. We spoke to three of the men in the team and they showed an understanding of, and commitment to, their new role.

- 4.8 There was a remembrance garden where important events were commemorated. An ecumenical service had recently been held to recognise the contribution of service men and women in past armed conflicts. Care had been taken when organising this event to make it inclusive to people from different backgrounds and traditions. It had involved a representative from the British Legion, a Hindu minister and the Muslim chaplain giving presentations. The remembrance garden had also recently been used to mark Holocaust Day.
- 4.9 Exhibitions to explain and promote different aspects of diversity were held regularly and an event covering the Gypsy and Traveller tradition was scheduled to take place in the month after the inspection.

## **Recommendation**

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- 4.10 A whole-prison approach should be adopted towards the promotion of diversity.

## **Housekeeping point**

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- 4.11 All aspects of diversity should be covered in an action plan.

## **Race equality**

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- 4.12 A significant number of prisoners were from a black and minority ethnic background, and race equality was managed well. Few racist incidents had been reported and none had been serious. Investigations were carried out fairly and care was taken to ensure that prisoners received satisfactory feedback. Statistical data on race equality were collected, and areas of concern identified quickly and examined closely to ensure that discrimination was prevented.

- 4.13 Approximately a third of prisoners were from a black and minority ethnic background. A number of our survey results were poorer for Muslim than for non-Muslim prisoners, but there were no serious discrepancies. Prisoners in our black and minority ethnic discussion group reported equal treatment and this was consistent with anecdotal accounts we received from other black and minority ethnic prisoners during the inspection.

## **Managing racist incidents**

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- 4.14 There were approximately three racist incident report forms (RIRFs) submitted a month, none of which were of a serious nature, normally concerning name-calling or procedural complaints.

The investigations carried out were thorough and detailed. We examined one case where a complaint had been made by two prisoners about a member of staff. The investigating officer, who was the diversity manager, ensured that the investigation was handled fairly and sensitively and, although the outcome did not satisfy all of the parties, the reasons for the final decision were fully explained to all those involved. We were told of another case in which it was clearly established that a prisoner had been discriminated against in relation to release on temporary licence (ROTL). As a result of this finding, action was taken quickly to rectify the situation and the prisoner received an apology.

### **Race equality duty**

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- 4.15 The Systematic Monitoring and Analysing of Race Equality Template (SMART) approach was used to monitor areas according to race. Recent analysis had shown that the number of black and minority ethnic prisoners released on temporary licence during January 2010 was notably below the range set. However, on closer examination, this finding appeared to be an aberration, in comparison to the statistics over a longer period.
- 4.16 The monitoring process worked reasonably well. There was one obvious weakness in the range setting, however, in that no records were collected to show the ethnicity of prisoners who were being allocated a single cell.
- 4.17 A register of potential racist and extremist prisoners was maintained, and at the time of the inspection seven individuals had been identified on it. There were frailties in the way that high-risk individuals were identified and it was not clear how the information contained in the register was utilised.
- 4.18 Besides the diversity committee meeting (see section on diversity), representatives from Derby Race Equality Council also met small groups of prisoners regularly, in order to raise awareness about race.
- 4.19 A number of events were carried out to promote groups from black and minority ethnic backgrounds. In October 2009, the library had staged a display to celebrate Black History Month and books had been promoted which featured this subject. A 'kick racism out of football' exhibition had also been displayed, reflecting the development and contribution of the black and minority ethnic community to football in the UK.

### **Recommendation**

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- 4.20 **The purpose of the potential racist and extremist register should be clarified. It should contain accurate information which should determine decisions about the individual's time at the establishment.**

### **Housekeeping point**

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- 4.21 Range finding information on ethnicity should cover the allocation of single cells.

## Religion

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- 4.22 The religious needs of prisoners were generally respected. Although there were no formal arrangements for detecting religious discrimination, we did not encounter any examples of discrimination on the grounds of religion. Staff had not received training in religious diversity.
- 4.23 Around half of the population were from a Christian background, approximately 13% were Muslim and there were small numbers from Buddhist, Hindu and Sikh traditions.
- 4.24 Although there was no specific policy or action plan with regard to the religious needs of prisoners, the coordinating chaplain was involved in the annual business planning exercise, and this was used to determine, in general terms, how such needs would be met.
- 4.25 There were no specific strategies for dealing with religious discrimination, and religious monitoring was not carried out. Despite this, we did not encounter any examples of discrimination on the grounds of religion. Seventy-four per cent of Muslim prisoners surveyed said that their religious beliefs were respected, which was significantly better than the response from non-Muslim prisoners. Overall, our general survey findings were more positive for Muslim than non-Muslim prisoners. During the inspection, there was an exhibition promoting the predominant Christian tradition.
- 4.26 We were told by the chaplains that the only significant problem concerning religion which had arisen was a complaint made by some Muslim prisoners that they were not able to share rooms with prisoners of their own faith. Prison staff informed us that in order to maintain a balanced and integrated population across the prison, they tried to avoid clusters of prisoners from the same faith being located in the same area. This issue had remained unresolved for a long time. There were particular problems during Ramadan, when Muslim prisoners were required to carry out early morning prayers, sometimes having a disruptive impact on the person with whom they were sharing.
- 4.27 Most prison staff had not received any training on religious diversity. The coordinating chaplain had recently received instructions to attend a training course which would equip her to deliver training on faith and cultural matters to officers at the prison.

## Recommendations

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- 4.28 Accommodation should be allocated in such a way as to allow prisoners from a Muslim background to share rooms with prisoners from their own faith.
- 4.29 Staff should receive training in religious diversity.

## Foreign nationals

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- 4.30 The needs of foreign national prisoners were not adequately met. There was a mistaken assumption that such prisoners were always able to seek out the help that they needed. Many of the difficulties that they encountered were caused by communication difficulties. There was little use of interpreting or translation services. Overall, the support given to foreign national prisoners was inconsistent and poorly coordinated.

- 4.31 Foreign national prisoners represented a significant minority; there were consistently around 10 held at any one time. Foreign national prisoners were identified on admission and a checklist of their needs was completed. However, subsequent support was dependent on prisoners referring themselves for help.
- 4.32 An officer had been allocated responsibility for providing assistance to foreign national prisoners, but he had only been allocated five hours a fortnight for this task, which was inadequate. Three of the foreign national prisoners being held at the time of the inspection were dealt with separately by lifer staff, but there was no link between the support they received and that provided to the other foreign national prisoners. Foreign national prisoners were given free five-minute international telephone calls and letters, but only if they asked for them. We met two foreign national prisoners who appeared to be having difficulty coping on a day-to-day basis because they had little understanding of English. We found little evidence of interpreting services being used to help these men and there was no relevant information about the prison available in languages other than English (see recommendation 1.24).
- 4.33 We were told that, until recently, there had been monthly visits by a representative from the UK Border Agency (UKBA), who saw foreign national prisoners on request. This arrangement had ceased because of a change of staff. In the meantime, a member of the prison administrative staff kept the UKBA up to date with the circumstances of foreign national prisoners.
- 4.34 There was no local policy which outlined how the needs of foreign national prisoners should be met, and the needs of this group of prisoners as a whole were not considered anywhere (see main recommendation HP52).

## Recommendations

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- 4.35 **The foreign nationals coordinator should be given sufficient time to complete his responsibilities.**
- 4.36 **Telephone interpreting services should be used to meet the needs of prisoners who do not speak English.**

## Disability

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4.37 The number of prisoners identified with some form of disability was small and appeared to have been underestimated. Disabled access around the site was good but the other facilities were limited. Some prisoners were not aware of the support which was available. Consultation had recently started with prisoners with disabilities.

- 4.38 According to prison records, a relatively small number of prisoners had been identified as having a disability, with just under 3% at the time of the inspection. However, our own survey showed that 9% of prisoners considered that they had a disability. This may have reflected under-reporting, and could be explained by the limiting question asked by health services staff about disability on admission. A different and more detailed set of questions about disability was asked by the reception orderly, and these findings appeared to correspond more closely to our survey results. The latter information was copied to the education department but it was not clear how it was utilised. Only prisoners identified by the health care department were subject to any formal follow-up.

- 4.39 Prisoners with mobility problems did not have serious difficulties getting around. The site was mostly flat, most accommodation at ground level and there were numerous ramps which provided good access. Those with the more serious physical disabilities were located on W7, which was close to the amenities. There were four adapted rooms on W7, each with sliding doors and low-level beds and furniture fitted. Disabled toilet and shower facilities had also been installed on this wing. There was further evidence of reasonable adjustments being made where requested.
- 4.40 Some of the prisoners with disabilities that we spoke to were frustrated about the lack of help they were offered, and said that were not always aware of the facilities available to them, such as access to early morning gym sessions and an earlier, shorter meal queue. They were also dissatisfied about shared use of the disabled toilet and shower facilities. Overall, they indicated that poor communication was the source of these difficulties. The diversity manager was aware of some of the dissatisfaction expressed by these prisoners.
- 4.41 We were told about a recent case of a prisoner using a wheelchair who had been unable to use public transport on a Sunday because there were no disabled facilities on the restricted service. He had been permitted flexible ROTL dates, so that he could continue to follow his scheduled programme.
- 4.42 Personal evacuation plans (PEEPs) had been produced for all prisoners who had been identified as having a disability. These were held in a central staffing area, where a designated member of staff kept them up to date. However, given the likely under-reporting, it was not clear if all prisoners who required a PEEP actually had one.
- 4.43 Care planning for older prisoners and those with a disability was not systematic, but one-off arrangements were made where necessary. Staff knew that prisoners located on W7 required extra support in the event of an emergency but were less aware of the needs of prisoners in the rest of the prison. There was no specific additional information made available to night staff in relation to less able prisoners in any of the residential units.

## Recommendation

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- 4.44 **The needs of all prisoners with a disability, including personal evacuation plans, should be identified and assessed accurately, and reasonable steps taken to address them.**

## Older prisoners

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- 4.45 Older prisoners represented a significant minority in the prison. Some attempt had been made to take account of their views and there were plans to extend this further. The needs of prisoners who had reached retirement age were dealt with sensitively, on an individual basis.
- 4.46 At the time of the inspection, approximately 6% of the population were over the age of 55, and therefore designated as older prisoners.
- 4.47 Older prisoner forums had been established over the previous year, but they had only taken place intermittently and attendance was poor. As a result of issues raised at these forums, negotiations were currently taking place with the local council to obtain bus passes, and an older prisoners social evening was due to be held later in the month.



- 4.48 There was no special accommodation unit for older prisoners, although vulnerable older prisoners were located on W7, which was also where some prisoners with disabilities had been placed (see section on disability). Although it was a mixed living area, it tended to be a quieter location. Following discussions with prisoners as a whole, which had taken place in the general consultation forum, plans were being considered to introduce a 'quiet dorm', but it was not yet clear if the criteria for admission would be based on age.
- 4.49 There was no system for social care to be provided by paid prisoners. Any support given to older prisoners or those with disabilities was informally offered by unpaid volunteers.
- 4.50 Prisoners over retirement age were paid an allowance of £7 a week. Some men over retirement age preferred to continue to work in order to supplement their income. This arrangement worked well in the case of one prisoner in his mid-70s, who was permitted to continue carrying out gardening work across the site.

## Recommendations

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- 4.51 **Older prisoners should be consulted and measures taken to address their particular needs.**
- 4.52 **A formal and paid carers scheme should be introduced.**

## Gender and sexual orientation

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- 4.53 Prisoners known to be gay or bisexual were dealt with individually. Such prisoners were able to integrate with their peers and were dealt with by staff in a supportive way.
- 4.54 A local policy covering sexual orientation had been produced. This document outlined relevant features which staff members needed to be aware of and highlighted the duty of staff to maintain a safe and supportive environment for prisoners who wished it to be known that they were gay or bisexual. A local policy had also been produced dealing with transexualism. This was a more detailed document and mostly consisted of material already published centrally by the Ministry of Justice. No prisoners so far admitted to the establishment had been identified in this latter category.
- 4.55 The number of individuals who identified themselves as gay or bisexual was small, and such prisoners were dealt with individually and able to integrate with their peers. At the time of the inspection, there was one prisoner who was openly gay, and he reported having had poor experiences in other prisons. He worked as a cleaner and told us that he felt safe and well supported at Sudbury. He said that when he had encountered a serious problem with another prisoner as a result of his sexuality, the matter had been identified quickly by staff, who went on to deal with it swiftly and effectively.



## Section 5: Health services

### Expected outcomes:

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

5.1 Healthcare services were reasonable, and in our survey prisoners were more positive about their experience of healthcare than at comparator establishments. There was good engagement between the prison and the primary care trust. The health needs assessment was out of date and it was not clear whether services met the current population's health needs. Clinical governance was fragile and required urgent attention. Access to GP and primary care services, including the dentist, was good. There were no designated nurse-led clinics for patients with chronic diseases. The system of recording of medication administration exposed patients and staff to risk of error. There was no triage protocol when prisoners first presented for appointments. Access to other specialist services was good. Mental health services were limited.

### General

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- 5.2 Health services were commissioned by Derbyshire County Primary Care Trust (PCT) and provided by the prison. The relationship with the PCT was good, with evidence of interest and engagement, and support through the service-tendering process that was in progress. Joint prison partnership board meetings for Sudbury and HMP Foston Hall were held quarterly and chaired alternately by the governing governors with appropriate senior representation from both the prison and PCT.
- 5.3 The health needs assessment (HNA) was out of date and it was not possible to identify whether services were meeting current need. There had been some key recommendations and actions cited within the HNA that did not appear to have been followed through. For example, adequate mental health screening on arrival recommended in the HNA was missing from the reception screen for prisoners.
- 5.4 There was no specific prison health development plan guiding the overall direction and provision of services but we were told that the prison health risk register and the prison health quality outcomes framework together made up the development plan. There was no monitoring of equity of access for prisoners.
- 5.5 Health care was managed by a non-clinical health care manager/principal officer, supported by a band seven clinical lead nurse with line management responsibility for the nursing staff. The deputy governor had corporate responsibility for health care and provided representation at the senior management team meeting.
- 5.6 The health care department was a self-contained building in the centre of the prison. The department was small, and consultation and treatment space was cramped during peak clinic times. The PCT had recently made a separate prefabricated building available for counselling, assessment, referral, advice and throughcare (CARAT) work and smoking cessation groups

- 5.7 The department was clean and in a reasonable decorative state. A health care orderly cleaned daily between Monday and Friday and adhered to written cleaning schedules; he was able to explain the colour-coded system of cleaning equipment and had undergone British Institute of Cleaning Science (BICS) training but not NHS-equivalent training. He also helped with completing slips for health care appointments.
- 5.8 Patients were able to attend the health care department, without restriction, at designated times. During these periods, the main door was unlocked and prisoners were able to seek advice and ask for appointments, as well as attending pre-booked consultations. In our survey, significantly more prisoners (74%) than at comparator prisons (68%) said that the overall quality of health care was good or very good.
- 5.9 We observed some positive interactions between health services staff and prisoners. It was not clear what arrangements would be made for prisoners with no or little English. We observed one prisoner attending for integrated drug treatment system (IDTS) medication whose command of English appeared to be limited and he seemed to be struggling to make himself understood; his clinical record showed that telephone interpreting had been used on his arrival at the prison but there was no record of subsequent use (see recommendation 4.36).
- 5.10 An information leaflet was given to prisoners in reception by the prison reception orderly, as part of a package of general information. There were pictorial icons and most of the language was reasonably simple.
- 5.11 There was some evidence that prisoners were involved in decisions about their health care. The only care plans we saw were those for secondary mental health patients. There was a prison consultative forum with health care as a standing item on the agenda, and we were told that prisoners raised health care issues at this meeting, but this was insufficient (see section on staff-prisoner relationships). A GP patient survey conducted in 2009 said that 73% of prisoners felt that GPs involved them in decisions about their health care.
- 5.12 There was no designated health care lead for older prisoners. The health care department used the general prison policy on older prisoners, which included some general references to the health needs of this population but did not include specific health care input. We were told that health services staff would be involved in the new forum for older prisoners.

## Recommendations

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- 5.13 There should be an up-to-date health needs assessment to enable services, including mental health services, to be mapped against need.
- 5.14 A prison health development plan should be developed that includes objectives, timescales and progress.
- 5.15 There should be more space available for consultations and clinics.
- 5.16 Care plans should be used for prisoners with specific and complex health needs.
- 5.17 There should be a designated health care lead for older prisoners.

## Housekeeping points

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- 5.18 The prison health risk register should be updated.
- 5.19 Cleaning should be to NHS Patient Environment Action Team (PEAT) standards.

## Clinical governance

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- 5.20 The PCT had helped move the health care department towards a more robust foundation but governance remained fragile in a number of areas. There was no overall lead for clinical governance and some aspects required systematic review and action.
- 5.21 There had been three serious untoward incidents (SUIs) reported and logged in the previous year. SUIs and complaints were filed together and the folder was poorly maintained. All SUIs were reported through the quarterly joint prison health commissioning meeting between the prison and PCT but the minutes of these meetings did not contain details of the incidents or evidence of analysis and subsequent learning across the team. There was also a smaller joint prison policy/governance meeting, held bi-monthly. The most recent notes were dated January 2010 and this meeting appeared to be largely operational, with no evidence of learning from events or complaints. There were no clinical staff from the prison at either of these meetings.
- 5.22 There had been two deaths in custody since the previous inspection. In one of these cases, health services staff had been involved in the care of the prisoner before his death and the resuscitation attempt before his transfer to hospital. A number of recommendations had been made by the clinical review team about aspects of healthcare in this case, and although there was evidence of planned actions against some significant findings, there was no proper action plan with clear timescales and reported progress.
- 5.23 Health care complaints were managed through the prison complaints system; there had been 14 in the previous year. The health care manager responded to all written complaints, and responses were generally satisfactory. There were some examples where the language used was complex and inaccessible and the response did not adequately acknowledge the prisoner's perspective. There was also an informal system of local verbal resolution but there were no records to evidence how often this occurred, how it worked or the outcomes.
- 5.24 Clinical record keeping was electronic, using SystemOne; the only exceptions we saw were paper dental records, messages to the GP in paper records, transferred paper records from other prisons and secondary mental health records (see below). The quality of entries in the records was generally satisfactory. Some records we reviewed had some omissions – for example, no record of reception screening and gaps in recording wound care. One patient record showed that nursing staff had applied a range of different wound management preparations over a relatively short period without reference to an evidence base for their decisions.
- 5.25 Paper clinical records were stored in locked filing cabinets in the health care pharmacy room, which was only accessible by health services staff and locked and alarmed when not in use. Old paper clinical records were stored offsite in a central prison secure storage facility. The health care manager was the Caldicott guardian.
- 5.26 There was an infection control policy but no evidence of audits, either in infection control or in other key aspects of health care – for example, record keeping, medication administration, care planning, and key policies and protocols. The PCT had arranged for an infection control

specialist to work with the prison but this had not happened owing to some extenuating circumstances in the infection control team. The prison was engaged with flu pandemic planning for the community through the PCT, and there had been several cases of confirmed and suspected swine flu previously which had been dealt with appropriately. Targeted prisoners were offered immunisation against seasonal flu.

- 5.27 All staff received three-monthly staff performance and development reviews. There was a training plan detailing the training programmes that staff had accessed during the previous year, and monthly training returns were submitted to the prison. There was no evidence-based training needs analysis, mapping service needs against training for identified staff. Staff were able to access PCT training, and the GP practice for the prison had offered access to their in-house training sessions. All staff had received cardiopulmonary resuscitation training updates in December 2009 from the gym staff and we were told that defibrillator training had also been provided. There was no training to enable staff to recognise the indicators of age-related depression and dementia.
- 5.28 Clinical supervision for nursing staff was provided by a nurse practitioner from a local GP practice. The band seven clinical lead had individual sessions and the wider nursing team were able to access regular group sessions. The lead primary mental health nurse did not appear to access specialist mental health supervision.
- 5.29 Emergency equipment was located in a locked staff changing room in the health care department. The resuscitation equipment, including suction, defibrillator and portable oxygen, was appropriate and dressings and medications were in date. There were weekly checks, which were recorded, but no list of the equipment or medication. An automated defibrillator was also located in the main staff office.
- 5.30 There was a good range of up-to-date policies specific to the prison on the PCT intranet, alongside generic PCT policies used by the prison as appropriate. Paper copies of some policies were held in a folder in the health care department, but it was not always clear which was current, as some paper policies had several different versions and some were out of date.

## Recommendations

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- 5.31 There should be a lead clinician for clinical governance, with a remit for developing and maintaining robust and safe systems and processes.
- 5.32 Reporting and learning from events and serious untoward incidents should be strengthened, with reporting of near-miss incidents and proper trend analysis.
- 5.33 There should be senior clinical representation at the policy/governance meeting.
- 5.34 All clinical reviews of deaths in custody should have a clear action plan with objectives, a timescale and progress charted.
- 5.35 Complaints responses should be written in plain language and acknowledge the prisoner's perspective appropriately.
- 5.36 Written and verbal complaints should be logged, analysed and used for team learning.
- 5.37 SystmOne recording should be adhered to by all health professionals and include dental consultations and messages between health professionals.

- 5.38 Health services staff should have access to specialist advice and evidence about specialist issues such as wound management.
- 5.39 A training needs analysis should be completed against service needs.
- 5.40 Specialist mental health clinical supervision should be available to the registered mental health nurses.

## Housekeeping points

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- 5.41 Clinical records should be complete, with appropriate care plans and entries evident.
- 5.42 An audit cycle should be developed which includes key issues such as record keeping and infection control.
- 5.43 There should be a list of the emergency equipment and medication kept with the equipment/medication.
- 5.44 Paper policies should be consistent with the electronic versions and easily accessible to all health services staff.

## Primary care

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- 5.45 The range of services was comparable with those in the community. In our survey, significantly more prisoners than at comparator prisons said that they found it easy to access the GP and the nurse, (66% versus 59% and 85% versus 75%, respectively). The health care department was open between 7.50am and 4.45pm on Monday to Friday and 7.45am to noon at weekends, with designated times for prisoners to collect medication and make appointments.
- 5.46 All prisoners were seen by a nurse on arrival for a basic health screen. The reception health care room was small and its design provided little privacy. There was a computer terminal in this room but a paper template was used to record the results of the screen, and was then returned to health care department and the data entered onto SystemOne. The reception template comprised a checklist with simple yes/no questions to identify current and possible mental and physical health concerns. Prisoners were also asked to sign an agreement to sharing their health information with other departments and agencies. All prisoners were asked about previous health care and to consent, if relevant, to their GP being contacted for previous records. The reception screens we saw were satisfactory and appropriate referrals were made to the GP and other health services. However, we noted one patient whose presentation indicated the need for a peak flow measurement, which was not done. The nurse also gave health advice during the screens. There was no secondary health assessment.
- 5.47 Prisoners made all their health care appointments by either coming to the hatch at one of the designated times or by telephone, which was inappropriate use of nurse time. Nurses triaged the requests and appointed prisoners to the relevant clinic or waiting list; there was no algorithm or protocol to assist this process and a risk of inconsistent or inappropriate decisions. There was a triage protocol for nurses dealing on a face-to-face basis with patients presenting with minor illnesses, and one of the nurses had received appropriate training.
- 5.48 GP services were provided by a local practice and there was a GP clinic every day from Monday to Friday. The practice also provided medical cover until 6pm. Patients waited up to a

week to see the GP for routine appointments but could be seen on the same day or the following day if clinically urgent. Consultation times were acceptable.

- 5.49 Out-of-hours medical cover was provided between 6pm and 8am by the PCT out-of-hours service. There was no policy or protocol available in the health care department detailing the process for access to out of hours or accident and emergency services but a description of arrangements did form part of the prison's contingency plans and was held in the prison control room.
- 5.50 A chiropodist and an optician visited monthly and twice monthly, respectively, and both waiting lists and times were short.
- 5.51 There were electronic chronic disease management registers. Patients were recalled by the nurses on an individual basis, rather than to designated clinics. Some of the nurses had done some disease-specific training but a registered mental health nurse (RMN) had been tasked with managing the diabetic population, without specific training.
- 5.52 A health promotion policy and literature were available in the waiting area but there was variable evidence of proactive health promotion. An NHS wellness information unit had been installed in the prison centre, funded through the PCT. Prisoners and staff made good use of it but there was no structured follow-through in relation to chronic diseases. Smoking cessation sessions were run by health services staff with support from the PCT. Condoms were available in the health care centre and via the CARAT team.

## Recommendations

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- 5.53 The available space for health care processes in reception should be increased and privacy for prisoners improved.
- 5.54 Reception screening should enable significant health needs to be identified early and appropriate action taken.
- 5.55 All prisoners should receive a secondary health assessment within 72 hours of arrival.
- 5.56 Triage protocols should be used by trained nurses to appoint patients to clinics and ensure consistent and effective use of consultation time.
- 5.57 An out-of-hours policy for medical emergencies should be introduced.
- 5.58 Regular designated chronic disease management clinics should be held.
- 5.59 Nursing staff taking the lead in chronic disease management should be appropriately trained.
- 5.60 A health promotion plan should be developed.

## Housekeeping point

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- 5.61 Reception screening should be entered onto SystemOne at the time of the screen.



## Pharmacy

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- 5.62 Pharmacy services were largely supply only and provided by Lloyds community pharmacy. A pharmacist visited the prison once a month to oversee the service and during these visits occasionally held patient consultations. A technician made monthly visits to check and replenish stock levels.
- 5.63 The pharmacist was available for patient consultation, by appointment, once a month. There was little demand for this service, as it was not advertised, and consultations were normally instigated by nursing staff.
- 5.64 The pharmacy room in the health care centre was used for the storage and supply of all medicines, with the exception of controlled drugs, which were held in the IDTS treatment room. Both rooms were in good order and generally tidy.
- 5.65 There was a large folder of paper protocols and procedures but the health care manager seemed uncertain about its content. Some of the documents were not specific to the prison, some were undated and some appeared out of date. Pharmacy-related incidents were recorded and reported to the PCT.
- 5.66 Heat-sensitive products were stored in a refrigerator with a maximum/minimum thermometer. Temperatures were checked daily and appropriate records were maintained.
- 5.67 Paper records were stored in lockable filing cabinets in the pharmacy room.
- 5.68 There was no access to medication out of hours. There was a protocol to enable prison officers to administer paracetamol and Gaviscon when the health care department was closed, but during the inspection the locked cupboard used to store the medicines was empty and there was no record of any supplies made.
- 5.69 Prisoners could collect their supervised and in-possession medications during three daily treatment times. Patients attended the hatch without supervision, and during one session we saw nurses dealing with more than one patient at a time. Nurses did not check prisoners' identification if they knew the patient. Patients also attended the hatch to request repeat medication.
- 5.70 Most medication was supplied in possession. The in-possession policy had two lists of restricted medicines, identified as the 'red' list and the 'amber' list. Risk assessments were documented and carried out by any of the health services staff. Patients were only risk assessed if they were prescribed 'amber list' medicines. In-possession medication was supplied for discharge or court. Methadone was routinely given before discharge and arrangements made for its continuation on release.
- 5.71 There was a medicines and therapeutics committee, and meetings were normally held bi-monthly and included the support pharmacist and representatives from the PCT, but there had been a gap in meetings. There was no GP prescriber at this meeting.
- 5.72 There was no special sick policy, but there were several patient group directions (PGDs). The original copies of the PGDs were not available for inspection and did not include individual sign-off by a doctor and pharmacist. Supplies made under the PGDs were recorded on the SystemOne computer system.

- 5.73 Prescriptions were generated using the SystmOne electronic prescribing system. Printed copies of the prescriptions were then signed by the GP and sent to the pharmacy for dispensing. The prison retained photocopies of the prescriptions, which were then used for the supply and administration of medicines. Nursing staff supplied and administered medicines in accordance with the directions on the prescriptions and then made a freehand entry in the blank space below, to record what had been supplied or administered. There was a system of numbering the particular medication, and nurses then signed against the number rather than the name of the drug, in the freehand section. We also noted several instances where the record had not been signed by the nurse, there was a GP signature without a printed name, and where an amendment to the chart had not been signed.
- 5.74 Prescriptions were faxed daily to the pharmacy and were then dispensed and delivered back to the prison on the next available delivery day. Most medicines were received on the same day that the prescription was issued. Almost all medicines were dispensed for named patients. There were a few exceptions, such as asthma inhalers, glyceryl trinitrate sprays and a few other products, which were held as general stock at the prison and supplied directly by nurses. These products were supplied as original manufacturer's packs but no dispensing label was attached at the time of supply and a patient name was handwritten directly onto the pack. There was an emergency cupboard containing a small stock and a limited range of dual-labelled pre-packs of medicines to cover immediate supply needs.
- 5.75 The ordering of controlled drugs was compliant with regulations. Records were maintained using a ward-style controlled drug register. Running balances were maintained but checked infrequently against actual stock. There was a quantity of out-of-date buprenorphine in a separate cupboard which did not appear to have been checked regularly.
- 5.76 The pharmacy invoiced the prison for all medicines supplied, from which lists of usage of the 'top 50' lines were prepared and made available to the medicines and therapeutics committee.

## Recommendations

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- 5.77 All pharmacy policies and procedures in operation should be reviewed by the medicines and therapeutics committee, be up to date and reflect regulatory and professional requirements.
- 5.78 An out-of-hours medication policy should be introduced.
- 5.79 Prisoners' identification should always be checked before administration of any medication.
- 5.80 Risk assessments for in-possession medication should be carried out for all patients.
- 5.81 The system for recording the administration and supply of medication should ensure clear, reliable and tamper-evident records that comply with regulations and the requirements of the professional bodies.
- 5.82 There should be no dispensing of medicines by nurses without the professional control of either a pharmacist or doctor.
- 5.83 All medicines supplied to patients from a prescription or a PGD should be labelled according to regulations.

## Housekeeping points

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- 5.84 The availability of the pharmacist for patient consultation should be advertised.
- 5.85 Patients attending the hatch to obtain medicines should be managed to ensure that only one patient presents at a time.
- 5.86 A system of written and/or telephone requests for repeat medication should be developed.
- 5.87 Patient group directions (PGDs) should show authorisation by both a doctor and a pharmacist and be readily available to staff using them.
- 5.88 The controlled drugs register should be replaced to comply with the current regulations for recording controlled drugs.
- 5.89 There should be a minimum of weekly checks of controlled drug running balances against stocks.

## Dentistry

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- 5.90 The dental surgery was sited within the health care department, with a separate X-ray room opposite. The equipment was approximately eight years old and there had recently been reliability problems with the suction and autoclave. There was no X-ray developer or viewing facilities and the dentist had no key to access the X-ray room.
- 5.91 Two dentists provided up to three sessions a week, usually on Wednesday morning and all day Friday. Both dentists were supported by registered dental nurses. Approximately 15 patients were booked per session.
- 5.92 Patients requested appointments with the dentist at the treatment hatch and were placed on the waiting list by the health services staff. A dental triage protocol was available to assist the list prioritisation but not to make the decision as to whether a patient should see a dentist in the first instance. At the time of the inspection, there were 14 patients waiting for appointments, and the longest wait was two and a half weeks. Initial appointments were allocated by the administrative staff and follow-up appointments were made by the dental team. The failure to attend rate was estimated at 20%. No work had been done to ascertain the reasons for non-attendance.
- 5.93 Dental checks and treatment at least to the range available in the NHS were provided, and oral health information was provided on a one-to-one basis by the dentist. There was no protocol for providing out-of-hours dental cover and no cover for annual leave.
- 5.94 Cross-infection controls were satisfactory but there had been no PCT surgery inspection since 2003.
- 5.95 The dentist did not know where the resuscitation equipment was stored, and it was not clear whether the dental staff had received annual resuscitation updates.
- 5.96 Paper dental records were kept. There was no reference in the records to previous medical history and not all records contained recording of the periodontal and soft-tissue status and radiographic findings. Some dental records were stored in a cardboard box in the dental surgery.

- 5.97 There appeared to be a lack of communication both between the dentists and health services staff and between the two dentists.

## Recommendations

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- 5.98 An X-ray developer and viewer should be provided.
- 5.99 Review of the failure-to-attend rates and reasons should be carried out and remedial action taken to maximise use of the dental sessions.
- 5.100 A protocol should be developed for dental out-of-hours cover and arrangements to cover annual leave should be put in place.
- 5.101 A full surgery inspection should be carried out by/on behalf of the Primary Care Trust (PCT).
- 5.102 The dentistry team should know where the resuscitation equipment is stored and have annual resuscitation training.
- 5.103 The procedures for the keeping of clinical records and for the taking of X-rays should be reviewed with reference to the guidelines published by the Faculty of General Dental Practice (UK).
- 5.104 Regular meetings should be held between both dentists and health services staff.

## Housekeeping points

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- 5.105 The dentist should be provided with appropriate keys.
- 5.106 All dental records should be stored in a locked, fire-proof cabinet.

## Secondary care

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- 5.107 Most patients were released on temporary licence for hospital appointments. If a prisoner was within the initial eight-week restriction (before his release eligibility date) or unable to leave the prison for other reasons, arrangements were made for accompanied escorts by prison staff. Prisoners were given the original appointment letter and a copy was retained in their clinical record.
- 5.108 Few hospital appointments had been cancelled during the previous year and, where necessary, appointments were rescheduled promptly following assessment of urgency by the health care manager.
- 5.109 There was a joint priority hierarchy for cancellation of escorts, which was designed to help staff to make decisions about cancelling external clinical appointments. The use of categories was intended as helpful guidance but risked over-riding clinical assessment of individual patients and was based on an assumption that 'staff availability requires some cancellation'.

## Recommendation

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- 5.110 The 'joint hierarchy' for cancellation of escorts protocol should be reviewed and amended to enable decisions to be made on a case-by-case basis, always informed by a clinician in the health care department in conjunction with a clinician from the provider.

## Mental health

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- 5.111 There had been no mental health needs assessment since 2008 and the number of prisoners seen by the mental health team appeared small for the population. There was a lead primary mental health nurse (RMN/health care officer) employed as a generic member of the team and supported by an agency RMN.
- 5.112 The lead nurse had a caseload of 10 patients, with five waiting for first appointments; there was a maximum wait of 28 days for a first appointment. Each patient was seen once or twice a month, depending on need. The primary mental health nurse saw patients when rostered as 'Hotel 4' radio (the member of nursing staff without clinic or emergency response responsibilities). All patients arriving on mental health-related medication were seen by the GP and referred to the primary mental health nurse if necessary within 24 hours. The RMN generated a list of all patients on mental health medication approximately bi-monthly, to cross-reference with his caseload.
- 5.113 Beating the Blues (a computer-based cognitive behavioural therapy) was available, with support from the primary mental health nurse, and one patient was using it at the time of the inspection. There were no day care services for vulnerable prisoners.
- 5.114 Services for patients with serious and enduring mental health needs were provided by a mental health in-reach team (MHIRT) from Derbyshire Mental Health Services NHS Trust and included a weekly community psychiatric nurse (CPN) clinic and a consultant psychiatrist session every three weeks. There were plans to add a second weekly CPN session for care programme approach (CPA) administration. A recent operational policy for the MHIRT had included a helpful diagram of the pathways into secondary mental health in the prison. There were some out-of-date references in this policy (for example, the NMC Code of Conduct 2002).
- 5.115 The CPN had a caseload of 10, with two patients waiting for first assessment. The MHIRT scanned all assessments and plans into SystemOne at the earliest opportunity; the mental health trust's own care notes system was used for CPA recording. First appointments for assessment were made by administrative staff and follow-up appointments by the CPN. There were plans to introduce a clinical prioritisation assessment system for referrers, to ensure that prioritisation for the first assessment was based on clinical need.
- 5.116 There was good communication between the primary mental health nurse and the CPN but no multidisciplinary meetings which included the psychiatrist and the GP. The MHIRT responded to requests from wider prison processes, such as safer custody.
- 5.117 We were aware of two transfers of prisoners in the previous year to other prisons, pending assessment under the Mental Health Act. In one case, the on-call psychiatrist had refused to visit the prison to assess an acutely ill prisoner, and the prisoner had spent time in the segregation unit before urgent transfer to closed conditions pending Mental Health Act assessment. The CPN had been able to see the prisoner on the day of his transfer.

- 5.118 There was little evidence of prison staff receiving mental health awareness training, and segregation staff had not been trained.

## Recommendations

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- 5.119 Day care services should be provided for vulnerable prisoners.
- 5.120 Regular multidisciplinary team meetings should be held, with representation from primary and secondary mental health nurses, the GP and the consultant psychiatrist.
- 5.121 The prison and the PCT should ensure that there is adequate consultant psychiatrist cover out of hours to enable urgent assessment before transfer.
- 5.122 All prison staff having direct contact with prisoners should receive mental health awareness training.

## Housekeeping point

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- 5.123 The mental health in-reach team operational policy should be amended to reflect current policies and professional guidance.

# Section 6: Activities

## Learning and skills and work activities

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### Expected outcomes:

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

6.1 The leadership and management of learning and skills were inadequate. There was a strong focus on employment, but many of the jobs available did not provide sufficient purposeful work opportunities fully to engage many of the prisoners. The operational management of education was satisfactory but there was a poor range of education and training courses available. Learners were well supported in the workshops to improve their literacy and numeracy skills. There were too few prisoners on education and vocational training courses, but most prisoners on accredited vocational programmes achieved their qualification. Achievement in education courses was satisfactory. Teaching and learning were reasonable overall, although some poor teaching was identified on literacy, numeracy and ESOL courses. Quality improvement was poor and there was no monitoring of teaching and learning outside of the education department. The library facility was good and well managed.

### Leadership and management

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- 6.2 Leadership and management of learning and skills were inadequate. The strategy for the development of learning and skills was new and had yet fully to affect the provision, although there were immediate plans to add to the provision for those working inside the prison. Day-to-day operational management of education was satisfactory, although the provision for learning and skills was insufficiently coordinated and there was poor sharing of best practices.
- 6.3 Quality assurance arrangements were poor. The quality improvement group met regularly, although there was insufficient monitoring of the quality of teaching across the provision outside the education department and insufficient use made of the recent training needs analysis to inform improvements. Although data were collected in a variety of formats, there was insufficient analysis made fully to inform management decisions. The self-assessment process was adequately informed through feedback from prisoners, employers and staff, but the development plan did not clearly identify targets for the completion of all key areas, and strengths were insufficiently actioned.
- 6.4 All learning and skills staff had been appropriately vetted with Criminal Records Bureau checks, and staff were able to recognise and deal appropriately with vulnerable adults. Policies and procedures to protect learners were appropriate. Posters highlighting support arrangements for prisoners were prominently displayed, and health and safety information was clear. Assessment and verification practices were satisfactory.
- 6.5 The promotion of equality and diversity was satisfactory. All prisoners were given appropriate induction to equality and diversity. There were suitable arrangements to ensure adequate access to education for prisoners with mobility difficulties. There were respectful relationships

between learning and skills staff and prisoners. Although prisoners' pay was equitable, wages were low and many prisoners voiced concern over this.

## Induction

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- 6.6 All new arrivals were given an induction into education by Lincoln College staff during their first few days at the prison. The results of prisoners' initial screening for literacy, numeracy and language needs were collected from previous establishments where available. The literacy and numeracy screening results were used to inform individual learning plans (ILPs). However, ILPs were not always clearly linked to sentence plans where appropriate, were perfunctory and did not clearly identify meaningful targets for individuals. Lincoln College provided good information, advice and guidance (IAG). Prisoners had a full induction to PE and the library, and were given information on the range of education, vocational training and work opportunities available.

## Work

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- 6.7 All prisoners were employed. They were allocated to work and other activities at a weekly employment and training board. Not all prisoners and staff were clear on the procedures of the board. Many prisoner applications for work were filled-in on out-of-date forms, which gave insufficient information fully to inform the allocation process. Although allocation was based on appropriate systems of risk assessment, there was insufficient information from the resettlement department fully to inform its decisions. Attendance at the board by some staff was poor.
- 6.8 The prison provided job opportunities in several workshops, the kitchen, farms and gardens, cleaning, metalwork, as well as waste recycling and jobs for orderlies. Approximately 80 prisoners were employed in the farms and gardens, 50 in each of the furniture workshops and 30 in the kitchen. They were punctual and attendance was good. Education staff provided literacy and numeracy support for prisoners in the workshops. Although the quality of work in farms and gardens and the kitchen was good, work in furniture manufacturing was mundane and repetitive and focused mainly on light assembly. Too many prisoners in these areas had insufficient work to keep them occupied. In the furniture workshops, this was mainly due to delays in the arrival of contract work or the supply of materials (see main recommendation HP53).
- 6.9 For prisoners doing external voluntary and paid work, no targets were set to ensure that they developed appropriate employability skills and there was no recording of achievements or experience gained.

## Vocational training

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- 6.10 There was an inadequate range of vocational training, with only around 58 prisoners engaged in employment-related training both inside and outside of the prison, equating to around 10% of the population. Vocational training in the prison was available in areas such as catering, bricklaying, metalwork, industrial cleaning and horticulture. Eleven prisoners were engaged in a counselling course offered by Citizens Advice outside the prison. The kitchens provided an opportunity for prisoners to undertake National Vocational Qualifications (NVQs), but only six prisoners were completing level one and one prisoner level two in food preparation and cooking at the time of the inspection. There were few opportunities for progression for those



doing vocationally related programmes and little available above level two (see main recommendation HP53).

- 6.11 Achievement of qualifications was mostly good and the quality of teaching and learning was satisfactory. The quality of work in farms and gardens, bricklaying, and painting and decorating was good. Assessments were appropriately planned and recorded.

## Education

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- 6.12 The prison had 90 part-time learners attending education, representing less than 16% of the prisoner population. Only half of prisoners identified with literacy and numeracy below level one attended education classes. Few progressed to level two but for those who attended, the development of literacy and numeracy skills was satisfactory. Education was run by Lincoln College and day-to-day operational management was satisfactory. Learning sessions were provided in the education department, and support for literacy and numeracy was given by tutors visiting prisoners at work in the prison. The range of education courses was generally poor, with few progression routes available above level two.
- 6.13 Courses were available in information and communication technology (ICT), art and design, cultural cooking, personal skills, literacy, numeracy and English for speakers of other languages (ESOL). Evening provision had recently been introduced, and take-up was satisfactory. A few prisoners were engaged in Open University or distance learning courses. Achievements were satisfactory on most courses, at around 70%. Attendance and punctuality were mostly satisfactory, although attendance on some courses was low during the inspection. The standard of work overall was satisfactory, and particularly good in art, and learners on personal study skills developed good research, personal and employability skills.
- 6.14 Teaching and learning were mostly satisfactory. Teaching activities on cultural cookery and personal skills courses were well planned to stimulate learners' interest and meet their individual developments needs. However, teaching on literacy, numeracy and language courses was not contextualised to improve prisoners' employability skills. Prisoners said that they felt safe in classes and the management of behaviour in learning sessions was appropriate. Prisoners received individual support, and specialist support was given to those with dyslexia or dyscalculia needs. Progress was monitored and achievements recorded.

## Library

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- 6.15 Derbyshire County Council ran the library service. A full-time library manager, supported by a part-time library assistant, managed the library well. Four orderlies provided support, all of whom had customer service and appropriate library qualifications.
- 6.16 The library was a popular and well-used facility and library staff had made good arrangements to attract high numbers of prisoners. On average, prisoners made around 2,000 visits each week and 89% of prisoners were library members. The range of books and materials, including newspapers, magazines and listening books, was good, and reflected prisoners' interests and needs. Arrangements to respond to specific book requests were good. Prison Service Orders were available and prisoners had access to HM Inspectorate of Prisons inspection reports. However, library staff were not provided with sufficient information on the number or range of foreign national prisoners, so could not cater fully for them.
- 6.17 Access to the library was good. It was open for 12 hours each day during the week and on Saturday mornings. At 4.3% and 1.2%, respectively, the levels of book and DVD loss were

low. There were links between the library and education department. Activities such as DVD Dads, Storybook Dads and Toe-to-Toe were promoted and supported well.

## Recommendations

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- 6.18 The data collected and other management information should be better used to inform programme development and quality improvement.
- 6.19 The wages of prisoners employed in prison jobs should be increased in the light of rising prison shop prices.
- 6.20 Individual learning plans should be improved, to set realistic and meaningful targets and review prisoners' progress.
- 6.21 The employment and training board should be better informed by information from all departments and its work better communicated to staff and prisoners.
- 6.22 Clear targets should be set and reviewed for prisoners doing external voluntary and paid work.
- 6.23 More prisoners should be encouraged to participate in education and vocational training.
- 6.24 The range of education classes should be increased.
- 6.25 The quality of teaching and learning should be improved on literacy, numeracy and language courses.
- 6.26 Clear and regular information should be given to library staff on the range and number of foreign national prisoners in the prison.

## Housekeeping points

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- 6.27 Good practices should be identified and shared across the learning and skills provision.
- 6.28 Attendance at the labour allocation board should be improved to ensure that all key staff are fully involved.

## Physical education and health promotion

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Expected outcomes:

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

- 6.29 PE facilities were satisfactory, although some areas were shabby. A range of recreational PE was available and access was good. The range of accredited PE programmes was satisfactory

and pass rates for those who completed were high. There were links with the health care department and counselling, assessment, referral, advice and throughcare (CARAT) team and a good programme of remedial PE was offered.

- 6.30 All prisoners received a thorough introduction to the gym during their induction, which included aspects of first aid, manual handling, well-being and healthy living. Operational management of the PE department was good and staff were enthusiastic and well qualified. Relationships between PE staff and prisoners were respectful. The staffing level was adequate, although the senior officers' working hours had recently been reduced. The six gym orderlies were well qualified.
- 6.31 PE facilities were satisfactory, although the building and equipment, while functional, were worn in parts. The sports hall roof leaked, restricting usage in bad weather. The showers were functional but shabby and prisoners tended to use the showers in their accommodation instead.
- 6.32 A cricket pitch and full-size football pitch were available and football matches were arranged with outside teams. The bowling green was being refurbished at the time of the inspection. A range of cardiovascular and weights equipment was available. Access to the gym and fitness facilities was good. The facilities were open for seven days a week, including evenings. Around 60% of inmates used the provision at least twice a week.
- 6.33 An adequate range of sports courses was available, although much of this was similar to that offered in closed prisons. Pass rates on vocational courses were high but there were few opportunities for prisoners to develop their leadership and team-building skills. There was a range of PE provision for the over-50s.
- 6.34 There were strong links with the health care department and counselling, assessment, referral, advice and throughcare (CARAT) team to provide a programme of remedial PE for prisoners who needed it. The recording of injuries and actions taken to support rehabilitation was satisfactory. Clean gym kit was available for prisoners who required it.

## Recommendations

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- 6.35 The sports hall roof should be repaired, to ensure better usage of the facility in poor weather.
- 6.36 The shower facilities in the PE department should be refurbished.
- 6.37 The range of PE courses should be improved to include better opportunities for the development of leadership and team-building skills.

## Time out of cell

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### Expected outcomes:

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

**6.38** Prisoners were unlocked for most of the day and could move freely around the prison. There was a limited amount of activity available in the evenings and at weekends.

**6.39** Prisoners were unlocked from 7.30am until 8.30pm during the week and at weekends. Those not undertaking outside work were required to be in their rooms from 12.50pm until 1.15pm on weekdays and 1pm until 1.30pm at weekends for roll check. As only their units, and not their rooms, were locked, they were able to access showers and telephones until midnight. Prisoners could move freely around the external in-bounds areas until 8.30pm.

**6.40** There was a limited range of out-of-cell activities, including bowls, furniture polishing and art and computing classes, and prisoners were able to attend the gym during the lunchtime period.

**6.41** Association areas were limited, with a small, dingy recreation room containing some association equipment, although this was locked during the inspection (see section on discipline). Many prisoners associated in their rooms.

**6.42** Prisoners were expected to engage in leisure activities of their own volition and the gym was well used during association, as were the grounds.

## **Recommendation**

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**6.43** There should be more association areas, equipped with association equipment.

# Section 7: Good order

## Security and rules

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### Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

7.1 The security department was adequately managed and relationships with other departments in the prison were positive. Security information was received from all areas and intelligence was processed effectively. Security objectives had been set following detailed analysis of the intelligence and follow-up actions carried out. Physical security was appropriate. There were a small number of banned visitors and no prisoners on closed visits. The number of absconds had reduced significantly over the previous few years.

### Security

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- 7.2 The security department was overseen by a senior manager, with a principal officer having day-to-day management of security matters. There was a security committee, which met monthly. Comprehensive minutes were produced from these meetings and showed an appropriate discussion of security and risk management matters, and actions and objectives that came from those discussions. There was follow-up of actions, and objectives were linked to identified trends and issues. Relationships with other departments were positive, with information shared where appropriate to protect prisoners' safety.
- 7.3 The physical security reflected the open status of the prison and consisted of a boundary fence, with no restrictions on free movement within the establishment during the core day. Prisoner access to activities was not over-restricted by security measures. There were good procedures with local police forces for assessing external work areas which had identified some potentially high-risk employment placements.
- 7.4 There had been 624 security information reports (SIRs) in the year to date, compared with 1,784 for the whole of the previous year. Information was also received from the police liaison officer. The main subjects of SIRs were mobile telephones and related equipment, alcohol, drugs and drug-related activity. The intelligence was analysed and presented to the monthly meeting. All searching, including strip-searching, was intelligence led and target searching and drug testing were recommended where necessary. However, there were delays of up to a month in carrying out target searching.
- 7.5 There were no prisoners on closed visits, as the facility was not available at Sudbury. Any prisoner needing to be placed under this restriction would be transferred to closed conditions. At the time of the inspection, there were four visitors banned from visiting the establishment following incidents relating to visits that had resulted in arrests. Those visitors who were banned were reviewed outside of the security committee meeting.
- 7.6 There had been a significant reduction in the number of prisoners absconding over the previous few years, from 86 in 2006 to 29 in 2009. The number for 2010 to date was nine, with the most recent being two weeks before the inspection. The police intelligence officer had

been involved with the security department in ensuring that prisoners who absconded and were subsequently caught were charged where possible. Many had received additional sentences, and details of these were displayed across the residential units. The establishment also took a supportive approach when prisoners absconded and encouraged staff and prisoners to come forward with any information about the prisoners who had left custody without authority. There had been some information collated regarding absconds but this had not yet been analysed for trends. Our own analysis showed that 44% of the prisoners for whom data had been collected had absconded within their first month at the establishment, and a further 51% between one and six months of their arrival at Sudbury.

- 7.7 Prisoners who sought protection because they were being bullied or in debt were generally transferred out quickly, without a formal investigation of the circumstances.

## Rules

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- 7.8 Prisoners were informed of the rules during induction. All were required to sign compacts as part of the incentives and earned privileges (IEP) scheme, and these set out the required standards of behaviour for each level on the scheme.

## Recommendations

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- 7.9 Target searching should take place within a reasonable time after the receipt of security intelligence.
- 7.10 Information relating to absconds should be analysed, trends identified and action taken where necessary further to reduce the number of absconds.
- 7.11 When prisoners seek protection because of bullying or debt, a formal investigation of the circumstances should take place.

## Discipline

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Expected outcomes:

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

- 7.12 The number of adjudications was higher than in similar establishments. The documentation we examined showed that charges were not fully investigated and some adjudication records were illegible. All prisoners subject to adjudications had their access to release on temporary licence restricted. Use of force was minimal and appropriate to the incidents described. The segregation unit was generally used to hold prisoners during cell searches and those waiting for transfer back to closed conditions. The related policy was confusing, as it referred to special accommodation, which did not exist at the establishment. Governance of the unit, documentation and record keeping were poor.

## Disciplinary procedures

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- 7.13 The number of adjudications was higher than in similar establishments, with 849 in 2009 and 265 in the year to date. The main charges related to mobile telephones, drugs, failure to attend work and the possession of unauthorised articles. The independent adjudicator attended every 28 days and heard the more serious charges.
- 7.14 Adjudications were carried out in the segregation unit in a dedicated room that was well lit and maintained and suitably furnished. Those we observed were carried out respectfully, with the prisoner having the opportunity to present his case. Witnesses were called where required and matters adjourned where further information was required to complete the hearing. However, when we examined the records for over 30 adjudications from the previous six months, while some had been carried out to a reasonable standard, we found a small number where the circumstances had not been fully investigated and prisoners who could have been the victims of bullying had not been offered support. Most records of hearings completed by the independent adjudicator were poor, with many showing no details of the investigation into the charges heard. Some adjudication records were illegible.
- 7.15 An adjudications meeting was held monthly, where punishments were examined for consistency and monitoring of adjudications charges took place. Quality assurance of adjudications documentation was not carried out.
- 7.16 A weekly risk assessment board considered all prisoners subject to a formal adjudication (proved or adjourned and with or without a finding of guilt), and we observed that in all cases the prisoners were grounded (refused release on temporary licence (ROTL) for any reason) for a set period of time. There was a tariff in place for grounding prisoners and this was adhered to strictly. Prisoners who had their access to ROTL restricted could also be referred for a review of their IEP status, in some cases were demoted from enhanced to basic, and some were referred for a security review to assess their suitability for closed conditions. Prisoners we spoke to felt that they were dealt with in a heavy-handed manner, as, following an adjudication, they could be given a punishment, a restriction on their ROTL and a review of their IEP status. Those who were demoted to basic could also lose their single cells and work places.
- 7.17 We found evidence of one collective punishment, where all prisoners had been denied access to the recreation room for several days during the inspection due to the theft of some snooker equipment.

## The use of force

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- 7.18 There had been two incidents in which force had been used in the previous six months. The documentation for both incidents showed that de-escalation techniques had been used and force used as a last resort. The documentation had been completed fully and the prisoners involved examined by health services staff following the incidents.

## Segregation unit

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- 7.19 The segregation unit had been designated as such 12 months previously and was a small unit with four cells. The accommodation was dirty, with graffiti on walls and fittings. It was known locally as 'the cells' and was essentially used as a discharge area for transfer back to closed conditions. It was managed as part of the residential function, although the security department had the greatest input into the unit and who was located there, which caused some confusion

and inconsistencies in the application of procedures. It was staffed by a designated group of four staff who had been selected according to a local staff selection policy. One cell was used as a holding room for adjudications, one for strip-searching prisoners and two for holding prisoners waiting for transfer to closed conditions, or whose cells were being searched. The segregation unit policy reflected Prison Service Order (PSO) 1700 (segregation), which was confusing, as it referred to special accommodation, which did not exist at the establishment.

- 7.20 There had been 150 prisoners held in the unit in the previous 10 months (excluding those whose cells were being searched), with only one returning to normal location. The accompanying documentation was completed to varying degrees of detail. The documentation we saw relating to those held in the unit had been used inconsistently and was poorly completed, with essential details missing. It was difficult to ascertain why some prisoners had been held in the accommodation, whether or not they had been visited by governors during their stay and whether or not they had been transferred out subsequently. Where documentation had been fully completed, health services staff had completed safety algorithms for prisoners held in the unit. We found one case where a prisoner who was on an open assessment, care in custody and teamwork (ACCT) document and requiring 24-hour health care supervision had been held in the unit under good order or discipline while waiting for transfer to a more suitable establishment. Another case showed that a prisoner with severe mental health problems had been held in the unit while waiting for transfer.
- 7.21 No reviews were undertaken due to the short length of time that prisoners were on the unit. According to the records, although many prisoners were on the unit for only a few hours, 39% of those segregated in the previous four months had been there for over 24 hours. No prisoner had remained in the unit for more than two nights. Four prisoners were held in the unit during the inspection and all reported being treated respectfully by staff.
- 7.22 The regime in the unit was poor, with no access to activities, no exercise yard and no PIN telephone. Staff often allowed prisoners to make a call before their transfer, but the poor record keeping did not confirm if this happened in every instance.

## Recommendations

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- 7.23 All charges should be fully investigated and a detailed record made on the adjudication documentation. This documentation should be routinely quality assured by senior managers.
- 7.24 Prisoners who could be the victims of bullying should be referred to the safer custody team for support and for an investigation to be carried out.
- 7.25 Prisoners' access to release on temporary licence (ROTL) should not be suspended until a full review has taken place by the risk assessment board.
- 7.26 Prisoners whose adjudication is dismissed or not proceeded with should not have their access to ROTL restricted.
- 7.27 The procedures for managing prisoners who are subject to adjudications should be reviewed to prevent them from receiving more than one sanction for a single offence against discipline.
- 7.28 The use of collective punishments should cease.



- 7.29 Segregation unit cells should be cleaned and graffiti removed.
- 7.30 The management and policy for the segregation unit should be reviewed and clarified to reflect the accommodation and procedures used at Sudbury.
- 7.31 Documentation relating to the use of the segregation unit should be completed fully and in sufficient detail to show outcomes for prisoners located in the unit.
- 7.32 Prisoners requiring transfer for medical reasons should not be held in the segregation unit unless there are overwhelming security reasons.
- 7.33 The regime on the segregation unit should be improved to include exercise, access to some form of activity and access to telephones for those who stay on the unit overnight.

### Housekeeping point

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- 7.34 Adjudication records should be written legibly.

## Incentives and earned privileges

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### Expected outcomes:

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

- 7.35 The incentives and earned privileges scheme had recently been updated to reflect the security issues facing the establishment. It was understood by staff and prisoners. There were some instances where prisoners could be automatically downgraded from enhanced to basic. Prisoners could be given warnings for poor behaviour, but not all formal warnings were given in writing. Prisoners on the basic regime were not routinely monitored by staff.
- 7.36 The IEP scheme had been recently updated to reflect the security issues facing the establishment. It was understood by staff and prisoners. The policy described the expected behaviour at each level of the scheme and how prisoners could be demoted or promoted between the different levels. Prisoners were reviewed after receiving two warnings or after one serious disciplinary offence. At the time of the inspection, there were 475 prisoners on enhanced, 87 on standard and six on basic. There were clear differentials between the three levels. Prisoners were able to retain the level of the scheme that they had been on at their last establishment, but those transferred to closed conditions did not have their level reviewed before they left Sudbury. The policy allowed for prisoners to be automatically downgraded from enhanced to basic for some offences for which they had already received a punishment for a proven adjudication. We found several cases where this had happened.
- 7.37 Staff could issue warnings to prisoners for poor behaviour, but since the scheme had been reviewed these were not always given in writing, although there were plans to rectify this. Since the introduction of P-NOMIS, written entries had been made on prisoner records by staff

issuing warnings. We examined prisoner records and found instances where verbal rather than formal warnings had been given.

- 7.38 A residential senior officer had responsibility for the administration of the IEP scheme and he undertook all the reviews, with at least one member of staff present. He showed some flexibility in applying the scheme and prisoners were sometimes given a chance to improve their behaviour before being demoted, depending on the circumstances leading to the review.
- 7.39 Prisoners were able to attend reviews or provide a written submission if they worked outside the establishment. The records we examined showed that reviews were recorded in some detail and explained why decisions were made. Suitable targets were set according to prisoners' behaviour and the improvements that were expected of them. Prisoners in our groups complained that IEP warnings were given for petty matters. However, the warnings we saw were appropriate and we did not find that excessive numbers of warnings were being given out. Management checks on IEP review boards had been carried out monthly by the head of residential until January 2010, when they had ceased.
- 7.40 Prisoners on the basic regime were reviewed after seven days and promoted to standard if they had shown evidence of positive engagement with the counselling, assessment, referral, advice and throughcare (CARAT) team (where drugs were involved) or had improved their behaviour. The policy required that those who had been demoted to basic from enhanced should be reviewed by a governor but there was no evidence that this had happened. Prisoners' electronic records showed that prisoners on the basic regime were not regularly monitored by staff or their personal officers, despite a requirement in the policy for case note entries by staff.
- 7.41 All prisoners on the standard or enhanced level had televisions in their cells, and prisoners on basic who shared a cell with a prisoner on a higher level of the scheme retained their television so as not to disadvantage standard or enhanced prisoners.

## Recommendations

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- 7.42 Prisoners being transferred for disciplinary or security reasons should have their IEP level reviewed before transfer.
- 7.43 Management checks on IEP reviews should be reinstated and carried out monthly.

## Housekeeping point

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- 7.44 Prisoners should be informed in writing of any warnings they receive under the IEP scheme.

# Section 8: Services

## Catering

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### Expected outcomes:

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

- 8.1 The kitchen was clean and well maintained and prisoners working there had the opportunity to obtain a National Vocational Qualification. There was no pre-select menu system in place and queues for food were long and poorly supervised. There were arrangements to allow those unable to queue to eat early, but they were not publicised adequately. The quantity and quality of food provided was generally appropriate but the breakfast pack and charity workers' lunches were inadequate.
- 8.2 Meals were cooked in a large kitchen that was clean and well maintained. For prisoners selected to work there, there was a progression through different job roles and they had the opportunity to obtain a National Vocational Qualification (see section on learning and skills and work activities).
- 8.3 A four-week menu cycle provided prisoners with a reasonable range of menu options and access to fruit and vegetables. Religious and medical diets were catered for, and food storage, preparation and serving arrangements were appropriate.
- 8.4 Meal times included an early sitting for prisoners who were older or had a disability or medical condition that made standing in a queue difficult for them, but this was not widely known among prisoners who could be eligible to eat earlier. A late sitting of the evening meal was available during the week, to ensure that outworkers were able to eat when they returned from work.
- 8.5 Prisoners were provided with a breakfast pack on the day before it was to be eaten, and there was no hot option available. The cereal pack provided was insufficient for men undertaking a day's work. The evening meal, and lunch at weekends, was eaten in association. The serving of meals was undertaken by prisoners who worked in the kitchen, with kitchen staff on hand to try to prevent bullying. Although we were told by staff that portion sizes had been reduced, we considered the quantity of food served during the inspection to be appropriate. Lunch during the week and tea at weekends was a cold meal. During the inspection, a number of prisoners said that they would appreciate a hot option for lunch during the week, to add some variety. Prisoners undertaking charity outworking were given an instant noodle meal for their lunch, which was not nutritionally adequate.
- 8.6 A food comments book was available in the dining hall. This was checked regularly by the catering manager and the Independent Monitoring Board, and there had been no major complaints about the food recorded. A food survey had recently been carried out, but the results were not available during the inspection.
- 8.7 There was no pre-select menu arrangement, which resulted in prisoners starting to queue well in advance of meal times, and before staff arrived to supervise, to ensure that they could have their preferred meal. This created the potential for bullying. In addition, the supervision of the

meal queues was poor. Prisoners told us that some staff were good at challenging poor behaviour there, but we saw one prisoner pressurising servers to give him more food while staff looked on, oblivious to the problem.

## Recommendations

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- 8.8 Breakfast should be served on the day it is to be eaten and be of sufficient quantity.
- 8.9 A hot option should be provided for the lunchtime meal, including an alternative to noodle lunches for charity outworkers.
- 8.10 A pre-select system for meal choices should be introduced.
- 8.11 Staff should be supported to recognise bullying behaviour in the meal queues and challenge it.

## Housekeeping point

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- 8.12 All prisoners who are eligible to eat early should be made aware of this facility.

## Prison shop

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### Expected outcomes:

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

- 8.1 The shop list had been reviewed regularly with the prisoner council but there was no evidence of any wider discussion, and prisoners we spoke to were not aware of any consultation. Fewer respondents to our survey than at comparator establishments said that the shop sold a wide enough range of goods to meet their needs. New prisoners could wait up to 11 days before receiving goods. Some prisoners were disadvantaged by the delivery process. Price lists had not been amended to take into account the recent VAT increase.
- 8.2 Provision of the prison shop facility had changed, in line with the national contract, to DHL in 2009. At the time of the inspection, the shop list contained 359 items. This had been reviewed regularly with the prisoner council, but there was no evidence to show any wider discussion. There was no discrete canteen and catering meeting and no evidence of any black and minority ethnic focus groups having been conducted. Prisoners we spoke to were not aware of any consultation and there was no feedback information visible on any of the wings. They also complained that prices were high, especially in relation to the perceived low wages at Sudbury. In our survey, significantly fewer than the comparator (43% versus 52%) said that the shop sold a wide enough range of goods to meet their needs, and only 27% of black and minority ethnic prisoners responded positively to this survey question, significantly fewer than their white counterparts (50%).
- 8.3 The shop list was out of date, as it was based on prices from before the recent VAT increase. This often meant that prisoners would not receive items that they had ordered because they did not have the funds to pay for them once the prices had been adjusted. There was no evidence of price lists or promotional offers on any of the wings we visited.

- 8.4 Shop orders were delivered to prisoners on Thursdays in the Theatre building. There were separate tables to issue goods, based on prisoners' location. Supervision was by DHL staff and prisoners on temporary absence were disadvantaged, as there was no facility to have their goods collected, other than by other prisoners. Prisoners told us that there was usually a price paid in goods for having orders collected by another prisoner. New receptions could wait up to 11 days before they received their first full shop order.
- 8.5 There was a box of shop goods for which prisoners could exchange items instead of receiving a refund. The range was good and included a variety of greeting cards, which gave prisoners a reasonable opportunity to maintain key links with friends and families.

## Recommendations

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- 8.6 There should be establishment-wide consultation, including black and minority ethnic groups, about the prison shop.
- 8.7 The price list should reflect the actual cost of goods and should be advertised widely, along with any promotional items, around the residential units.
- 8.8 Appropriate arrangements should be made for the retention of goods for prisoners on temporary absence.
- 8.9 Arrangements should be made for prisoners who arrive at the establishment after prison shop order sheets have been submitted.



# Section 9: Resettlement

## Strategic management of resettlement

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### Expected outcomes:

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

- 9.1 The prison had recently introduced a new reducing reoffending strategy and governance arrangements which were effective. Links with the area strategy were not explicit and there was no systematic needs analysis. The strategy for providing interventions was inconsistent.
- 9.2 There was a good local reducing reoffending strategy and action plan, dated January 2010, which addressed all seven strategic pathways, as well as offender management, public protection, faith and third sector organisations, careers information advice and prolific or priority offenders. The prison's strategy was clearly stated and reflected in an action plan with practical targets. However, while the document referred to the area reducing reoffending strategy, the link between the two documents was not explicit. We were not provided with evidence of the participation of local managers in the development of the area strategy, although we were told that the prison was represented on the area reducing reoffending committee.
- 9.3 The strategy was not informed by a systematic needs analysis which reflected the profile of the prison's population. Some work was being done on a reception and exit survey to monitor the delivery of resettlement services but this would not adequately forecast any gaps in services.
- 9.4 There was some inconsistency in the strategy for the provision of interventions. The prison took prisoners towards the end of their sentence, who had undertaken programmes in closed conditions, and provided them with appropriate booster and consolidation opportunities. It also provided a thinking skills programme but had difficulty in finding appropriate prisoners to enrol on it, while there were waiting lists for the booster and consolidation programmes. The prison had a partnership with Derbyshire Probation Trust to provide some interventions but this did not meet all the needs of the population.
- 9.5 The recently established governance arrangements for resettlement were good. A reducing reoffending committee, chaired by the head of resettlement, met bi-monthly. Membership included all the appropriate prison departments and community-based organisations that delivered a service in the prison. The committee considered the action plan, and the latest update showed evidence of progress.

## Recommendations

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- 9.6 A needs analysis should be undertaken to assess the resettlement needs of all categories of prisoner represented in the prison population.
- 9.7 The monitoring of outcomes of resettlement services should be reviewed and include prisoner consultation.

## Housekeeping point

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- 9.8 The reducing reoffending strategy should make explicit the link with the area strategy.

## Offender management and planning

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### Expected outcomes:

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

- 9.9 The offender management unit was not sufficiently well resourced and there was a backlog of offender assessment system (OASys) assessments. Prisoners serving less than 12 months did not have custody plans and some prisoners did not feel adequately involved in sentence planning. There were some deficiencies in the quality of assessments and planning but contact with offender managers was good, although there were no video-conferencing facilities. The contribution of personal officers to sentence planning was poor. Home detention curfew arrangements were well managed but some decisions were made without adequate public protection information. There was extensive use of release on temporary licence. There were some inconsistencies in the recategorisation of prisoners to category C, for return to closed conditions. Public protection arrangements were comprehensive but under-resourced. The management of indeterminate-sentenced prisoners was good.

## Sentence planning and offender management

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- 9.10 The offender management unit (OMU) was staffed by two prison officers and six probation staff seconded from Derbyshire Probation Trust. There was an appropriate degree of specialisation of roles in the unit, and separate line management arrangements for prison and Probation Service staff. All staff were co-located in close proximity and there appeared to be good working across internal boundaries, reflecting a policy of building a multi-skilled team. They carried mixed caseloads, and all had been trained in risk assessment and offender management. Reductions in staffing in the previous year had coincided with an increased workload arising from a rise in the number of prisoners serving indeterminate sentences for public protection (IPP) and life sentences, and those presenting a high risk of harm.
- 9.11 There were 121 prisoners in scope of offender management, 352 out of scope and 79 life-sentenced prisoners managed by this team, and it was struggling to keep up with the demand. There was a workload allocation system to prioritise cases but at the time of the inspection 57 offender assessment system (OASys) assessments were overdue (on out-of-scope cases) (see main recommendation HP54).
- 9.12 Contact with prisoners was prioritised according to risk, and out-of-scope prisoners were only seen at their request. Our offender management survey showed that 94% of prisoners, against a comparator of 89%, said that they had an offender supervisor. While 94%, just below the comparator of 97%, said that they met their offender supervisor every month, the number who said that they had been supported by their offender supervisor was only 81%, against a comparator of 93%. Staff told us that this reflected their workload pressure and the need to prioritise contact with prisoners.



- 9.13 In our survey, 81% of prisoners, compared with an average of 69% in open prisons, said that they had a sentence plan but only 70%, compared with an average of 75%, said that they were involved in the development of their plan. There were only eight prisoners with sentences of less than 12 months, and there was no formal case management applied to their resettlement needs.
- 9.14 In the case files we examined, information about the risk of harm and likelihood of reoffending was not always sufficiently well analysed. Information about a prisoner's progress was not always reflected in a change of their risk category. Sentence planning targets set included objectives to address the likelihood of reoffending, although in only half were they specific, measurable and outcome focused.
- 9.15 Offender supervisors contacted prisoners soon after arrival and offender managers for in-scope cases were generally advised promptly of the arrival of the prisoner, to facilitate the offender manager's timely completion of the OASys assessment.
- 9.16 Attendance of relevant prison departments at sentence planning boards was generally good, with the exception of personal officers, who rarely attended or provided a contribution. In all cases, both in and out of scope, the offender manager contributed to sentence planning boards. The prison was able to arrange telephone conferencing with offender managers, although video-conferencing facilities were not available. OMU staff said that it was difficult for offender managers to direct sentence planning meetings when they were not physically present, and they were usually chaired by the offender supervisor.
- 9.17 The home detention curfew (HDC) system was well managed. Prisoners were notified that they qualified for HDC and invited to apply up to eight weeks before their eligibility date. For prisoners unable to provide a suitable address, there was a partnership with ClearSprings to provide accommodation.
- 9.18 In the previous six months, there had been 128 applications and 111 HDC licences granted. Of these, 22 had not been released on their eligibility date. When a sample of the files of those released after their eligibility date was examined, the reasons were all beyond the prison's control and included the first address being reported as unsuitable by the local Probation Service, late applications by prisoners and prisoners arriving at the prison too close to their eligibility date.
- 9.19 We were told that HDC decisions had gone ahead without public protection checks having been made because of backlogs in assessments of new arrivals.
- 9.20 There was extensive use of release on temporary licence (ROTL). In the previous six months, 1,073 ROTL applications of all kinds had been approved for determinate-sentenced prisoners and 1,024 for indeterminate-sentenced prisoners.
- 9.21 Prisoners were advised on the induction programme of their eligibility to apply for temporary release and provided with application forms. The releases available followed a progressive pattern, from day releases to extended home leaves, according to length of stay, sentence and incentives and earned privileges status.
- 9.22 Suitability for temporary release was decided at the weekly risk assessment board. Information was considered from security, residential and offender management staff but the backlog of OASys assessments delayed some decisions (see main recommendation HP54).

- 9.23 There was a well-developed working out scheme, which was attended by more than 200 prisoners every day. As soon as prisoners arrived at the prison, their names were put on a waiting list for an outside work placement and they became eligible after eight weeks. However, there was not enough work for prisoners who were eligible and they usually had to wait three months before a place became available. At the time of the inspection, there were 243 prisoners on the waiting list and resettlement staff estimated that 180 had reached eligibility for working out.
- 9.24 Before starting working out, prisoners attended a three-day course. We saw two written versions of the course but staff told us that they did not use them, relying instead on their own experience. Some prisoners we spoke to did not value the course and felt that they had derived little benefit from it.
- 9.25 Prisoners' first places were in voluntary placements, such as charity shops, community work and with people with disabilities. At the time of the inspection, there were 110 prisoners on voluntary placements and 11 working with Citizens Advice. After three months in voluntary placements, prisoners were allowed to seek paid employment but the prison offered only limited help in finding jobs.
- 9.26 There were 77 prisoners in paid work. It was becoming increasingly difficult to find employment but we saw examples of prisoners who were permitted to travel long distances to work places in their home areas and likely to be sustained after their release. To help maintain employment, there were 35 prisoners who were permitted to keep a car at the prison and bicycles had recently been provided for those in local employment or placements.

## Categorisation

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- 9.27 A total of 149 prisoners had been returned to closed conditions in the previous 10 months. There was no formal policy relating to recategorisation. We were told that this could happen as a result of one serious single incident, such as an assault, a culmination of several less serious incidents or if a significant amount of security intelligence came to light which suggested that prisoners were not suitable to remain in open conditions. We found some inconsistencies in the approach to recategorising prisoners, with some returned to closed conditions as the result of one failed mandatory drug test without a proven adjudication, some for more serious offences and some cases where prisoners were given several chances before being considered for recategorisation. There was no formal recategorisation board held, and many prisoners were returned to closed conditions as a result of a paper exercise, with no input from the prisoner or from a range of people who knew the prisoner. The recategorisation documentation was often poorly completed, with many containing little information about the reasons why a prisoner had been recategorised. Documentation relating to recategorised foreign national prisoners often stated the reason for return to closed conditions being that they were 'a foreign national', with no further explanation.

## Public protection

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- 9.28 Prisoners requiring monitoring could not be accepted at the establishment, and public protection arrangements involved checking that prisoners were not a risk to vulnerable visitors and risk management of their temporary release.
- 9.29 All prisoners arriving at the establishment were referred to the public protection clerk. She worked four days a week, which was not sufficient for the range of tasks she undertook. She was responsible for checking that prisoners did not have current or previous offences which

indicated that they could be a public protection risk, then gathering information to be reviewed at the weekly public protection meeting and used at the risk assessment boards when prisoners applied for ROTL. At the time of the inspection, there was a backlog of 45 assessments. This could have led to delays in the approval of temporary release for some prisoners and meant that some HDC assessments were made without full information.

- 9.30 The public protection clerk also coordinated the information on 14 prisoners on the Violent and Sex Offender Register (ViSOR) and subject to multi-agency public protection arrangements (MAPPA). There were 327 prisoners under MAPPA arrangements in the prison and she was responsible for informing probation officers and MAPPA coordinators when they were outside the prison on temporary release. She also notified offender managers whenever the 12 prolific and priority offenders at the prison had temporary release.

## Indeterminate-sentenced prisoners

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- 9.31 There were 43 IPP prisoners and 79 lifers at the establishment. There was a separate indeterminate-sentenced prisoner unit, managed by a principal officer and a senior officer, who each had other duties. Each indeterminate-sentenced prisoner was allocated one of a group of 11 specialist personal officers who had been trained or were awaiting training, as well as an offender supervisor who attended to their offender management.
- 9.32 The unit was well managed and all parole dossiers we saw had been submitted on time, but at the time of the inspection there were delays of more than 12 months by the parole board in setting dates for hearings, which was frustrating for prisoners and staff.
- 9.33 Indeterminate-sentenced prisoners spoke highly of their management. Each new arrival was given a personal induction interview with the indeterminate-sentenced prisoner manager and their designated personal officer in their first week at the prison and we were told that lifer personal officers contacted the prisoners in their care at least twice a month. However, two lifer wing files we examined did not have personal officer contact recorded.
- 9.34 Lifer days had been considered by the indeterminate-sentenced prisoner manager but were not practical or in high demand because most of the indeterminate-sentenced prisoners had regular home leave which facilitated contact with families. Staff and prisoners told us that the indeterminate-sentenced prisoner manager and his deputy met prisoners' families in visits and made themselves available for consultation.
- 9.35 The indeterminate-sentenced prisoner unit was open to prisoners for an hour twice daily for them to make enquiries, and it was well used during the inspection.
- 9.36 Consultation meetings, to which all indeterminate-sentenced prisoners were invited, were held bi-monthly. Minutes of these meetings showed that they were used for information provision, answering questions and for eliciting prisoners' views. They were held at weekends and were not well attended by prisoners.

## Recommendations

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- 9.37 Prisoners should be fully consulted about their sentence plan and the targets should be explained to them.
- 9.38 Prisoners serving less than 12 months should have a custody plan which addresses their resettlement needs.

- 9.39 Offender management file monitoring should identify deficits in assessment and target setting, so that corrective action can be taken.
- 9.40 Personal officers should contribute in person or in writing to all sentence planning boards.
- 9.41 The prison should provide video-conferencing facilities.
- 9.42 Home detention curfew decisions should only be made when all risk information is available.
- 9.43 Prisoners should be provided with assistance in finding paid employment.
- 9.44 A clear policy for recategorisation should be developed and consistently applied.
- 9.45 Resources allocated to public protection should be increased to ensure that the backlog of assessments is cleared.

### Housekeeping points

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- 9.46 The pre-working out course should be reviewed and rewritten by staff with specific skills in preparation for employment and workplace behaviour.
- 9.47 The timing of consultation meetings for indeterminate-sentenced prisoners should be varied to assess the impact on attendance.

## Resettlement pathways

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### 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

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9.48 Prisoners' resettlement needs were not assessed on arrival and they were not referred to services. Accommodation advice was provided by an experienced prisoner but he had not received formal training. Few were discharged with no fixed abode. Prisoners gained employment skills in some areas of work in the prison, although there were insufficient links with employers. There was no job club and no secured internet access to enable prisoners to complete online job applications. A comprehensive healthcare discharge checklist was sent to prisoners approximately a month before release. Citizens Advice provided debt advice and a money management course. Jobcentre Plus provided benefit advice and set up appointments for making fresh claims. Resettlement staff helped prisoners to obtain essential documents and set up bank accounts for their release.

- 9.49 There was no structured assessment of the reintegration needs of prisoners when they arrived at the prison and no case management of preparation for release. Information was gathered

from prisoners about reintegration needs for the purposes of monitoring their progress, but this was not used to plan interventions. Prisoners were informed of reintegration services available from induction presentations and it was up to them to approach providers. Referrals to services were also made by offender supervisors or personal officers. A pre-discharge interview was held one week before release but this was too late for planned work to be initiated, although emergency referrals for basic services could be made.

## **Accommodation**

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- 9.50 In our survey, only 19% of respondents, against a comparator of 23%, said that they would have a problem with finding accommodation on release, and the accommodation service was well known to prisoners.
- 9.51 The accommodation service was provided by a prisoner, who had been in post for 10 months but had not received formal training in advice or housing issues. He had access to information about a wide range of accommodation providers, including local authorities, housing associations and some private landlords.
- 9.52 Records showed that accommodation providers in prisoners' local areas were contacted. These were mainly housing associations, which did not provide specific addresses in many cases but accepted the prisoner as a homeless referral who would be provided with temporary accommodation as part of the process towards his own tenancy. On this basis, of the 273 discharges in the previous six months, only seven prisoners had been of no fixed abode and the prison recorded 96.2% of discharges going to settled accommodation. Staff told us that prisoners with no fixed abode had not made applications to the accommodation service and had declined offers of assistance from resettlement staff at their discharge interviews.

## **Education, training and employment**

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

- 9.53 Careers information and advice were available to prisoners through the service provided by Lincoln College. This also helped some prisoners with writing CVs and job applications. There were links with JobCentre Plus, which provided a service for prisoners wanting to find jobs on release, although they were available for only two days a week and the service was poorly advertised. The prison had few links with employers to offer prisoners work opportunities on release.
- 9.54 A small proportion of prisoners gained satisfactory employability skills in workshops and some gained good skills in vocational training areas such as bricklaying, metalwork, horticulture and cooking.
- 9.55 There was no job club in the prison and little opportunity for prisoners to be able to search for a job. There was no secured internet access, so prisoners were unable to complete job applications online, which slowed the application process for interviews. There was information available on further and higher education courses through the library.

## **Mental and physical health**

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- 9.56 All pre-release prisoners were identified approximately a month before release and a discharge checklist sent to the prisoner asking about registration with a GP, whether the prisoner would like a clinical summary sent to his GP, take-home medication needs, outstanding hospital appointments and whether the prisoner would like to see a nurse before

discharge. Prisoners were offered a clinical summary on the day of release unless they had asked for it to be sent to their GP. Prisoners who asked for help with finding a GP were given information for their local area. Health services staff did not attend discharge boards.

- 9.57 All prisoners on the care programme approach were linked with their local community mental health team, who were then invited to attend pre-release review meetings some months before release.

### **Finance, benefit and debt**

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- 9.58 In our survey, significantly fewer prisoners than at comparator establishments anticipated having problems with finances (15% versus 24%) or with claiming benefits (14% versus 18%) on release.
- 9.59 Citizens Advice provided a debt worker two days a week. He provided individual advice to prisoners and contacted creditors on their behalf. He also conducted a money management course for prisoners close to release.
- 9.60 Benefits advice was provided by Jobcentre Plus, whose adviser was in the prison two days a week and saw all prisoners six weeks before release. He had a computer link with the benefits agencies and was able to ensure that claims had been closed down, seek arrears of claims, advise on suitable benefits to apply for and set up fresh claims appointments for prisoners approaching release.
- 9.61 Prisoners who were starting the resettlement scheme were assisted in opening a bank account by resettlement staff if required. They also offered help with obtaining birth certificates, driving licences and national insurance numbers.

### **Recommendations**

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- 9.62 The pre-discharge interview should be held at least four weeks before discharge, to allow time for any preparations for release to be arranged.
- 9.63 Links with employers should be improved.
- 9.64 A job club should be introduced, supported by secured internet access to enable completion of online job applications.

### **Housekeeping point**

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- 9.65 The prisoner providing accommodation advice should be offered formal training leading to a qualification.

### **Drugs and alcohol**

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- 9.66 The drug and alcohol strategy was out of date and there was no action plan. Prisoners' expectations for drug resettlement were better than average, although were less hopeful for alcohol. The counselling, assessment, referral, advice and throughcare (CARAT) service was effective and well regarded by prisoners. Drug review boards worked well but there were some

issues regarding the transference of information to the risk boards. Incentive-based drug testing had replaced the old voluntary testing programme. There were links with local drug intervention programmes.

- 9.67 A strategy combining drugs and alcohol was dated May 2009, but there was no written strategic action plan. A substance use needs analysis had been completed in October 2009. The drug and alcohol strategy group met monthly, with good representation from across the establishment.
- 9.68 In our survey, 9% of respondents said that they expected to have a drug problem on release, which was the same as the comparator. Significantly more prisoners than the comparator said that they expected to have an alcohol problem on release (12% versus 7%). Ninety-three per cent of those surveyed said that they knew who could help them to contact drug or alcohol agencies on release, against the 61% comparator. Information and counselling, assessment, referral, advice and throughcare (CARAT) referral forms were visible in many key locations around the establishment. Many prisoners praised the CARAT service highly, citing in particular the team's willingness to help prisoners with resettlement and other issues of prison life. The CARAT service had recently achieved a score of 97% in an Interventions and Substance Misuse Group audit. The CARAT files that we sampled were all in order and appropriately completed.
- 9.69 The CARAT team had five members: a drug support unit manager, a directly employed CARAT worker, a prison officer CARAT worker, a Phoenix Futures-employed CARAT worker and an administration worker. All CARAT staff had received dual diagnosis awareness training. The CARAT team's caseload was 51 active, 45 suspended and 224 triaged prisoners requiring lower-level involvement, giving a total of 275 potential clients. The CARAT team provided, but was not directly funded for, the 15 integrated drug treatment system group work modules and one-to-one sessions according to prisoners' assessed needs.
- 9.70 Extra structured gym sessions were available for CARAT clients. The course ran twice a week for six weeks and involved team games and confidence-building exercises. Prisoners were also able to access auricular acupuncture treatment from the CARAT team.
- 9.71 While there were no alcohol-related interventions at the time of the inspection, we were told that funding had been secured through the local Drug and Alcohol Action Team (DAAT) to run a six-week alcohol programme (one session a week), to be delivered by the Derbyshire Alcohol Service for a year, delivering six courses, each with 12 places. One of the facilitators would also offer one-to-one alcohol counselling.
- 9.72 For the previous six months, prisoners grounded for drug test failures had been subject to drug review boards. This board established the issues to be addressed that would enable the prisoner to reduce their risk level and therefore re-qualify for ROTL. It was chaired by the CARAT manager and involved the prisoner, their CARAT worker and sometimes an incentive-based drug testing (IBDT) officer (see below). Following achievement of any objectives agreed by the prisoner and the review board, a report was submitted to the risk board. Out of the 47 prisoners who had been through the process, 19 had achieved returns to ROTL. We attended a review board, which was chaired by the CARAT manager and involved the prisoner and his CARAT worker. The review was prisoner centred, with the prisoner given a long time to explain his position and to describe how he felt he had achieved the objectives set for him. He subsequently expressed a high level of satisfaction with the care he had received. However, in a separate ROTL risk assessment board that we attended, there appeared not to be an expectation that the board would refer to any drug review board paperwork, and none was presented.

- 9.73 In addition to the CARAT services, peer support interventions were available, including Alcoholics Anonymous, Narcotics Anonymous and a separate 12-step programme called 'Celebrate Recovery'. These were all available through the chaplaincy.
- 9.74 Three IBDT officers made up the rest of the drug support unit team. IBDT had been in place since January 2010, when it replaced the previous voluntary drug testing programme. There were plans to make all prisoners subject to IBDT by the end of April 2010.
- 9.75 The CARAT team had links with drug intervention programmes (DIP) in Derbyshire, Leicestershire, Leicester City, Stoke and Staffordshire. Some were funded for gate pick-up, although we were told that this was under threat in the current round of budget cuts. Many prisoners at the establishment were from further away than the above areas, which meant that DIP contact was more likely to be by telephone than visits to the prison.

## Recommendations

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- 9.76 The drug strategy document should be updated to reflect current needs, include alcohol services, and contain detailed action plans and performance measures.
- 9.77 The establishment should ensure that all drug review board reports are made available to risk review boards.

## Children and families of offenders

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- 9.78 Prisoners did not report any difficulties in booking visits, and more than the comparator had had a visit in their first week at the establishment. The visits hall was large, bright and clean, and staff were respectful and caring towards visitors. Family visits were open to all prisoners and were well organised. Storybook Dads, DVD Dads, the family learning programme and Read on – Write Away were available but no parenting courses were offered.
- 9.79 Visits took place on Wednesdays and Fridays to Sundays between 1.30pm and 3.30pm. Prisoners were responsible for booking visits by application. They were given an acknowledgement and then contacted family and friends to advise them of the visit date. Prisoners did not report any difficulties in booking visits. We were told by staff that chaplaincy staff facilitated private visits in the chapel in emergencies or when families had to break bad news to prisoners. In our survey, 60% of prisoners, significantly better than the 49% comparator, said that they had had a visit in their first week at the establishment, but only 37%, significantly more negative than the 59% comparator, said that they had been helped to maintain contact with family and friends while at the prison.
- 9.80 There was a visitors waiting room outside the main gate, staffed by officer support grades and supervised by the security principal officer. We observed staff booking in families for family visits, and they showed great respect and care for them. The waiting room contained comfortable furniture and provided a clean environment for visitors.
- 9.81 The visits hall was large, bright and clean, with sufficient space for 44 visits, and visits started promptly. There was a tea bar provided by Age Concern. There was no formal play area for children but activity tables were provided, with a good selection of toys for children. A range of information was displayed, alongside colourful educational posters for children.



- 9.82 The family visits we observed were well organised, with formal activities and lunch provided for prisoners and their families. Staff put visitors at their ease and encouraged fathers to interact with their children. Discipline staff who were supervising the visits remained at a discreet distance.
- 9.83 Family visits were open to all prisoners. They took place during most school holidays and were facilitated by members of staff from the education department. Up to 12 families could attend each session and this included extended family members. Prisoners who were not eligible for ROTL and those who had restrictions on their access to ROTL were targeted for these visits. Photographs were taken and sent out to families after the visits had taken place.
- 9.84 Other provision under this pathway included Storybook Dads, DVD Dads and the family learning programme, where fathers could make story sacks for their children. Derbyshire County Council provided funding for Read on – Write Away, through Working Links. This programme helped fathers to keep up with their children in literacy, numeracy and computer skills during a six-week course. Three courses had taken place to date, with six prisoners on each course. There were no parenting courses available but ROTL was well used to support family ties.

## Attitudes, thinking and behaviour

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- 9.85 The prison provided two accredited programmes, the cognitive skills booster (CSB) and the thinking skills programme (TSP). While there was a long waiting list for CSB, there were insufficient suitable prisoners to fill the places available on TSP. There were insufficient programmes which addressed thinking skills for low-risk prisoners. The prison had a partnership with Derbyshire Probation Trust, and prisoners attended programmes in the community. Overall provision of offending behaviour courses was not sufficient to meet demand for the programmes required.
- 9.86 Accredited programmes were provided by the psychology team, which worked across both Sudbury and HMP Foston Hall. The establishment provided 18 places a year on two accredited programmes, the cognitive skills booster (CSB) and the thinking skills programme (TSP). CSB was for longer-term prisoners who had completed cognitive skills programmes earlier in their sentence, and TSP was for medium-risk prisoners who had not successfully completed the programme previously. The population profile of the prison meant that demand for CSB was high and there was a waiting list of 36 prisoners at the time of the inspection. There were insufficient suitable prisoners to fill the places available on TSP because most referrals were assessed as low risk or had learning difficulties. This meant that low-risk referrals for TSP did not receive an intervention because the prison did not have enough suitable non-accredited alternatives.
- 9.87 A small number of prisoners undertook victim awareness work individually with offender supervisors, and a locally devised one-to-one package of problem solving for prisoners with learning difficulties was available, although there had been only two completions in 12 months. The anxiety management package was not running at the time of the inspection.
- 9.88 To manage the lack of other programmes and the need for more CSB places, the prison had a partnership with Derbyshire Probation Trust, and prisoners attended programmes in the community, although too many could not complete programmes before their release date. At the time of the inspection, there were five attending the integrated domestic abuse programme (IDAP), two attending the controlling anger and learning to manage it (CALM) programme and

two attending CSB. The overall provision of offending behaviour courses was not sufficient to meet demand for the programmes required.

- 9.89 The monthly evening groups providing block five of the cognitive self-change programme was a valuable option for longer-term violent offenders. There were six prisoners attending at the time of the inspection.
- 9.90 A counselling service was provided by a trained counsellor, who came into the prison weekly. At the time of the inspection, she was seeing three prisoners individually, and the service was due to expand with the addition of a recently recruited counsellor.
- 9.91 There were monthly training sessions for prison staff in programme awareness.

# Section 10: Recommendations, housekeeping points and good practice

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

## Main recommendations

To the governor

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- 10.1 The first night arrangements should be amended to ensure that those needing structured support in their first days at the establishment are identified and enabled to make a smooth transition to open conditions. (HP50)
  - 10.2 The effectiveness of the personal officer scheme should be evaluated and lessons drawn to design and deliver a scheme which meets the particular circumstances at the establishment. (HP51)
  - 10.3 Arrangements should be made to ensure that the needs of all foreign national prisoners are adequately met. (HP52)
  - 10.4 The quality of jobs available in the prison should be improved and opportunities for gaining accredited vocational qualifications increased. (HP53)
  - 10.5 Resourcing of the offender management unit should be amended to meet the demands of the changing prison population profile and to eradicate the offender assessment system (OASys) backlog. (HP54)

## Recommendations

To the governor

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### Courts, escorts and transfers

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- 10.6 Prisoners should not be kept on vehicles for long periods once the escort arrives at the prison. (1.6, see paragraph 1.3)
  - 10.7 Prisoners should not be handcuffed on transfer to open conditions. (1.7, see paragraph 1.3)
  - 10.8 Written information should be provided to prisoners before transfer to Sudbury. (1.8, see paragraph 1.5)

### First days in custody

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- 10.9 All information should be provided in an appropriate range of languages. (1.24, see paragraph 1.13)
  - 10.10 Cell-sharing risk assessments should be completed in private. (1.25, see paragraph 1.13)
  - 10.11 Prisoners should be offered a free telephone call on arrival. (1.26, see paragraph 1.14)

- 10.12 Prisoners should be received by staff onto the induction wing, given appropriate information and interviewed privately to assess immediate needs, including reference to the cell sharing risk assessment. (1.27, see paragraph 1.16)
- 10.13 The number of induction orderlies should be increased and their role developed further, to assist new prisoners to settle into their new surroundings. (1.28, see paragraph 1.16)
- 10.14 The locations of newly received prisoners should be easily identifiable to staff. (1.29, see paragraph 1.16)
- 10.15 Induction should begin for all prisoners on the first working day after their arrival. (1.30, see paragraph 1.21)
- 10.16 The induction programme should be reviewed to ensure that prisoners are kept fully occupied. (1.31, see paragraph 1.22)
- 10.17 An assessment of all prisoners' resettlement needs should be undertaken during induction and should lead to referrals to supporting services. (1.32, see paragraph 1.22)
- 10.18 Prisoners should be provided with activities immediately after completion of their induction programme. (1.33, see paragraph 1.23)

### **Residential units**

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- 10.19 Prisoners should be able to store valuables and medication securely. (2.21, see paragraph 2.4)
- 10.20 Long-term prisoners should be able to do their own laundry. (2.22, see paragraph 2.16)

### **Staff-prisoner relationships**

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- 10.21 The poor perceptions of prisoners about their treatment by staff should be explored and action taken on the findings. (2.37, see paragraphs 2.31 and 2.32)
- 10.22 Senior managers should be more visible and engaged routinely in consultative events. (2.38, see paragraph 2.33)
- 10.23 There should be greater formal use of prisoners as peer supporters. (2.39, see paragraph 2.36)
- 10.24 The consultation committees should be more regular, better advertised and their outcomes publicised. They should ensure that the wider concerns of prisoners at the establishment are represented. (2.40, see paragraph 2.36)

### **Personal officers**

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- 10.25 Personal officers should introduce themselves to those on their caseload within the two days outlined in the local policy, and sooner where possible. This introduction should explain what the personal officer relationship will deliver. (2.48, see paragraph 2.44)
- 10.26 There should be regular, effective management checks of the personal officer scheme which take action on both qualitative and quantitative weaknesses. (2.49, see paragraph 2.46)

## **Bullying and violence reduction**

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- 10.27 An anti-bullying strategy should be published. (3.6, see paragraph 3.4)
- 10.28 Staff should be trained in anti-bullying and violence reduction. (3.7, see paragraph 3.4)

## **Self-harm and suicide**

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- 10.29 Self-harm and suicide meetings should be attended by all relevant staff/departments. (3.21, see paragraph 3.14)
- 10.30 There should be regular reviews of performance against agreed action plans following a death in custody and the safer custody team should be involved and informed. (3.22, see paragraph 3.16)
- 10.31 Night staff should be appropriately trained in first-aid procedures. (3.23, see paragraph 3.18)
- 10.32 A Listener scheme should be introduced as a matter of urgency. (3.24, see paragraph 3.19)
- 10.33 All directly employed staff and, wherever possible, contracted staff should be trained in assessment, care in custody and teamwork (ACCT) procedures. (3.25, see paragraph 3.20)

## **Applications and complaints**

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- 10.34 Responses to complaints should be respectful, addressed directly to the complainant by the person or department responsible and not passed back to prisoners for resubmission. (3.32, see paragraph 3.30)

## **Legal rights**

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- 10.35 Letters from solicitors and legal advisers should be delivered to prisoners unopened. (3.37, see paragraph 3.35)

## **Substance use**

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- 10.36 Access to the integrated drug treatment system (IDTS) administration area should be changed to ensure the confidentiality of IDTS patients. (3.58, see paragraph 3.46)
- 10.37 The current drug strategy for reducing the supply of drugs should be updated in the light of intelligence regarding key routes and targeted action taken. (3.59, see paragraph 3.55)
- 10.38 The toilet facility in the mandatory drug testing (MDT) suite should be screened to allow a greater degree of privacy for prisoners giving samples. (3.60, see paragraph 3.56)

## **Diversity**

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- 10.39 A whole-prison approach should be adopted towards the promotion of diversity. (4.10, see paragraph 4.6)

### **Diversity: race equality**

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- 10.40 The purpose of the potential racist and extremist register should be clarified. It should contain accurate information which should determine decisions about the individual's time at the establishment. (4.20, see paragraph 4.17)

### **Diversity: religion**

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- 10.41 Accommodation should be allocated in such a way as to allow prisoners from a Muslim background to share rooms with prisoners from their own faith. (4.28, see paragraph 4.26)
- 10.42 Staff should receive training in religious diversity. (4.29, see paragraph 4.27)

### **Diversity: foreign nationals**

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- 10.43 The foreign nationals coordinator should be given sufficient time to complete his responsibilities. (4.35, see paragraph 4.32)
- 10.44 Telephone interpreting services should be used to meet the needs of prisoners who do not speak English. (4.36, see paragraph 4.32)

### **Diversity: disability**

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- 10.45 The needs of all prisoners with a disability, including personal evacuation plans, should be identified and assessed accurately, and reasonable steps taken to address them. (4.44, see paragraph 4.38)

### **Diversity: older prisoners**

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- 10.46 Older prisoners should be consulted and measures taken to address their particular needs. (4.51, see paragraph 4.47)
- 10.47 A formal and paid carers scheme should be introduced. (4.52, see paragraph 4.49)

### **Health services**

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- 10.48 There should be an up-to-date health needs assessment to enable services, including mental health services, to be mapped against need. (5.13, see paragraph 5.3)
- 10.49 A prison health development plan should be developed that includes objectives, timescales and progress. (5.14, see paragraph 5.4)
- 10.50 There should be more space available for consultations and clinics. (5.15, see paragraph 5.6)
- 10.51 Care plans should be used for prisoners with specific and complex health needs. (5.16, see paragraph 5.11)
- 10.52 There should be a designated health care lead for older prisoners. (5.17, see paragraph 5.12)

- 10.53 There should be a lead clinician for clinical governance, with a remit for developing and maintaining robust and safe systems and processes. (5.31)
- 10.54 Reporting and learning from events and serious untoward incidents should be strengthened, with reporting of near-miss incidents and proper trend analysis. (5.32, see paragraph 5.21)
- 10.55 There should be senior clinical representation at the policy/governance meeting. (5.33, see paragraph 5.21)
- 10.56 All clinical reviews of deaths in custody should have a clear action plan with objectives, a timescale and progress charted. (5.34, see paragraph 5.22)
- 10.57 Complaints responses should be written in plain language and acknowledge the prisoner's perspective appropriately. (5.35, see paragraph 5.23)
- 10.58 Written and verbal complaints should be logged, analysed and used for team learning. (5.36, see paragraph 5.23)
- 10.59 SystemOne recording should be adhered to by all health professionals and include dental consultations and messages between health professionals. (5.37, see paragraph 5.24)
- 10.60 Health services staff should have access to specialist advice and evidence about specialist issues such as wound management. (5.38, see paragraph 5.24)
- 10.61 A training needs analysis should be completed against service needs. (5.39, see paragraph 5.27)
- 10.62 Specialist mental health clinical supervision should be available to the registered mental health nurses. (5.40, see paragraph 5.28)
- 10.63 The available space for health care processes in reception should be increased and privacy for prisoners improved. (5.53, see paragraph 5.45)
- 10.64 Reception screening should enable significant health needs to be identified early and appropriate action taken. (5.54, see paragraph 5.45)
- 10.65 All prisoners should receive a secondary health assessment within 72 hours of arrival. (5.55, see paragraph 5.45)
- 10.66 Triage protocols should be used by trained nurses to appoint patients to clinics and ensure consistent and effective use of consultation time. (5.56, see paragraph 5.46)
- 10.67 An out-of-hours policy for medical emergencies should be introduced. (5.57, see paragraph 5.48)
- 10.68 Regular designated chronic disease management clinics should be held. (5.58, see paragraph 5.50)
- 10.69 Nursing staff taking the lead in chronic disease management should be appropriately trained. (5.59, see paragraph 5.50)
- 10.70 A health promotion plan should be developed. (5.60, see paragraph 5.51)

- 10.71 All pharmacy policies and procedures in operation should be reviewed by the medicines and therapeutics committee, be up to date and reflect regulatory and professional requirements. (5.77, see paragraph 5.64)
- 10.72 An out-of-hours medication policy should be introduced. (5.78, see paragraph 5.67)
- 10.73 Prisoners' identification should always be checked before administration of any medication. (5.79, see paragraph 5.68)
- 10.74 Risk assessments for in-possession medication should be carried out for all patients. (5.80, see paragraph 5.69)
- 10.75 The system for recording the administration and supply of medication should ensure clear, reliable and tamper-evident records that comply with regulations and the requirements of the professional bodies. (5.81, see paragraph 5.72)
- 10.76 There should be no dispensing of medicines by nurses without the professional control of either a pharmacist or doctor. (5.82, see paragraph 5.73)
- 10.77 All medicines supplied to patients from a prescription or a PGD should be labelled according to regulations. (5.83, see paragraph 5.73)
- 10.78 An X-ray developer and viewer should be provided. (5.98, see paragraph 5.89)
- 10.79 Review of the failure-to-attend rates and reasons should be carried out and remedial action taken to maximise use of the dental sessions. (5.99, see paragraph 5.91)
- 10.80 A protocol should be developed for dental out-of-hours cover and arrangements to cover annual leave should be put in place. (5.100, see paragraph 5.92)
- 10.81 A full surgery inspection should be carried out by/on behalf of the Primary Care Trust (PCT). (5.101, see paragraph 5.93)
- 10.82 The dentistry team should know where the resuscitation equipment is stored and have annual resuscitation training. (5.102, see paragraph 5.94)
- 10.83 The procedures for the keeping of clinical records and for the taking of X-rays should be reviewed with reference to the guidelines published by the Faculty of General Dental Practice (UK). (5.103, see paragraph 5.95)
- 10.84 Regular meetings should be held between both dentists and health services staff. (5.104, see paragraph 5.96)
- 10.85 The 'joint hierarchy' for cancellation of escorts protocol should be reviewed and amended to enable decisions to be made on a case-by-case basis, always informed by a clinician in the health care department in conjunction with a clinician from the provider. (5.110, see paragraph 5.108)
- 10.86 Day care services should be provided for vulnerable prisoners. (5.119, see paragraph 5.112)
- 10.87 Regular multidisciplinary team meetings should be held, with representation from primary and secondary mental health nurses, the GP and the consultant psychiatrist. (5.120, see paragraph 5.115)



- 10.88 The prison and the PCT should ensure that there is adequate consultant psychiatrist cover out of hours to enable urgent assessment before transfer. (5.121, see paragraph 5.116)
- 10.89 All prison staff having direct contact with prisoners should receive mental health Awareness training. (5.122, see paragraph 5.117)

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

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- 10.90 The data collected and other management information should be better used to inform programme development and quality improvement. (6.18, see paragraph 6.3)
- 10.91 The wages of prisoners employed in prison jobs should be increased in the light of rising prison shop prices. (6.19, see paragraph 6.5)
- 10.92 Individual learning plans should be improved, to set realistic and meaningful targets and review prisoners' progress. (6.20, see paragraph 6.6)
- 10.93 The employment and training board should be better informed by information from all departments and its work better communicated to staff and prisoners. (6.21, see paragraph 6.7)
- 10.94 Clear targets should be set and reviewed for prisoners doing external voluntary and paid work. (6.22, see paragraph 6.9)
- 10.95 More prisoners should be encouraged to participate in education and vocational training. (6.23, see paragraphs 6.10 and 6.12)
- 10.96 The range of education classes should be increased. (6.24, see paragraph 6.12)
- 10.97 The quality of teaching and learning should be improved on literacy, numeracy and language courses. (6.25, see paragraph 6.14)
- 10.98 Clear and regular information should be given to library staff on the range and number of foreign national prisoners in the prison. (6.26, see paragraph 6.16)

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

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- 10.99 The sports hall roof should be repaired, to ensure better usage of the facility in poor weather. (6.35, see paragraph 6.31)
- 10.100 The shower facilities in the PE department should be refurbished. (6.36, see paragraph 6.31)
- 10.101 The range of PE courses should be improved to include better opportunities for the development of leadership and team-building skills. (6.37, see paragraph 6.33)

### **Time out of cell**

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- 10.102 There should be more association areas, equipped with association equipment. (6.43, see paragraph 6.41)

## **Security and rules**

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- 10.103 Target searching should take place within a reasonable time after the receipt of security intelligence. (7.9, see paragraph 7.4)
- 10.104 Information relating to absconds should be analysed, trends identified and action taken where necessary further to reduce the number of absconds. (7.10, see paragraph 7.6)
- 10.105 When prisoners seek protection because of bullying or debt, a formal investigation of the circumstances should take place. (7.11, see paragraph 7.7)

## **Discipline**

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- 10.106 All charges should be fully investigated and a detailed record made on the adjudication documentation. This documentation should be routinely quality assured by senior managers. (7.23, see paragraph 7.14)
- 10.107 Prisoners who could be the victims of bullying should be referred to the safer custody team for support and for an investigation to be carried out. (7.24, see paragraph 7.14)
- 10.108 Prisoners' access to release on temporary licence (ROTL) should not be suspended until a full review has taken place by the risk assessment board. (7.25, see paragraph 7.16)
- 10.109 Prisoners whose adjudication is dismissed or not proceeded with should not have their access to ROTL restricted. (7.26, see paragraph 7.16)
- 10.110 The procedures for managing prisoners who are subject to adjudications should be reviewed to prevent them from receiving more than one sanction for a single offence against discipline. (7.27, see paragraph 7.16)
- 10.111 The use of collective punishments should cease. (7.28, see paragraph 7.17)
- 10.112 Segregation unit cells should be cleaned and graffiti removed. (7.29, see paragraph 7.19)
- 10.113 The management and policy for the segregation unit should be reviewed and clarified to reflect the accommodation and procedures used at Sudbury. (7.30, see paragraph 7.19)
- 10.114 Documentation relating to the use of the segregation unit should be completed fully and in sufficient detail to show outcomes for prisoners located in the unit. (7.31, see paragraph 7.20)
- 10.115 Prisoners requiring transfer for medical reasons should not be held in the segregation unit unless there are overwhelming security reasons. (7.32, see paragraph 7.20)
- 10.116 The regime on the segregation unit should be improved to include exercise, access to some form of activity and access to telephones for those who stay on the unit overnight. (7.33, see paragraph 7.22)

## **Incentives and earned privileges**

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- 10.117 Prisoners being transferred for disciplinary or security reasons should have their IEP level reviewed before transfer. (7.42, see paragraph 7.36)

10.118 Management checks on IEP reviews should be reinstated and carried out monthly. (7.43, see paragraph 7.39)

### **Catering**

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10.119 Breakfast should be served on the day it is to be eaten and be of sufficient quantity. (8.8, see paragraph 8.5)

10.120 A hot option should be provided for the lunchtime meal, including an alternative to noodle lunches for charity outworkers. (8.9, see paragraph 8.5)

10.121 A pre-select system for meal choices should be introduced. (8.10, see paragraph 8.7)

10.122 Staff should be supported to recognise bullying behaviour in the meal queues and challenge it. (8.11, see paragraph 8.7)

### **Prison shop**

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10.123 There should be establishment-wide consultation, including black and minority ethnic groups, about the prison shop. (8.6, see paragraph 8.2)

10.124 The price list should reflect the actual cost of goods and should be advertised widely, along with any promotional items, around the residential units. (8.7, see paragraph 8.3)

10.125 Appropriate arrangements should be made for the retention of goods for prisoners on temporary absence. (8.8, see paragraph 8.4)

10.126 Arrangements should be made for prisoners who arrive at the establishment after prison shop order sheets have been submitted. (8.9, see paragraph 8.4)

### **Strategic management of resettlement**

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10.127 A needs analysis should be undertaken to assess the resettlement needs of all categories of prisoner represented in the prison population. (9.6, see paragraph 9.3)

10.128 The monitoring of outcomes of resettlement services should be reviewed and include prisoner consultation. (9.7, see paragraph 9.3)

### **Offender management and planning**

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10.129 Prisoners should be fully consulted about their sentence plan and the targets should be explained to them. (9.37, see paragraph 9.14)

10.130 Prisoners serving less than 12 months should have a custody plan which addresses their resettlement needs. (9.38, see paragraph 9.14)

10.131 Offender management file monitoring should identify deficits in assessment and target setting, so that corrective action can be taken. (9.39, see paragraph 9.15)

10.132 Personal officers should contribute in person or in writing to all sentence planning boards. (9.40, see paragraph 9.17)

- 10.133 The prison should provide video-conferencing facilities. (9.41, see paragraph 9.17)
- 10.134 Home detention curfew decisions should only be made when all risk information is available. (9.42, see paragraph 9.20)
- 10.135 Prisoners should be provided with assistance in finding paid employment. (9.43, see paragraph 9.26)
- 10.136 A clear policy for recategorisation should be developed and consistently applied. (9.44, see paragraph 9.28)
- 10.137 Resources allocated to public protection should be increased to ensure that the backlog of assessments is cleared. (9.45, see paragraph 9.30)

### **Resettlement pathways**

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- 10.138 The pre-discharge interview should be held at least four weeks before discharge, to allow time for any preparations for release to be arranged. (9.62, see paragraph 9.51)
- 10.139 Links with employers should be improved. (9.63, see paragraph 9.55)
- 10.140 A job club should be introduced, supported by secured internet access to enable completion of online job applications. (9.64, see paragraph 9.57)
- 10.141 The drug strategy document should be updated to reflect current needs, include alcohol services, and contain detailed action plans and performance measures. (9.76, see paragraph 9.69)
- 10.142 The establishment should ensure that all drug review board reports are made available to risk review boards. (9.77, see paragraph 9.74)

## **Housekeeping points**

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### **Residential units**

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- 10.143 Notice boards should be kept clear of graffiti. (2.23, see paragraph 2.3)
- 10.144 The waiting list for single cell accommodation should be operated transparently and monitored to ensure equity of access. (2.24, see paragraph 2.4)
- 10.145 Broken telephones should be mended within 24 hours. (2.25, see paragraph 2.11)
- 10.146 A list detailing the property that is allowed at Sudbury should be made available to prisoners before transfer. (2.26, see paragraph 2.17)
- 10.147 Discharged prisoners should carry their possessions in anonymous bags. (2.27, see paragraph 2.18)

10.148 Staff should ensure cleaning products and toiletries are available to all prisoners. (2.28, see paragraph 2.19)

### **Staff-prisoner relationships**

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10.149 All staff should routinely use prisoners' titles and surnames or preferred names. (2.41, see paragraph 2.32)

10.150 Staff should be encouraged to make entries on P-NOMIS recording positive behaviour. (2.42, see paragraph 2.35)

### **Bullying and violence reduction**

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10.151 Prisoner representatives should be invited to attend safer custody meetings. (3.8, see paragraph 3.5)

10.152 Analysis of the information provided to the safer custody meeting should be recorded. (3.9, see paragraph 3.5)

### **Applications and complaints**

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10.153 Prisoners should be given information about how to appeal against responses to complaints. (3.33, see paragraph 3.29)

### **Diversity**

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10.154 All aspects of diversity should be covered in an action plan. (4.11, see paragraph 4.4)

### **Race equality**

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10.155 Range finding information on ethnicity should cover the allocation of single cells. (4.21, see paragraph 4.16)

### **Health services**

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10.156 The prison health risk register should be updated. (5.18, see paragraph 5.4)

10.157 Cleaning should be to NHS Patient Environment Action Team (PEAT) standards. (5.19, see paragraph 5.7)

10.158 Clinical records should be complete, with appropriate care plans and entries evident. (5.41, see paragraph 5.24)

10.159 An audit cycle should be developed which includes key issues such as record keeping and infection control. (5.42, see paragraph 5.26)

10.160 There should be a list of the emergency equipment and medication kept with the equipment/medication. (5.43, see paragraph 5.29)

- 10.161 Paper policies should be consistent with the electronic versions and easily accessible to all health services staff. (5.44, see paragraph 5.30)
- 10.162 Reception screening should be entered onto SystemOne at the time of the screen. (5.61, see paragraph 5.45)
- 10.163 The availability of the pharmacist for patient consultation should be advertised. (5.84, see paragraph 5.62)
- 10.164 Patients attending the hatch to obtain medicines should be managed to ensure that only one patient presents at a time. (5.85, see paragraph 5.68)
- 10.165 A system of written and/or telephone requests for repeat medication should be developed. (5.86, see paragraph 5.68)
- 10.166 Patient group directions (PGDs) should show authorisation by both a doctor and a pharmacist and be readily available to staff using them. (5.87, see paragraph 5.71)
- 10.167 The controlled drugs register should be replaced to comply with the current regulations for recording controlled drugs. (5.88, see paragraph 5.74)
- 10.168 There should be a minimum of weekly checks of controlled drug running balances against stocks. (5.89, see paragraph 5.74)
- 10.169 The dentist should be provided with appropriate keys. (5.105, see paragraph 5.89)
- 10.170 All dental records should be stored in a locked, fire-proof cabinet. (5.106, see paragraph 5.95)
- 10.171 The mental health in-reach team operational policy should be amended to reflect current policies and professional guidance. (5.123, see paragraph 5.113)

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

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- 10.172 Good practices should be identified and shared across the learning and skills provision. (6.27, see paragraph 6.2)
- 10.173 Attendance at the labour allocation board should be improved to ensure that all key staff are fully involved. (6.28, see paragraph 6.8)

### **Discipline**

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- 10.174 Adjudication records should be written legibly. (7.34, see paragraph 7.14)

### **Incentives and earned privileges**

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- 10.175 Prisoners should be informed in writing of any warnings they receive under the IEP scheme. (7.44, see paragraph 7.37)

## **Catering**

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10.176 All prisoners who are eligible to eat early should be made aware of this facility. (8.12, see paragraph 8.4)

## **Resettlement**

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10.177 The reducing reoffending strategy should make explicit the link with the area strategy. (9.8, see paragraph 9.2)

## **Offender planning and management**

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10.178 The pre-working out course should be reviewed and rewritten by staff with specific skills in preparation for employment and workplace behaviour. (9.46, see paragraph 9.25)

10.179 The timing of consultation meetings for indeterminate-sentenced prisoners should be varied to assess the impact on attendance. (9.47, see paragraph 9.39)

## **Resettlement pathways**

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10.180 The prisoner providing accommodation advice should be offered formal training leading to a qualification. (9.65, see paragraph 9.53)

# **Examples of good practice**

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## **Faith and religious activity**

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10.181 The chaplaincy had links with community-based faith groups in relation to supporting resettlement. (3.42, see paragraph 3.41)

## **Substance use**

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10.182 The directive to staff submitting drug-related security information reports to refer the suspect to the CARAT team ensured that prisoners received a targeted reminder that help was available to them to address their issues. (3.61, see paragraph 3.54)

## Appendix I: Inspection team

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Nigel Newcomen	Deputy Chief Inspector
Sara Snell	Team leader
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Ian MacFadyen	Inspector
Karen Dillon	Inspector
Angela Johnson	Inspector
Nicola Rabjohns	Health care inspector
Helen Carter	Health care inspector
Martin Wall	Dental inspector
Steven Gascoigne	Pharmacy inspector
Paul Roberts	Substance use inspector
Neil Edwards	Ofsted inspector
Karen Adriaanse	Ofsted inspector
Hayley Cripps	Researcher
Amy Summerfield	Researcher
Laura Nettleingham	Researcher



## Appendix II: Prison population profile

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

Status	18-20-year-olds	21 and over	%
Sentenced		568	100
Recall			
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees			
<b>Total</b>		<b>568</b>	<b>100</b>

Sentence	18-20-year-olds	21 and over	%
Unsentenced			
Less than 6 months		3	0.53
6 months to less than 12 months		5	0.88
12 months to less than 2 years		18	3.17
2 years to less than 4 years		88	15.5
4 years to less than 10 years		234	41.19
10 years and over (not life)		98	17.25
ISPP		43	7.57
Life		79	13.91
<b>Total</b>		<b>568</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age	21	
Under 21 years		
21 years to 29 years	197	34.68
30 years to 39 years	190	33.45
40 years to 49 years	112	19.72
50 years to 59 years	55	9.68
60 years to 69 years	13	2.29
70 plus years	1	0.18
Please state maximum age		
<b>Total</b>	<b>568</b>	<b>100</b>

Nationality	18-20-year-olds	21 and over	%
British		561	98.77
Foreign nationals		7	1.23
<b>Total</b>		<b>568</b>	<b>100</b>

Security category	18-20-year-olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Cat A			
Cat B			
Cat C			

Cat D		568	100
Other			
<b>Total</b>		<b>568</b>	<b>100</b>

Ethnicity	18–20-year-olds	21 and over	%
<i>White</i>			
British		375	66.02
Irish		3	0.53
Other white		16	2.82
<i>Mixed</i>			
White and black Caribbean		17	2.99
White and black African		2	0.35
White and Asian			
Other mixed		4	0.7
<i>Asian or Asian British</i>			
Indian		19	3.35
Pakistani		28	4.93
Bangladeshi		2	0.35
Other Asian		14	2.46
<i>Black or black British</i>			
Caribbean		61	10.74
African		7	1.24
Other black		16	2.82
<i>Chinese or other ethnic group</i>			
Chinese			
Other ethnic group		2	0.35
Not stated		2	0.35
<b>Total</b>		<b>568</b>	<b>100</b>

Religion	18–20-year-olds	21 and over	%
Baptist		1	0.18
Church of England		168	29.58
Roman Catholic		110	19.37
Other Christian denominations		15	2.64
Muslim		73	12.85
Sikh		7	1.23
Hindu		5	0.88
Buddhist		10	1.76
Jewish		2	0.35
Other		25	4.4
No religion		152	26.76
<b>Total</b>		<b>568</b>	<b>100</b>

**Sentenced prisoners only**

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			62	10.92
1 month to 3 months			146	25.7
3 months to 6 months			339	59.68
6 months to 1 year			20	3.52
1 year to 2 years			1	0.18
2 years to 4 years				
4 years or more				
<b>Total</b>			<b>568</b>	<b>100</b>

**Unsentenced prisoners only**

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to 6 months				
6 months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
<b>Total</b>				

Main offence	18–20-year-olds	21 and over	%
Violence against the person		175	30.81
Sexual offences			
Burglary		36	6.34
Robbery		90	15.85
Theft and handling		11	1.94
Fraud and forgery		31	5.46
Drugs offences		179	31.5
Other offences		46	8.10
Civil offences			
Offence not recorded/holding warrant			
<b>Total</b>		<b>568</b>	<b>100</b>

# Appendix III: Summary of prisoner questionnaires

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## Prisoner survey methodology

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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

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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 22 March 2010, the prisoner population at HMP Sudbury was 545. The sample size was 220. Overall, this represented 40% of the prisoner population.

### Selecting the sample

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Respondents were randomly selected from a local inmate database system (LIDS) prisoner population printout using a stratified systematic sampling method. This basically means that 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. Two respondents refused to complete a questionnaire.

## Methodology

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

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

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

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

## Response rates

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In total, 155 respondents completed and returned their questionnaires. This represented 28% of the prison population. The response rate was 70%. In addition to the two respondents who refused to complete a questionnaire, 54 questionnaires were not returned and nine were returned blank.

## Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2010 against comparator figures for all prisoners surveyed in open prisons. This comparator is based on all responses from prisoner surveys carried out in fourteen open prisons since April 2003.
- The current survey responses in 2010 against the responses of prisoners surveyed at HMP Sudbury in 2004.
- A comparison within the 2010 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2010 survey between the responses of Muslim prisoners and non-Muslim prisoners.

In addition to the main prison survey, an offender management survey was distributed to a small sample of prisoners, randomly selected from the total population of prisoners who fell in scope under offender management. The following analyses were conducted:

- The current survey responses against comparator figures for all (in scope) prisoners surveyed in open prisons. This comparator is based on all responses from offender management surveys carried out in three open prisons.
- The current survey responses against comparator figures for all (in scope) prisoners surveyed across all prisons. This comparator is based on all responses from surveys carried out in thirty-five prisons of varying functional type.

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

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys.

However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

## **Summary**

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

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

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

## Summary of prisoner survey results

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### Section 1: About you

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

#### Q1.2 How old are you?

<i>Under 21</i> .....	1 (1%)
<i>21 - 29</i> .....	44 (29%)
<i>30 - 39</i> .....	53 (34%)
<i>40 - 49</i> .....	45 (29%)
<i>50 - 59</i> .....	9 (6%)
<i>60 - 69</i> .....	2 (1%)
<i>70 and over</i> .....	0 (0%)

#### Q1.3 Are you on recall?

<i>Yes</i> .....	0 (0%)
<i>No</i> .....	141 (100%)

#### Q1.4 How long is your sentence?

<i>Less than 6 months</i> .....	1 (1%)
<i>6 months to less than 1 year</i> .....	2 (1%)
<i>1 year to less than 2 years</i> .....	4 (3%)
<i>2 years to less than 4 years</i> .....	24 (16%)
<i>4 years to less than 10 years</i> .....	60 (39%)
<i>10 years or more</i> .....	32 (21%)
<i>IPP (Indeterminate Sentence for Public Protection)</i> .....	13 (8%)
<i>Life</i> .....	17 (11%)

#### Q1.5 Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?

<i>6 months or less</i> .....	57 (42%)
<i>More than 6 months</i> .....	80 (58%)

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

<i>Less than 1 month</i> .....	10 (6%)
<i>1 to less than 3 months</i> .....	18 (12%)
<i>3 to less than 6 months</i> .....	20 (13%)
<i>6 to less than 12 months</i> .....	33 (21%)
<i>12 months to less than 2 years</i> .....	32 (21%)
<i>2 to less than 4 years</i> .....	20 (13%)
<i>4 years or more</i> .....	21 (14%)

<b>Q1.7</b>	<b>Are you a foreign national? (i.e. do not hold UK citizenship)</b>			
	Yes .....			2 (1%)
	No.....			150 (99%)
<b>Q1.8</b>	<b>Is English your first language?</b>			
	Yes .....			137 (93%)
	No.....			11 (7%)
<b>Q1.9</b>	<b>What is your ethnic origin?</b>			
	<i>White - British</i> .....	103 (67%)	<i>Asian or Asian British - Bangladeshi</i> .....	1 (1%)
	<i>White - Irish</i> .....	3 (2%)	<i>Asian or Asian British - other</i> .....	1 (1%)
	<i>White - other</i> .....	3 (2%)	<i>Mixed heritage - white and black Caribbean</i> .....	11 (7%)
	<i>Black or black British - Caribbean</i> .....	10 (6%)	<i>Mixed heritage - white and black African</i> .....	1 (1%)
	<i>Black or black British - African</i> ...	2 (1%)	<i>Mixed heritage - white and Asian</i> .....	1 (1%)
	<i>Black or black British - other</i> .....	3 (2%)	<i>Mixed heritage - other</i> .....	0 (0%)
	<i>Asian or Asian British - Indian</i> ....	4 (3%)	<i>Chinese</i> .....	0 (0%)
	<i>Asian or Asian British - Pakistani</i> .....	11 (7%)	<i>Other ethnic group</i> .....	0 (0%)
<b>Q1.10</b>	<b>Do you consider yourself to be Gypsy/Romany/Traveller?</b>			
	Yes .....			2 (1%)
	No.....			147 (99%)
<b>Q1.11</b>	<b>What is your religion?</b>			
	<i>None</i> .....	42 (27%)	<i>Hindu</i> .....	2 (1%)
	<i>Church of England</i> .....	43 (28%)	<i>Jewish</i> .....	1 (1%)
	<i>Catholic</i> .....	33 (22%)	<i>Muslim</i> .....	16 (10%)
	<i>Protestant</i> .....	3 (2%)	<i>Sikh</i> .....	3 (2%)
	<i>Other Christian denomination</i> .	5 (3%)	<i>Other</i> .....	1 (1%)
	<i>Buddhist</i> .....	4 (3%)		
<b>Q1.12</b>	<b>How would you describe your sexual orientation?</b>			
	<i>Heterosexual/straight</i> .....			150 (99%)
	<i>Homosexual/gay</i> .....			0 (0%)
	<i>Bisexual</i> .....			1 (1%)
	<i>Other</i> .....			0 (0%)
<b>Q1.13</b>	<b>Do you consider yourself to have a disability?</b>			
	Yes .....			13 (8%)
	No.....			140 (92%)
<b>Q1.14</b>	<b>How many times have you been in prison before?</b>			
	0	1	2 to 5	More than 5
	64 (42%)	29 (19%)	41 (27%)	20 (13%)



**Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?**

1 5 (3%)	2 to 5 114 (75%)	More than 5 33 (22%)
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**Q1.16 Do you have any children under the age of 18?**

Yes .....	92 (61%)
No .....	60 (39%)

## Section 2: Courts, transfers and escorts

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

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	13 (9%)	61 (41%)	29 (20%)	29 (20%)	11 (7%)	3 (2%)	2 (1%)
Your personal safety during the journey?	12 (8%)	78 (54%)	25 (17%)	16 (11%)	10 (7%)	3 (2%)	1 (1%)
The comfort of the van?	3 (2%)	16 (11%)	18 (12%)	59 (40%)	51 (34%)	0 (0%)	2 (1%)
The attention paid to your health needs?	4 (3%)	37 (26%)	47 (32%)	29 (20%)	21 (14%)	1 (1%)	6 (4%)
The frequency of toilet breaks?	2 (1%)	15 (10%)	23 (15%)	29 (19%)	61 (41%)	1 (1%)	18 (12%)

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

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
9 (6%)	71 (46%)	55 (36%)	18 (12%)	1 (1%)

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
22 (14%)	78 (51%)	37 (24%)	12 (8%)	2 (1%)	2 (1%)

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

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	143 (93%)	9 (6%)	2 (1%)
Before you arrived here did you receive any written information about what would happen to you?	20 (13%)	129 (84%)	4 (3%)
When you first arrived here did your property arrive at the same time as you?	143 (94%)	9 (6%)	0 (0%)

### 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.)**
- |  |          |  |          |
|--|----------|--|----------|
| <b>Didn't ask about any of these</b> .....               | 50 (37%) | <i>Money worries</i> .....                           | 16 (12%) |
| <i>Loss of property</i> .....                            | 17 (13%) | <i>Feeling depressed or suicidal</i> ..              | 39 (29%) |
| <i>Housing problems</i> .....                            | 19 (14%) | <i>Health problems</i> .....                         | 58 (43%) |
| <i>Contacting employers</i> .....                        | 12 (9%)  | <i>Needing protection from other prisoners</i> ..... | 15 (11%) |
| <i>Contacting family</i> .....                           | 36 (26%) | <i>Accessing phone numbers</i> .....                 | 40 (29%) |
| <i>Ensuring dependants were being looked after</i> ..... | 14 (10%) | <i>Other</i> .....                                   | 4 (3%)   |
- Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**
- |  |          |  |          |
|--|----------|--|----------|
| <b>Didn't have any problems</b> .....              | 79 (60%) | <i>Money worries</i> .....                           | 11 (8%)  |
| <i>Loss of property</i> .....                      | 10 (8%)  | <i>Feeling depressed or suicidal</i> ..              | 9 (7%)   |
| <i>Housing problems</i> .....                      | 12 (9%)  | <i>Health problems</i> .....                         | 22 (17%) |
| <i>Contacting employers</i> .....                  | 6 (5%)   | <i>Needing protection from other prisoners</i> ..... | 3 (2%)   |
| <i>Contacting family</i> .....                     | 16 (12%) | <i>Accessing phone numbers</i> .....                 | 16 (12%) |
| <i>Ensuring dependants were looked after</i> ..... | 6 (5%)   | <i>Other</i> .....                                   | 4 (3%)   |
- Q3.3 Please answer the following questions about reception:**
- |   | Yes       | No       | Don't remember |
|---|-----------|----------|----------------|
| Were you seen by a member of health services?                     | 146 (96%) | 4 (3%)   | 2 (1%)         |
| When you were searched, was this carried out in a respectful way? | 116 (78%) | 16 (11%) | 16 (11%)       |
- Q3.4 Overall, how well did you feel you were treated in reception?**
- | Very well | Well     | Neither  | Badly    | Very badly | Don't remember |
|-----------|----------|----------|----------|------------|----------------|
| 25 (17%)  | 80 (53%) | 24 (16%) | 19 (13%) | 3 (2%)     | 0 (0%)         |
- Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)**
- |  |          |
|--|----------|
| <i>Information about what was going to happen to you</i> .....                                     | 63 (44%) |
| <i>Information about what support was available for people feeling depressed or suicidal</i> ..... | 50 (35%) |
| <i>Information about how to make routine requests</i> .....  | 42 (30%) |
| <i>Information about your entitlement to visits</i> .....  | 52 (37%) |
| <i>Information about health services</i> .....   | 66 (46%) |
| <i>Information about the chaplaincy</i> .....  | 53 (37%) |
| <b>Not offered anything</b> .....  | 56 (39%) |

- Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)**
- |   |              |
|---|--------------|
| <i>A smokers/non-smokers pack.....</i>                    | 125<br>(84%) |
| <i>The opportunity to have a shower.....</i>              | 82 (55%)     |
| <i>The opportunity to make a free telephone call.....</i> | 45 (30%)     |
| <i>Something to eat.....</i>                              | 89 (60%)     |
| <b><i>Did not receive anything.....</i></b>               | 6 (4%)       |
- Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)**
- |   |           |
|---|-----------|
| <i>Chaplain or religious leader .....</i>           | 42 (29%)  |
| <i>Someone from health services .....</i>           | 123 (85%) |
| <i>A Listener/Samaritans.....</i>                   | 16 (11%)  |
| <b><i>Did not meet any of these people.....</i></b> | 19 (13%)  |
- Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?**
- |                  |           |
|------------------|-----------|
| <i>Yes .....</i> | 9 (6%)    |
| <i>No.....</i>   | 141 (94%) |
- Q3.9 Did you feel safe on your first night here?**
- |                            |           |
|----------------------------|-----------|
| <i>Yes .....</i>           | 130 (87%) |
| <i>No.....</i>             | 13 (9%)   |
| <i>Don't remember.....</i> | 7 (5%)    |
- Q3.10 How soon after your arrival did you go on an induction course?**
- |   |           |
|---|-----------|
| <b><i>Have not been on an induction course.....</i></b> | 2 (1%)    |
| <i>Within the first week .....</i>                      | 142 (95%) |
| <i>More than a week after my arrival.....</i>           | 3 (2%)    |
| <i>Don't remember.....</i>                              | 2 (1%)    |
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
- |   |           |
|---|-----------|
| <b><i>Have not been on an induction course.....</i></b> | 2 (1%)    |
| <i>Yes.....</i>   | 100 (67%) |
| <i>No.....</i>  | 41 (28%)  |
| <i>Don't remember.....</i>                              | 6 (4%)    |

#### Section 4: Legal rights and respectful custody

**Q4.1 How easy is it to:**

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
Communicate with your solicitor or legal representative?	33 (22%)	65 (44%)	17 (11%)	13 (9%)	6 (4%)	14 (9%)
Attend legal visits?	24 (17%)	68 (48%)	17 (12%)	4 (3%)	3 (2%)	26 (18%)

**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* ..... 27 (18%)  
 Yes ..... 52 (35%)  
 No ..... 70 (47%)

**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 able to have a shower every day?	145 (97%)	4 (3%)	0 (0%)	0 (0%)
Do you normally receive clean sheets every week?	104 (70%)	15 (10%)	3 (2%)	26 (18%)
Do you normally get cell cleaning materials every week?	78 (52%)	65 (44%)	1 (1%)	5 (3%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	99 (69%)	44 (31%)	0 (0%)	0 (0%)
Can you normally get your stored property, if you need to?	72 (49%)	42 (29%)	25 (17%)	8 (5%)

**Q4.4 What is the food like here?**

*Very good* 4 (3%)      *Good* 39 (26%)      *Neither* 30 (20%)      *Bad* 54 (36%)      *Very bad* 21 (14%)

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

*Have not bought anything yet* ..... 4 (3%)  
 Yes ..... 65 (43%)  
 No ..... 81 (54%)

**Q4.6 Is it easy or difficult to get either**

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	54 (36%)	70 (46%)	10 (7%)	7 (5%)	3 (2%)	7 (5%)
An application form	56 (39%)	69 (48%)	9 (6%)	7 (5%)	3 (2%)	0 (0%)

**Q4.7 Have you made an application?**

Yes ..... 135 (91%)  
 No ..... 13 (9%)

**Q4.8 Please answer the following questions concerning applications:**

*(If you have not made an application please tick the 'not made one' option.)*

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	13 (9%)	99 (66%)	37 (25%)
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	13 (9%)	100 (69%)	32 (22%)

**Q4.9 Have you made a complaint?**  
 Yes ..... 54 (36%)  
 No ..... 97 (64%)

**Q4.10 Please answer the following questions concerning complaints:**  
*(If you have not made a complaint please tick the 'not made one' option.)*

	<b>Not made one</b>	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	97 (65%)	23 (15%)	30 (20%)
Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	97 (66%)	24 (16%)	27 (18%)
Were you given information about how to make an appeal?	69 (51%)	21 (16%)	45 (33%)

**Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?**

<b>Not made a complaint</b> .....	97 (66%)
Yes .....	11 (8%)
No.....	38 (26%)

**Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?**

<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
34 (24%)	11 (8%)	29 (20%)	50 (35%)	14 (10%)	5 (3%)

**Q4.13 Please answer the following questions about your religious beliefs?**

	Yes	No	<i>Don't know/ N/A</i>
Do you feel your religious beliefs are respected?	82 (55%)	18 (12%)	49 (33%)
Are you able to speak to a religious leader of your faith in private if you want to?	86 (61%)	5 (4%)	49 (35%)

**Q4.14 Can you speak to a listener at any time, if you want to?**

Yes	No	<i>Don't know</i>
47 (32%)	24 (16%)	78 (52%)

**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?	88 (60%)	59 (40%)
Do <b>most</b> staff treat you with respect?	68 (47%)	78 (53%)

## Section 5: Safety

**Q5.1 Have you ever felt unsafe in this prison?**  
 Yes ..... 35 (23%)  
 No ..... 115 (77%)

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

Yes ..... 5 (3%)  
 No..... 144 (97%)

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

<b>Never felt unsafe</b> .....	115	<i>At mealtimes</i> .....	16 (12%)
	(83%)		
<i>Everywhere</i> .....	5 (4%)	<i>At health services</i> .....	1 (1%)
<i>Segregation unit</i> .....	2 (1%)	<i>Visit's area</i> .....	1 (1%)
<i>Association areas</i> .....	7 (5%)	<i>In wing showers</i> .....	6 (4%)
<i>Reception area</i> .....	1 (1%)	<i>In gym showers</i> .....	1 (1%)
<i>At the gym</i> .....	4 (3%)	<i>In corridors/stairwells</i> .....	4 (3%)
<i>In an exercise yard</i> .....	5 (4%)	<i>On your landing/wing</i> .....	6 (4%)
<i>At work</i> .....	6 (4%)	<i>In your cell</i> .....	3 (2%)
<i>During movement</i> .....	1 (1%)	<i>At religious services</i> .....	1 (1%)
<i>At education</i> .....	1 (1%)		

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

Yes ..... 9 (6%)  
 No..... 139 (94%) **If No, go to question 5.6**

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

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

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

Yes ..... 36 (25%)  
 No..... 108 (75%) **If No, go to question 5.8**

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

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

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

<b>Not been victimised</b> .....	107 (73%)
Yes .....	10 (7%)
No.....	29 (20%)

**Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**

Yes .....	16 (11%)
No.....	132 (89%)

**Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**

Yes .....	33 (22%)
No.....	115 (78%)

**Q5.11 Is it easy or difficult to get illegal drugs in this prison?**

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
45 (31%)	19 (13%)	13 (9%)	5 (3%)	3 (2%)	62 (42%)

**Section 6: Health services**

**Q6.1 How easy or difficult is it to see the following people?**

	<b>Don't know</b>	<b>Very easy</b>	<b>Easy</b>	<b>Neither</b>	<b>Difficult</b>	<b>Very difficult</b>
The doctor	14 (10%)	27 (19%)	69 (48%)	14 (10%)	21 (14%)	0 (0%)
The nurse	9 (6%)	54 (38%)	67 (47%)	11 (8%)	2 (1%)	0 (0%)
The dentist	26 (18%)	15 (10%)	47 (33%)	19 (13%)	30 (21%)	6 (4%)
The optician	56 (39%)	10 (7%)	30 (21%)	15 (10%)	27 (19%)	5 (3%)

**Q6.2 Are you able to see a pharmacist?**

Yes .....	68 (52%)
No.....	63 (48%)

**Q6.3 What do you think of the quality of the health service from the following people:**

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor?	17 (12%)	42 (29%)	55 (38%)	17 (12%)	11 (8%)	3 (2%)
The nurse?	10 (7%)	57 (40%)	56 (39%)	10 (7%)	9 (6%)	2 (1%)
The dentist?	50 (35%)	22 (15%)	33 (23%)	17 (12%)	14 (10%)	8 (6%)
The optician?	74 (52%)	20 (14%)	16 (11%)	21 (15%)	8 (6%)	2 (1%)

**Q6.4 What do you think of the overall quality of the health services here?**

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	8 (5%)	40 (27%)	63 (43%)	20 (14%)	13 (9%)	3 (2%)

**Q6.5 Are you currently taking medication?**

Yes .....	57 (39%)
No .....	91 (61%)

**Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**

<i>Not taking medication</i> .....	91 (62%)
Yes .....	52 (36%)
No .....	3 (2%)

**Q6.7 Do you feel you have any emotional well-being/mental health issues?**

Yes .....	14 (9%)
No .....	134 (91%)

**Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)**

<i>Do not have any issues/Not receiving any help</i> .....	141 (95%)
<i>Doctor</i> .....	6 (4%)
<i>Nurse</i> .....	3 (2%)
<i>Psychiatrist</i> .....	1 (1%)
<i>Mental health in-reach team</i> .....	3 (2%)
<i>Counsellor</i> .....	1 (1%)
<i>Other</i> .....	1 (1%)

**Q6.9 Did you have a problem with either of the following when you came into this prison?**

	Yes	No
Drugs	12 (8%)	132 (92%)
Alcohol	12 (8%)	131 (92%)

**Q6.10 Have you developed a problem with drugs since you have been in this prison?**

Yes .....	9 (6%)
No .....	137 (94%)



Q6.11	<b>Do you know who to contact in this prison to get help with your drug or alcohol problem?</b>			
	Yes .....	20	(14%)	
	No .....	2	(1%)	
	<b>Did not/do not have a drug or alcohol problem</b> .....	125	(85%)	
Q6.12	<b>Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?</b>			
	Yes .....	20	(14%)	
	No .....	3	(2%)	
	<b>Did not/do not have a drug or alcohol problem</b> .....	125	(84%)	
Q6.13	<b>Was the intervention or help you received, while in this prison, helpful?</b>			
	Yes .....	16	(11%)	
	No .....	6	(4%)	
	<b>Did not have a problem/have not received help</b> .....	125	(85%)	
Q6.14	<b>Do you think you will have a problem with either of the following when you leave this prison?</b>			
		Yes	No	Don't know
	Drugs	2 (1%)	129 (91%)	11 (8%)
	Alcohol	5 (3%)	127 (88%)	13 (9%)
Q6.15	<b>Do you know who in this prison can help you contact external drug or alcohol agencies on release?</b>			
	Yes .....	15	(11%)	
	No .....	1	(1%)	
	N/A.....	126	(89%)	

### Section 7: Purposeful activity

Q7.1	<b>Are you currently involved in any of the following activities? (Please tick all that apply to you.)</b>			
	Prison job .....	105	(73%)	
	Vocational or skills training.....	31	(22%)	
	Education (including basic skills).....	28	(19%)	
	Offending behaviour programmes.....	12	(8%)	
	<b>Not involved in any of these</b> .....	20	(14%)	
Q7.2	<b>If you have been involved in any of the following, while in this prison, do you think it will help you on release?</b>			
		<b>Not been involved</b>	Yes	No
	Prison job	4 (3%)	54 (43%)	59 (47%)
	Vocational or skills training	17 (18%)	58 (61%)	15 (16%)
	Education (including basic skills)	17 (17%)	61 (61%)	17 (17%)
	Offending behaviour programmes	21 (23%)	39 (43%)	23 (26%)

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

<i>Don't want to go</i> .....	5 (3%)
<i>Never</i> .....	4 (3%)
<i>Less than once a week</i> .....	24 (16%)
<i>About once a week</i> .....	38 (26%)
<i>More than once a week</i> .....	73 (50%)
<i>Don't know</i> .....	2 (1%)

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

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
23 (16%)	23 (16%)	7 (5%)	10 (7%)	50 (34%)	31 (21%)	3 (2%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
2 (1%)	4 (3%)	17 (12%)	33 (23%)	81 (56%)	8 (6%)

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

<i>Less than 2 hours</i> .....	2 (1%)
<i>2 to less than 4 hours</i> .....	3 (2%)
<i>4 to less than 6 hours</i> .....	13 (9%)
<i>6 to less than 8 hours</i> .....	16 (11%)
<i>8 to less than 10 hours</i> .....	30 (20%)
<i>10 hours or more</i> .....	78 (53%)
<i>Don't know</i> .....	5 (3%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
3 (2%)	2 (1%)	2 (1%)	5 (4%)	108 (78%)	18 (13%)

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

<i>Do not go on association</i> .....	11 (8%)
<i>Never</i> .....	62 (45%)
<i>Rarely</i> .....	36 (26%)
<i>Some of the time</i> .....	18 (13%)
<i>Most of the time</i> .....	7 (5%)
<i>All of the time</i> .....	5 (4%)

## Section 8: Resettlement

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

<i>Still have not met him/her</i> .....	57 (39%)
<i>In the first week</i> .....	20 (14%)
<i>More than a week</i> .....	59 (41%)
<i>Don't remember</i> .....	9 (6%)

<b>Q8.2</b>	<b>How helpful do you think your personal officer is?</b>					
	<i>Do not have a personal officer/ still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	57 (39%)	28 (19%)	28 (19%)	11 (8%)	14 (10%)	7 (5%)
<b>Q8.3</b>	<b>Do you have a sentence plan/OASys?</b>					
	Yes .....					118 (81%)
	No .....					28 (19%)
<b>Q8.4</b>	<b>How involved were you in the development of your sentence plan?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					28 (20%)
	<i>Very involved</i> .....					40 (28%)
	<i>Involved</i> .....					40 (28%)
	<i>Neither</i> .....					10 (7%)
	<i>Not very involved</i> .....					14 (10%)
	<i>Not at all involved</i> .....					10 (7%)
<b>Q8.5</b>	<b>Can you achieve all or some of your sentence plan targets in this prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					28 (20%)
	Yes .....					94 (67%)
	No .....					18 (13%)
<b>Q8.6</b>	<b>Are there plans for you to achieve all/some of your sentence plan targets in another prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					28 (21%)
	Yes .....					29 (21%)
	No .....					79 (58%)
<b>Q8.7</b>	<b>Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?</b>					
	Yes .....					39 (28%)
	No .....					102 (72%)
<b>Q8.8</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>					
	Yes .....					33 (23%)
	No .....					109 (77%)
<b>Q8.9</b>	<b>Have you had any problems with sending or receiving mail?</b>					
	Yes .....					30 (21%)
	No .....					108 (74%)
	<i>Don't know</i> .....					7 (5%)
<b>Q8.10</b>	<b>Have you had any problems getting access to the telephones?</b>					
	Yes .....					19 (13%)
	No .....					125 (86%)
	<i>Don't know</i> .....					1 (1%)

**Q8.11 Did you have a visit in the first week that you were here?**  
*Not been here a week yet* ..... 4 (3%)  
 Yes ..... 87 (60%)  
 No ..... 49 (34%)  
 Don't remember..... 5 (3%)

**Q8.12 How many visits did you receive in the last week?**  

<i>Not been in a week</i>	0	1 to 2	3 to 4	5 or more
4 (3%)	63 (46%)	68 (49%)	3 (2%)	0 (0%)

**Q8.13 How are you and your family/friends treated by visits staff?**  
*Not had any visits* ..... 15 (10%)  
 Very well ..... 24 (17%)  
 Well ..... 48 (33%)  
 Neither ..... 29 (20%)  
 Badly ..... 14 (10%)  
 Very badly ..... 7 (5%)  
 Don't know..... 7 (5%)

**Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**  
 Yes ..... 53 (37%)  
 No ..... 91 (63%)

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

<i>Don't know who to contact</i> ..	56 (45%)	<i>Help with your finances in preparation for release</i> .....	37 (30%)
<i>Maintaining good relationships</i>	19 (15%)	<i>Claiming benefits on release</i> ...	44 (35%)
<i>Avoiding bad relationships</i> .....	14 (11%)	<i>Arranging a place at college/continuing education on release</i> .....	41 (33%)
<i>Finding a job on release</i> .....	47 (38%)	<i>Continuity of health services on release</i> .....	30 (24%)
<i>Finding accommodation on release</i> .....	44 (35%)	<i>Opening a bank account</i> .....	46 (37%)

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

<i>No problems</i> .....	73 (57%)	<i>Help with your finances in preparation for release</i> .....	20 (16%)
<i>Maintaining good relationships</i>	6 (5%)	<i>Claiming benefits on release</i> ...	18 (14%)
<i>Avoiding bad relationships</i> .....	3 (2%)	<i>Arranging a place at college/continuing education on release</i> .....	8 (6%)
<i>Finding a job on release</i> .....	44 (34%)	<i>Continuity of health services on release</i> .....	12 (9%)
<i>Finding accommodation on release</i> .....	24 (19%)	<i>Opening a bank account</i> .....	16 (12%)

**Q8.17 Have you been provided with information on the following:**

	Yes	No
ROTL (temporary release)	128 (89%)	16 (11%)
Facility Licence (outside work, education)	90 (66%)	46 (34%)
Resettlement Licence (other outside activities such as arranging accommodation, work, family visits)	96 (69%)	43 (31%)
Earned Community Visits (Town visits)	119 (86%)	20 (14%)

**Q8.18 Have you had access to the following:**

	Yes	No
ROTL (temporary release)	112 (78%)	31 (22%)
Facility Licence (outside work, education)	68 (52%)	64 (48%)
Resettlement Licence (other outside activities such as arranging accommodation, work, family visits)	63 (49%)	66 (51%)
Earned Community Visits (Town visits)	103 (74%)	37 (26%)

**Q8.19 Please answer the following questions on resettlement:**

	Yes	No
Were you given up to date information about this prison before you came here?	23 (16%)	120 (84%)
Were you helped to prepare for open conditions before you came here? (increased responsibility, freedom etc)	40 (28%)	104 (72%)
Do you feel you have been given greater responsibility here than when you were in closed conditions?	119 (83%)	24 (17%)
Have you been on a preparation for release course?	31 (22%)	112 (78%)
Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	85 (59%)	58 (41%)
Is this prison near your home area or intended release address?	64 (45%)	77 (55%)



## Prisoner survey responses HMP Sudbury 2010

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

### Key to tables

		HMP Sudbury 2010	Open prisons comparator	HMP Sudbury 2010	HMP Sudbury 2004
	Any percent highlighted in green is significantly better				
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	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>155</b>	<b>1103</b>	<b>155</b>	<b>113</b>
<b>SECTION 1: General information</b>					
2	Are you under 21 years of age?	1%	1%	1%	1%
3	Are you on recall?	0%	3%	0%	0%
4	Is your sentence less than 12 months?	2%	13%	2%	3%
5	Do you have six months or less to serve?	42%	51%	42%	42%
6	Have you been in this prison less than a month?	7%	13%	7%	4%
7	Are you a foreign national?	1%	6%	1%	10%
8	Is English your first language?	93%	93%	93%	91%
9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	29%	26%	29%	25%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	1%	1%	1%	
11	Are you Muslim?	10%	12%	10%	
12	Are you homosexual/gay or bisexual?	1%	1%	1%	
13	Do you consider yourself to have a disability?	9%	10%	9%	
14	Is this your first time in prison?	42%	52%	42%	52%
15	Have you been in more than five prisons this sentence/remand time?	22%	12%	22%	
16	Do you have any children under the age of 18?	61%	54%	61%	63%
<b>SECTION 2: Transfers and escorts</b>					
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?	50%	56%	50%	50%
1b	Was your personal safety during the journey good/very good?	62%	62%	62%	59%
1c	Was the comfort of the van good/very good?	13%	18%	13%	26%
1d	Was the attention paid to your health needs good/very good?	28%	35%	28%	42%
1e	Was the frequency of toilet breaks good/very good?	11%	14%	11%	20%
2	Did you spend more than four hours in the van?	12%	8%	12%	6%
3	Were you treated well/very well by the escort staff?	65%	72%	65%	74%
4a	Did you know where you were going when you left court or when transferred from another prison?	93%	88%	93%	95%
4b	Before you arrived here did you receive any written information about what would happen to you?	13%	25%	13%	15%
4c	When you first arrived here did your property arrive at the same time as you?	94%	93%	94%	98%

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<b>SECTION 3: Reception, first night and induction</b>					
<b>3</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:				
<b>1b</b>	Problems with loss of property?	13%	16%	13%	
<b>1c</b>	Housing problems?	14%	23%	14%	
<b>1d</b>	Problems contacting employers?	9%	13%	9%	
<b>1e</b>	Problems contacting family?	27%	55%	27%	
<b>1f</b>	Problems ensuring dependants were looked after?	10%	16%	10%	
<b>1g</b>	Money problems?	12%	18%	12%	
<b>1h</b>	Problems of feeling depressed/suicidal?	29%	41%	29%	
<b>1i</b>	Health problems?	43%	57%	43%	
<b>1j</b>	Problems in needing protection from other prisoners?	11%	17%	11%	
<b>1k</b>	Problems accessing phone numbers?	29%	40%	29%	
	When you first arrived:				
<b>2a</b>	Did you have any problems?	40%	44%	40%	30%
<b>2b</b>	Did you have any problems with loss of property?	8%	8%	8%	6%
<b>2c</b>	Did you have any housing problems?	9%	12%	9%	6%
<b>2d</b>	Did you have any problems contacting employers?	5%	4%	5%	1%
<b>2e</b>	Did you have any problems contacting family?	12%	14%	12%	7%
<b>2f</b>	Did you have any problems ensuring dependants were being looked after?	5%	4%	5%	5%
<b>2g</b>	Did you have any money worries?	9%	16%	9%	9%
<b>2h</b>	Did you have any problems with feeling depressed or suicidal?	7%	6%	7%	5%
<b>2i</b>	Did you have any health problems?	17%	9%	17%	11%
<b>2j</b>	Did you have any problems with needing protection from other prisoners?	2%	1%	2%	2%
<b>2k</b>	Did you have problems accessing phone numbers?	12%	9%	12%	
<b>3a</b>	Were you seen by a member of health services in reception?	96%	82%	96%	92%
<b>3b</b>	When you were searched in reception, was this carried out in a respectful way?	78%	82%	78%	76%
<b>4</b>	Were you treated well/very well in reception?	70%	81%	70%	76%
	On your day of arrival, were you offered any of the following information:				
<b>5a</b>	Information about what was going to happen to you?	44%	65%	44%	56%
<b>5b</b>	Information about what support was available for people feeling depressed or suicidal?	35%	53%	35%	50%
<b>5c</b>	Information about how to make routine requests?	30%	55%	30%	38%
<b>5d</b>	Information about your entitlement to visits?	37%	63%	37%	58%
<b>5e</b>	Information about health services?	46%	75%	46%	
<b>5f</b>	Information about the chaplaincy?	37%	61%	37%	

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<b>SECTION 3: Reception, first night and induction continued</b>					
On your day of arrival, were you offered any of the following:					
6a	A smokers/non-smokers pack?	85%	75%	85%	80%
6b	The opportunity to have a shower?	56%	65%	56%	56%
6c	The opportunity to make a free telephone call?	30%	50%	30%	27%
6d	Something to eat?	60%	78%	60%	67%
Within the first 24 hours did you meet any of the following people:					
7a	The chaplain or a religious leader?	29%	48%	29%	59%
7b	Someone from health services?	85%	78%	85%	84%
7c	A Listener/Samaritans?	11%	38%	11%	37%
8	Did you have access to the prison shop/canteen within the first 24 hours?	6%	28%	6%	19%
9	Did you feel safe on your first night here?	87%	92%	87%	91%
10	Have you been on an induction course?	99%	94%	99%	95%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	68%	75%	68%	74%
<b>SECTION 4: Legal rights and respectful custody</b>					
In terms of your legal rights, is it easy/very easy to:					
1a	Communicate with your solicitor or legal representative?	66%	62%	66%	75%
1b	Attend legal visits?	65%	59%	65%	76%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	35%	26%	35%	40%
For the wing/unit you are currently on:					
3a	Are you normally able to have a shower every day?	97%	98%	97%	100%
3b	Do you normally receive clean sheets every week?	70%	83%	70%	94%
3c	Do you normally get cell cleaning materials every week?	52%	73%	52%	76%
3d	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	69%	80%	69%	79%
3e	Can you normally get your stored property, if you need to?	49%	52%	49%	47%
4	Is the food in this prison good/very good?	29%	44%	29%	68%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	52%	43%	48%
6a	Is it easy/very easy to get a complaints form?	82%	85%	82%	82%
6b	Is it easy/very easy to get an application form?	87%	91%	87%	90%
7	Have you made an application?	91%	83%	91%	78%



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<b>SECTION 4: Legal rights and respectful custody continued</b>					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	73%	77%	73%	79%
8b	Do you feel applications are dealt with promptly (within seven days)?	76%	71%	76%	84%
9	Have you made a complaint?	36%	35%	36%	46%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	43%	46%	43%	62%
10b	Do you feel complaints are dealt with promptly (within seven days)?	47%	52%	47%	59%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	23%	19%	23%	25%
10c	Were you given information about how to make an appeal?	16%	27%	16%	37%
12	Is it easy/very easy to see the Independent Monitoring Board?	28%	48%	28%	47%
13a	Do you feel your religious beliefs are respected?	55%	58%	55%	60%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	62%	63%	62%	67%
14	Are you able to speak to a Listener at any time, if you want to?	32%	70%	32%	80%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	60%	78%	60%	81%
15b	Do most staff, in this prison, treat you with respect?	47%	80%	47%	77%
<b>SECTION 5: Safety</b>					
1	Have you ever felt unsafe in this prison?	23%	14%	23%	18%
2	Do you feel unsafe in this prison at the moment?	3%	4%	3%	
4	Have you been victimised by another prisoner?	6%	8%	6%	10%
Since you have been here, has another prisoner:					
5a	Made insulting remarks about you, your family or friends?	5%	4%	5%	6%
5b	Hit, kicked or assaulted you?	0%	1%	0%	0%
5c	Sexually abused you?	0%	0%	0%	1%
5d	Victimised you because of your race or ethnic origin?	1%	2%	1%	5%
5e	Victimised you because of drugs?	0%	0%	0%	2%
5f	Taken your canteen/property?	0%	0%	0%	0%
5g	Victimised you because you were new here?	1%	2%	1%	2%
5h	Victimised you because of your sexuality?	0%	0%	0%	0%
5i	Victimised you because you have a disability?	1%	0%	1%	
5j	Victimised you because of your religion/religious beliefs?	0%	1%	0%	
5k	Victimised you because of your age?	0%	0%	0%	
5l	Victimised you because you were from a different part of the country?	0%	2%	0%	0%
5m	Victimised you because of your offence/crime?	1%	1%	1%	
5n	Victimised you because of gang related issues?	1%	1%	1%	

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<b>SECTION 5: Safety continued</b>					
6	Have you been victimised by a member of staff?	25%	15%	25%	12%
	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	11%	7%	11%	6%
7b	Hit, kicked or assaulted you?	1%	0%	1%	0%
7c	Sexually abused you?	1%	0%	1%	1%
7d	Victimised you because of your race or ethnic origin?	5%	3%	5%	5%
7e	Victimised you because of drugs?	2%	1%	2%	1%
7f	Victimised you because you were new here?	10%	4%	10%	2%
7g	Victimised you because of your sexuality?	1%	0%	1%	
7h	Victimised you because you have a disability?	1%	0%	1%	
7i	Victimised you because of your religion/religious beliefs?	1%	3%	1%	
7j	Victimised you because of your age?	2%	0%	2%	
7k	Victimised you because you were from a different part of the country?	6%	2%	6%	2%
7l	Victimised you because of your offence/crime?	1%	2%	1%	
7m	Victimised you because of gang related issues?	2%	0%	2%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	26%	26%	26%	14%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	11%	8%	11%	
10	Have you ever felt threatened or intimidated by a member of staff in here?	22%	12%	22%	
11	Is it easy/very easy to get illegal drugs in this prison?	44%	34%	44%	51%
<b>SECTION 6: Health care</b>					
1a	Is it easy/very easy to see the doctor?	66%	59%	66%	
1b	Is it easy/very easy to see the nurse?	85%	75%	85%	
1c	Is it easy/very easy to see the dentist?	43%	24%	43%	
1d	Is it easy/very easy to see the optician?	28%	24%	28%	
2	Are you able to see a pharmacist?	52%	54%	52%	
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?	76%	72%	76%	81%
3b	The nurse?	84%	79%	84%	84%
3c	The dentist?	59%	59%	59%	43%
3d	The optician?	54%	60%	54%	75%
4	The overall quality of health services?	74%	68%	74%	78%

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<b>Health care continued</b>					
5	Are you currently taking medication?	39%	35%	39%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	94%	95%	94%	
7	Do you feel you have any emotional well-being/mental health issues?	9%	13%	9%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	50%	27%	50%	
8b	A doctor?	43%	37%	43%	
8c	A nurse?	22%	35%	22%	
8d	A psychiatrist?	8%	8%	8%	
8e	The mental health in-reach team?	22%	27%	22%	
8f	A counsellor?	8%	8%	8%	
9a	Did you have a drug problem when you came into this prison?	8%	6%	8%	1%
9b	Did you have an alcohol problem when you came into this prison?	8%	4%	8%	0%
10a	Have you developed a drug problem since you have been in this prison?	6%	2%	6%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	91%	93%	91%	
12	Have you received any help or intervention while in this prison?	86%	86%	86%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	73%	85%	73%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	9%	9%	9%	5%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	12%	7%	12%	3%
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?	93%	61%	93%	56%
<b>SECTION 7: Purposeful ctivity</b>					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	73%	74%	73%	
1b	Vocational or skills training?	22%	24%	22%	
1c	Education (including basic skills)?	20%	33%	20%	
1d	Offending Behaviour Programmes?	8%	12%	8%	
2ai	Have you had a job while in this prison?	97%	85%	97%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	45%	48%	45%	
2bi	Have you been involved in vocational or skills training while in this prison?	82%	77%	82%	
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	75%	74%	75%	

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<b>Purposeful activity continued</b>					
2ci	Have you been involved in education while in this prison?	83%	80%	83%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	74%	73%	74%	
2di	Have you been involved in offending behaviour programmes while in this prison?	77%	63%	77%	
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	56%	55%	56%	
3	Do you go to the library at least once a week?	76%	56%	76%	56%
4	On average, do you go to the gym at least twice a week?	62%	60%	62%	53%
5	On average, do you go outside for exercise three or more times a week?	79%	67%	79%	75%
6	On average, do you spend ten or more hours out of your cell on a weekday?	53%	52%	53%	57%
7	On average, do you go on association more than five times each week?	78%	76%	78%	86%
8	Do staff normally speak to you most of the time/all of the time during association?	9%	23%	9%	19%
<b>SECTION 8: Resettlement</b>					
1	Do you have a personal officer?	61%	68%	61%	80%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	64%	79%	64%	70%
For those who are sentenced:					
3	Do you have a sentence plan?	81%	69%	81%	79%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	70%	75%	70%	78%
5	Can you achieve some/all of your sentence plan targets in this prison?	84%	85%	84%	
6	Are there plans for you to achieve some/all your targets in another prison?	27%	30%	27%	
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	28%	40%	28%	
8	Do you feel that any member of staff has helped you to prepare for release?	23%	39%	23%	
9	Have you had any problems with sending or receiving mail?	21%	21%	21%	17%
10	Have you had any problems getting access to the telephones?	13%	10%	13%	13%
11	Did you have a visit in the first week that you were here?	60%	49%	60%	59%
12	Did you receive one or more visits in the last week?	56%	82%	56%	
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	51%	47%	51%	
14	Have you been helped to maintain contact with family/friends while in this prison?	37%	59%	37%	

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<b>Resettlement continued</b>					
<b>15</b>	Do you know who to contact within this prison to get help with the following:				
<b>15b</b>	Maintaining good relationships?	15%	22%	15%	
<b>15c</b>	Avoiding bad relationships?	11%	17%	11%	
<b>15d</b>	Finding a job on release?	38%	65%	38%	86%
<b>15e</b>	Finding accommodation on release?	36%	58%	36%	79%
<b>15f</b>	With money/finances on release?	30%	45%	30%	63%
<b>15g</b>	Claiming benefits on release?	36%	54%	36%	71%
<b>15h</b>	Arranging a place at college/continuing education on release?	33%	50%	33%	73%
<b>15i</b>	Accessing health services on release?	24%	47%	24%	63%
<b>15j</b>	Opening a bank account on release?	37%	42%	37%	
<b>16</b>	Do you think you will have a problem with any of the following on release from prison?				
<b>16b</b>	Maintaining good relationships?	5%	3%	5%	
<b>16c</b>	Avoiding bad relationships?	2%	4%	2%	
<b>16d</b>	Finding a job?	34%	30%	34%	
<b>16e</b>	Finding accommodation?	19%	23%	19%	
<b>16f</b>	Money/finances?	15%	24%	15%	
<b>16g</b>	Claiming benefits?	14%	18%	14%	
<b>16h</b>	Arranging a place at college/continuing education?	6%	12%	6%	
<b>16i</b>	Accessing health services?	9%	9%	9%	
<b>16j</b>	Opening a bank account?	12%	19%	12%	
<b>17</b>	Have you been provided with information on the following:				
<b>17a</b>	ROTL (release on temporary license)	89%	74%	89%	
<b>17b</b>	Facility licence (outside work, education)	66%	59%	66%	
<b>17c</b>	Resettlement licence (other outside activities e.g.. Work, arranging accommodation, family visits)	69%	60%	69%	
<b>17d</b>	Earned Community Visits (Town visits)	86%	74%	86%	
<b>18</b>	Have you had access to the following:				
<b>18a</b>	ROTL (release on temporary license)	78%	60%	78%	
<b>18b</b>	Facility licence (outside work, education)	52%	42%	52%	
<b>18c</b>	Resettlement licence (other outside activities e.g.. Work, arranging accommodation, family visits)	49%	42%	49%	
<b>18d</b>	Earned community visits (town visits)	74%	59%	74%	
<b>19</b>	Please answer the following about resettlement:				
<b>19a</b>	Were you given up to date information about this prison before you came here?	16%	28%	16%	
<b>19b</b>	Were you helped to prepare for open conditions before you came here (increased responsibility)?	28%	30%	28%	
<b>19c</b>	Do you feel you have been given greater responsibility here than when you were in closed conditions?	83%	83%	83%	
<b>19d</b>	Have you been on a preparation for release course?	22%	19%	22%	
<b>19e</b>	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	59%	71%	59%	62%
<b>19f</b>	Is this prison near your home area or your intended release address?	45%	48%	45%	



## Prisoner OM survey responses HMP Sudbury 2010

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

### Key to tables

		HMP Sudbury	Open Prisons comparator	HMP Sudbury	Overall comparator
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>18</b>	<b>44</b>	<b>18</b>	<b>643</b>
<b>SECTION 1: General information</b>					
1	Are you under 21 years of age?	0%	0%	0%	12%
2	Are you a foreign national?	6%	7%	6%	9%
3	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	33%	19%	33%	24%
4	Do you consider yourself to have a disability?	6%	11%	6%	18%
5	Is this prison in your home probation area?	6%	11%	6%	29%
6	Are you on recall?	6%	4%	6%	19%
7	Were you sentenced to less than two years?	0%	4%	0%	12%
8	Do you have six months or less to serve?	19%	33%	19%	29%
<b>SECTION 2: Reception and induction</b>					
9	Did you have any of the following problems when you first arrived here:				
9a	Housing problems?	28%	30%	28%	26%
9b	Problems contacting employers?	11%	5%	11%	9%
9c	Problems contacting family?	6%	5%	6%	16%
9d	Problems of feeling depressed/suicidal?	6%	10%	6%	22%
9e	None of the above problems?	72%	65%	72%	55%
For those who have been on an induction course:					
10	Did you go on an induction within the first week?	94%	94%	94%	77%
11	If you have been on an induction, did it cover everything you needed to know about the prison?	50%	89%	50%	66%
For those who have received a basic skills assessment:					
12	Did you receive a 'basic skills' assessment within the first week?	56%	65%	56%	45%
13	After arrival into this prison did you have an interview with staff to ask if you needed help (e.g. for housing problems, contacting family, feeling depressed or suicidal)?	33%	55%	33%	57%

**Key to tables**

		HMP Sudbury	Open Prisons comparator	HMP Sudbury	Overall comparator
<span style="background-color: #00FF00;"> </span>	Any percent highlighted in green is significantly better				
<span style="background-color: #0000FF;"> </span>	Any percent highlighted in blue is significantly worse				
<span style="background-color: #FFA500;"> </span>	Any percent highlighted in orange shows a significant difference in prisoners' background details				
<span style="background-color: #FFFFFF;"> </span>	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Sentence planning</b>					
<b>14</b>	Do you have a sentence plan?	83%	94%	83%	69%
For those who have a sentence plan:					
<b>15</b>	Were you involved in the development of your sentence plan?	87%	88%	87%	75%
<b>16</b>	Has your sentence plan taken into account your individual needs?	93%	76%	93%	62%
<b>17</b>	Can you achieve all or some of your sentence plan targets in this prison?	80%	93%	80%	71%
<b>18</b>	Are there plans for you to achieve some/all your targets in another prison?	7%	15%	7%	34%
<b>19</b>	Are there plans for you to achieve some/all your targets while on licence in the community?	73%	44%	73%	43%
<b>20</b>	Have you had any meetings to discuss your sentence plan while in custody?	100%	98%	100%	82%
<b>21</b>	If you have had sentence planning meetings did any of the following attend:				
<b>21a</b>	Offender supervisor?	87%	83%	87%	60%
<b>21b</b>	Prison staff from other departments?	47%	33%	47%	29%
<b>21c</b>	Offender manager?	73%	65%	73%	51%
<b>21d</b>	Anyone from other agencies?	7%	30%	7%	19%
<b>22</b>	Were these meetings useful to you?	87%	83%	87%	66%
<b>SECTION 4: Offender manager</b>					
<b>23</b>	Do you have a named offender manager in the probation service?	100%	98%	100%	89%
For those who have an offender manager:					
<b>24</b>	Has your offender manager been in contact with you since you have been in custody?	94%	98%	94%	78%
<b>25</b>	If you have had contact from your offender manager, what type of contact was it:				
<b>25a</b>	Contact by letter?	75%	60%	75%	48%
<b>25b</b>	Contact by phone?	75%	69%	75%	24%
<b>25c</b>	A visit to the prison?	69%	78%	69%	69%
<b>26</b>	Has your offender manager changed since you have been in custody?	59%	57%	59%	40%
For those who have a sentence plan:					
<b>27</b>	Has your offender manager discussed your sentence plan with you?	85%	88%	85%	74%
<b>28</b>	Do you think you have been supported by your offender manager while in prison?	77%	70%	77%	42%

**Key to tables**

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Percentages which are not highlighted show there is no significant difference					
<b>SECTION 5: Offender supervisor</b>					
29	Do you have an offender supervisor within this prison?	94%	89%	94%	70%
For those who have an offender supervisor:					
30	Do you meet with your offender supervisor every month?	94%	97%	94%	75%
31	Do you think you have been supported by your offender supervisor while in prison?	81%	93%	81%	52%
<b>SECTION 6: Your time in custody</b>					
32	Have any of the following made it more difficult to take full part in the activities in custody:				
32a	No issues?	83%	93%	83%	68%
32b	Difficulties with religion?	8%	7%	8%	7%
32b	Difficulties with race?	8%	0%	8%	6%
32c	Difficulties with a disability?	8%	0%	8%	9%
32d	Difficulties with language?	0%	0%	0%	3%
32e	Difficulties with reading/writing skills?	0%	0%	0%	12%
32f	Difficulties with other issues?	0%	0%	0%	9%
33	Whist in custody have you been helped with any of the following:				
33a	Housing?	6%	18%	6%	12%
33b	Eductaion/training/employment?	75%	73%	75%	54%
33c	Money and debt?	13%	5%	13%	7%
33d	Relationships (e.g. family/partner)?	6%	23%	6%	14%
33e	Lifestyle (e.g. friendships)?	6%	27%	6%	14%
33f	Drug use?	25%	30%	25%	37%
33g	Alcohol use?	25%	39%	25%	26%
33h	Emotional well-being?	13%	18%	13%	22%
33i	Thinking skills?	50%	75%	50%	37%
33j	Attitude to offending?	38%	71%	38%	31%
33k	Health?	25%	41%	25%	34%
33l	Not had any help?	6%	9%	6%	16%
34	Has anyone done any work with you on basic skills?	64%	88%	64%	51%
35	Has anyone done any work with you on victim awareness?	82%	81%	82%	32%
36	Has any member of staff helped you to address your offending behaviour while in custody?	39%	76%	39%	36%
<b>SECTION 7: Resettlement</b>					
37	Has any member of staff helped to prepare for your release while in custody?	28%	46%	28%	15%
38	Do you think you will have a problem with the following on release from custody?:				
38a	Problems maintaining/avoiding good relationships?	0%	6%	0%	21%
38b	Problems finding a job?	47%	29%	47%	64%



**Key to tables**

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<b>38c</b>	Finding accommodation?	41%	29%	41%	46%
<b>38d</b>	Problems with money/finances?	35%	24%	35%	39%
<b>38e</b>	Problems claiming benefits?	18%	29%	18%	36%
<b>38f</b>	Problems arranging a place at college/continuing education?	12%	12%	12%	24%
<b>38g</b>	Problems contacting external drug or alcohol agencies?	0%	0%	0%	12%
<b>38h</b>	Problems accessing health care services?	6%	0%	6%	13%
<b>38i</b>	Problems opening a bank account?	12%	29%	12%	31%
<b>38j</b>	None of the above problems?	29%	41%	29%	19%
<b>39</b>	Have you done anything, or has anything happened to you during custody that you think will make you less likely to offend in future?	89%	86%	89%	64%



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	Muslim Prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better				
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	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>45</b>	<b>109</b>	<b>16</b>	<b>137</b>
1.7	Are you a foreign national?	5%	0%	7%	1%
1.8	Is English your first language?	74%	100%	38%	99%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?			100%	21%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	2%	0%	2%
1.11	Are you Muslim?	36%	0%		
1.13	Do you consider yourself to have a disability?	7%	9%	7%	9%
1.14	Is this your first time in prison?	42%	41%	38%	42%
2.1d	Was the attention paid to your health needs good/very good?	28%	29%	40%	27%
2.3	Were you treated well/very well by the escort staff?	66%	65%	75%	64%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	87%	95%	93%	93%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	26%	27%	26%	27%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	26%	29%	26%	29%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	40%	43%	40%	43%
3.2a	Did you have any problems when you first arrived?	48%	37%	30%	41%
3.3a	Were you seen by a member of health care staff in reception?	100%	94%	100%	96%
3.3b	When you were searched in reception, was this carried out in a respectful way?	75%	80%	93%	76%
3.4	Were you treated well/very well in reception?	66%	72%	75%	69%

## Key to tables

		BME prisoners	White prisoners	Muslim Prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better				
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3.7b	Did you have access to someone from health care within the first 24 hours?	85%	85%	87%	85%
3.9	Did you feel safe on your first night here?	83%	88%	87%	87%
3.10	Have you been on an induction course?	95%	100%	100%	99%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	66%	66%	74%	65%
4.3b	Are you normally able to have a shower every day?	97%	97%	100%	97%
4.4	Is the food in this prison good/very good?	37%	27%	40%	28%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	27%	50%	26%	46%
4.6a	Is it easy/very easy to get a complaints form?	78%	84%	60%	85%
4.6b	Is it easy/very easy to get an application form?	88%	87%	93%	87%
4.9	Have you made a complaint?	33%	37%	21%	38%
4.13a	Do you feel your religious beliefs are respected?	57%	54%	74%	53%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	74%	57%	92%	58%
4.14	Are you able to speak to a Listener at any time if you want to?	26%	34%	21%	33%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	53%	62%	47%	61%
4.15b	Do most staff, in this prison, treat you with respect?	46%	46%	60%	45%
5.1	Have you ever felt unsafe in this prison?	14%	26%	13%	24%
5.2	Do you feel unsafe in this prison at the moment?	0%	4%	0%	3%
5.4	Have you been victimised by another prisoner?	3%	8%	0%	7%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	1%	0%	2%
5.5i	Victimised you because you have a disability?	3%	0%	0%	1%

Key to tables

Diversity Analysis

		BME prisoners	White prisoners	Muslim Prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better				
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	Percentages which are not highlighted show there is no significant difference				
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	0%	0%	0%
5.6	Have you been victimised by a member of staff?	26%	25%	13%	27%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	13%	2%	8%	5%
5.7h	Victimised you because you have a disability?	0%	1%	0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%	0%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	5%	13%	0%	12%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	25%	22%	21%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	25%	51%	21%	47%
6.1a	Is it easy/very easy to see the doctor?	55%	70%	53%	67%
6.1b	Is it easy/ very easy to see the nurse?	85%	84%	87%	84%
6.2	Are you able to see a pharmacist?	64%	48%	57%	52%
6.5	Are you currently taking medication?	33%	40%	40%	38%
6.7	Do you feel you have any emotional well-being/mental health issues?	8%	10%	8%	10%
7.1a	Are you currently working in the prison?	75%	72%	79%	72%
7.1b	Are you currently undertaking vocational or skills training?	28%	19%	8%	24%
7.1c	Are you currently in education (including basic skills)?	28%	17%	13%	20%
7.1d	Are you currently taking part in an offending behaviour programme?	8%	9%	8%	9%
7.3	Do you go to the library at least once a week?	77%	75%	87%	75%
7.4	On average, do you go to the gym at least twice a week?	85%	53%	93%	58%
7.5	On average, do you go outside for exercise three or more times a week?	67%	83%	64%	80%
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)	40%	58%	40%	55%

## Key to tables

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	Percentages which are not highlighted show there is no significant difference				
		<b>BME prisoners</b>	<b>White prisoners</b>	<b>Muslim Prisoners</b>	<b>Non-Muslim prisoners</b>
7.7	On average, do you go on association more than five times each week?	84%	76%	87%	77%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	13%	7%	14%	8%
8.1	Do you have a personal officer?	59%	61%	47%	62%
8.9	Have you had any problems sending or receiving mail?	28%	18%	21%	21%
8.10	Have you had any problems getting access to the telephones?	13%	13%	13%	13%
8.18	Have you been provided with information on the following?				
8.18a	ROTL (release on temporary license)	87%	89%	100%	88%
8.18b	Facility licence (outside work, education)	72%	64%	86%	64%
8.18c	Resettlement licence (other outside activities e.g. work, arranging accommodation, family visits)	71%	68%	79%	67%
8.18d	Earned Community Visits (Town visits)	81%	87%	100%	84%
8.19	Have you had access to the following?				
8.19a	ROTL (release on temporary license)	84%	76%	87%	77%
8.19b	Facility licence (outside work, education)	51%	51%	39%	53%
8.19c	Resettlement licence (other outside activities e.g. work, arranging accommodation, family visits)	50%	48%	50%	48%
8.19d	Earned community visits (town visits)	65%	77%	66%	74%
8.20	Please answer the following about resettlement:				
8.20a	Were you given up to date information about this prison before you came here?	23%	14%	21%	16%
8.20b	were you helped to prepare for open conditions before you came here (increased responsibility)?	26%	29%	21%	29%
8.20c	Do you feel you have been given greater responsibility here than when you were in closed conditions?	80%	85%	74%	84%
8.20d	Have you been on a preparation for release course?	28%	19%	26%	21%
8.20e	Is this prison near your home area or your intended release address?	56%	42%	66%	43%