

Report on an announced inspection of

HMP Wandsworth

1–5 June 2009

by HM Chief Inspector of Prisons

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Introduction

This could have been an inspection report that focused on continuing progress and improvement in a prison that has, in the past, been the source of considerable concern to the Inspectorate and the Prison Service. Under the then Governor, considerable steps had been taken to change a previously resistant staff culture, increase the quality and quantity of activities, and improve prisoners' resettlement chances. All this was evident in the course of the inspection and is recorded in the body of this report.

However, the prison's reputation has been seriously tarnished by the irresponsible, pointless and potentially dangerous actions instigated at managerial level, in conjunction with managers at Pentonville, whose report is also published today. Together, they planned to swap a small number of prisoners for the duration of their respective inspections – in Wandsworth's case to remove five prisoners perceived to be potentially 'difficult'. The consequences at Wandsworth were particularly serious. Three prisoners from the segregation unit and two from the vulnerable prisoner wing were summarily told on the weekend before the inspection that they were to move to Pentonville. One was new to prison and already identified as in need of protection. Two others would miss medical appointments for serious conditions. Both were so distressed that they self-harmed. One, with a previous history of self-harm, tied a ligature round his neck, cut himself and was forcibly removed from his cell. He was taken to reception, bloody, handcuffed and dressed only in underwear. He attempted self-harm a further three times immediately after his move to Pentonville. The other took an overdose of prescription drugs and needed to go to hospital. On his return, he was nevertheless later taken by taxi to Pentonville. Those men, and two of the other transferees, were returned to Wandsworth immediately after the inspection was over.

These actions were a dereliction of the prison's duty of care to prisoners. Every prison in the country knows that prisoners are particularly vulnerable to suicide in the days immediately after they move to a new prison. Wandsworth managers had particular reason to know this, as prisoner transfers without notice was something that was highlighted by the Prisons and Probation Ombudsman in relation to a previous death in custody in the prison. The Ombudsman is now separately investigating the self-inflicted death of another prisoner moved to Pentonville, following a court appearance, in the week before the inspection, and held there during the inspection before being returned to Wandsworth.

In terms of the effect on the inspection, the prisoner transfers were completely pointless. It is impossible that the views of five prisoners (one of whom had previously contacted inspectors and four of whom have now been separately interviewed) would have influenced the inspection. Indeed, the transfers have had the opposite effect, casting doubt on the governance of the prison and the commitment, at senior level, to the safe and respectful treatment of those in its care.

The considerable efforts over some time to improve Wandsworth will inevitably be overshadowed by these events, sadly for the many staff and managers who have worked hard to achieve this. The body of this report records those positive changes. First night and induction procedures had improved, as had prisoners' relationships with staff. There was some positive work on race, though work with foreign national and disabled prisoners was underdeveloped. For a local prison, there was a commendable amount of activity, with some good quality vocational training, and prisoners were out of their cells for a reasonable amount of time. Resettlement work was also developing well, with some good local and community links, though the needs of short-term and remanded prisoners (a considerable percentage) were not systematically met.

However, this inspection will instead be remembered for the unacceptable attempts, at managerial level, to subvert the inspection process at the expense of prisoners' well-being. This is deplorable, not only because of the effects on individuals, but because of the underlying mind-set: that prisoners are merely pieces to be moved around the board to meet performance targets or burnish the reputation of the prison. Those involved in the decision and its implementation not only lost sight of their primary duty to those in their care, but also sent a message to more junior staff that prisoners' wellbeing is negotiable – and this in a prison which had been struggling to change a negative staff culture, and where the levels of use of force by staff are still of concern. Both the actual consequences and the approach that gave rise to them are necessarily reflected in our assessments. This should never happen again; and it is welcome, though it should not have been necessary, that the Director General of the National Offender Management Service has instructed Governors to that effect.

Anne Owers
HM Chief Inspector of Prisons

September 2009

Fact page

Task of establishment

HMP Wandsworth is a category B local prison, holding remand, recalled and sentenced prisoners. There are a small number (87) of foreign national detainees. It also accommodates vulnerable sentenced prisoners in a 360-bed unit. The majority of these are convicted sex offenders, some of whom are serving long sentences.

Brief history

HMP Wandsworth was built in 1851 to act as Surrey County Gaol. Onslow unit (currently housing vulnerable prisoners) was built as a women's prison. Since 1989, there has been an extensive refurbishment programme, which is still ongoing. E wing re-opened in May 2007, providing extra capacity. The modern history of the prison has been troubled. During the 1990s and the early part of the present century, the prison received a number of highly critical HM Inspectorate of Prisons inspections, as well as being widely considered as failing on most other measures. In 2004, the prison was subjected to a Performance Test; the proposals were accepted and it has operated to a Service Level Agreement since April 2005.

Area organisation

London (NOMS)

Number held

1,658

Certified normal accommodation

1,107

Operational capacity

1,665

Last inspection

10–14 July 2006 (Full follow-up)

Description of residential units

There are two residential blocks. Each unit comprises wings radiating from a centre, in typical Victorian prison style.

Heathfield unit accommodates around 1,300 sentenced and remand prisoners on five wings, mainly in a mixture of single and shared cells.

A wing – capacity 292

B wing – capacity 280

C wing – capacity 270; induction and remand prisoners

D wing – capacity 250

E wing – capacity 199; first night accommodation; segregation unit

There are two specialist units on Heathfield unit for drug and alcohol users. Onslow unit accommodates around 360 vulnerable prisoners, mainly sex offenders, on three wings.

Healthy prison summary

Introduction

- HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is Everyone's Concern*, published in 1999. The criteria are:
- | | |
|----------------------------|-----------------------------------------------------------------------------------------------------------------|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |

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

... performing well against this healthy prison test.

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

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

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

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

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

... performing poorly against this healthy prison test.

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

Safety

- HP3 Reception was busy and cramped, but staff focused on moving prisoners quickly to the first night centre, where the environment was welcoming. Induction was relevant and immediate but over-long. The quality of suicide and self-harm measures was reasonable. There were some gaps in suicide and self-harm support, and the

transfer, and consequent self-harm, of vulnerable prisoners for the period of the inspection disregarded both their wellbeing and the prison's duty of care. Violence reduction measures had yet to bed in. Levels of use of force were high and at least one usage had not been recorded. The policies and procedures of the segregation unit did not support its alleged role as a separation and care unit. The clinical management of substance misuse offered good outcomes. The failure, at senior levels, to have proper regard for the safety and care of prisoners raises very serious concerns about prisoners' safety and for that reason we conclude that Wandsworth was performing poorly against this healthy prison test.

- HP4 Reception was busy and cramped, and when crowded there were delays for arriving prisoners. Staff moved prisoners through as quickly as possible and most prisoners spent no longer than an hour in reception. The use of surnames was routine, and staff-prisoner relationships observed were formal. Prisoners were more negative than at comparator establishments about their treatment in reception. All prisoners were strip-searched, both in and out of reception.
- HP5 All new arrivals were moved to the first night centre, where they were interviewed by a first night officer. Prisoner peer supporters and a Prison Advice and Care Trust (PACT) worker also worked there and provided a range of support. Vulnerable prisoners had less opportunity to associate but were seen by all the various staff and peer supporters. They were more likely to report feeling unsafe on their first night than other prisoners. First night cells were in a reasonable state of repair and clean, but toilets and sinks were badly stained. Prisoners were not able to make a free telephone call, but the PACT worker could make a call on their behalf. Gated cells were located on the first night landing and used for long-term residents.
- HP6 Induction started two working days after arrival. Spread over as long as two weeks, it included long periods of inactivity, but the content was good. A parallel induction was run for vulnerable prisoners on Onslow unit. A written induction booklet was available. Some induction material was out of date and much of it available only in English. An assessment of resettlement needs was completed and resulted in referrals to a range of interventions. A system had been introduced to ensure that all elements of the programme were complete before allocation to another wing.
- HP7 The monthly safer prisons meeting was well attended and suitably multidisciplinary. Data collection was comprehensive, but subsequent analysis lacked focus. The suicide prevention strategy was comprehensive but overly process-focused and not user-friendly. No investigations were carried out into near-death incidents and there was no ongoing monitoring of action plans arising from self-inflicted deaths. Staff awareness of the value of the assessment, care in custody and teamwork (ACCT) process had improved but the quality of the documentation was variable and sometimes poor, in spite of quality assurance. The crisis counselling scheme was an innovative development. Listeners felt well supported and utilised. However, a managerial decision to transfer out five prisoners, some with vulnerabilities, without notice and solely for the duration of the inspection, even after two had self-harmed, revealed a lack of commitment at a very senior level to the care and safety of prisoners. The Prisons and Probation Ombudsman is also separately investigating the circumstances surrounding the self-inflicted death of another prisoner who moved to Pentonville following a court appearance and was held there over the period of the inspection, returning to Wandsworth with four of the transferred prisoners referred to above.

- HP8 The violence reduction strategy was comprehensive but not based on consultation with prisoners, and was not widely publicised or understood. Feedback from prisoners about safety was positive, and staff challenged inappropriate behaviour. More black and minority ethnic and Muslim prisoners felt unsafe at the establishment than white and non-Muslim prisoners respectively. Systems for recording unexplained injuries were weak. Prisoner violence reduction representatives played a positive role. The shame/violence intervention group and the developing mediation sessions were excellent developments.
- HP9 The physical security was appropriate for the function of the prison. Prisoners had access to activities without undue restrictions and there was an appropriate level of free flow movement. There had been significant recent information regarding trafficking and inappropriate activity, which was being dealt with. Intelligence was analysed well. Measures for placing prisoners on closed visits and for banning visitors were only enforced when there was concrete evidence of inappropriate activity.
- HP10 The segregation unit had been renamed the care and separation unit, but there was little to distinguish it from a segregation unit. The unit was below ground level, with little natural light, but the communal areas were clean and the cells in a reasonable state. Three segregated prisoners, including one new to custody, were moved to Pentonville just before the inspection and two returned immediately after it. All prisoners were properly authorised for segregation and strip-searching was done on risk assessment only. History sheet entries did not reflect the good relationships between staff on the unit and the prisoners in their care.
- HP11 The number of adjudications was low. Staff did not routinely check whether prisoners could read or write or understand English. Prisoners were used inappropriately to interpret in adjudications. Management quality checks were carried out by the deputy governor, with detailed feedback given to adjudicating governors.
- HP12 Use of force had risen year on year since 2007. Planned interventions were video-recorded and reviewed for lessons learned. Reports showed that de-escalation techniques were sometimes used, but a few showed an inappropriate use of force. There was at least one use of force, with an allegation of assault, which was not recorded. There was a use of force committee, and a use of force coordinator had been appointed to help to ensure the proper use of force. There was one special cell, the use of which was minimal. Documentation for the use of the cell was of poor quality. Documentation was also poor for the two uses of the body belt in the year to date, to prevent serious self-harm.
- HP13 Although the integrated drug treatment system (IDTS) did not operate, the establishment delivered a range of clinical and psychosocial interventions for substance misusers. Subject to verification, existing prescribing regimes were continued or an equivalent provided. Weekend random mandatory drug testing (MDT) was undertaken but normally conducted at the beginning of the month to ensure that the target was achieved, which significantly reduced its effectiveness. Suspicion testing was not used effectively. MDT and voluntary drug testing were not sufficiently separated: the same staff conducted both types of test and in some cases the same facilities were used.

Respect

- HP14 The internal and external environments were in a reasonable state of repair. Most of the accommodation was shared. On the residential wings, staff–prisoner relationships appeared mostly relaxed and supportive. Managers’ decisions to collude with Pentonville in swapping prisoners, with no regard for their vulnerability or well-being, for the duration of the inspection did not demonstrate respect for prisoners. The personal officer scheme was understood and engaged with, but not functioning fully. Catering provision was good. The incentives scheme relied on sanctions, not commendations. Wider diversity provision was limited. The positive work of the race and diversity team had insufficient focus and differential outcomes were not always addressed. The needs of the large proportion of foreign nationals were not met strategically. There were gaps in primary health services. Overall, the establishment was not performing sufficiently well against this healthy prison test.
- HP15 The residential units were clean and in a reasonable state of repair, and the external areas tidy. The living spaces were cramped and the cells small, with most of them shared, but they were generally kept clean and tidy. In-cell toilets were not adequately screened. Shower rooms were in a poor state of repair, and access was limited for some sections of the population. The supply of clean prison clothing was often insufficient. Prisoner consultation meetings were helpful in resolving day-to-day issues.
- HP16 The incentives and earned privileges (IEP) policy was up to date and comprehensive. Few prisoners were on the basic level. Over-representation of black and minority ethnic prisoners on the basic level had been identified and responded to. However, there was a long-standing under-representation of this group at the enhanced level and, although discussed, no effective analysis or action had taken place. The scheme was perceived by almost all staff and prisoners as a system of warnings for non-compliant behaviour and there was too wide a range of single actions that could lead to downgrading. The scheme was not used to promote positive behaviour.
- HP17 On the residential wings, the staff–prisoner relationships that we observed varied but were generally relaxed and supportive. Feedback from prisoners was positive about having someone they could approach, although black and minority ethnic and Muslim prisoners reported victimisation by some staff. The arrangement with Pentonville, to move ‘difficult’ prisoners for the duration of the inspection did not demonstrate commitment, at managerial level, to respect for prisoners, their needs or vulnerabilities. There was reasonable interaction between staff and prisoners on association and a good relationship on visits.
- HP18 Staff understood their role as personal officers, but the allocation of three personal officers to a block of cells on some wings resulted in no one taking specific responsibility for individuals. Most wing files showed a good number of reasonable quality entries, but these were rarely by a dedicated personal officer. Management checks were excellent. There was minimal personal officer engagement in sentence planning or other key processes in prisoners’ progress.
- HP19 Catering was well managed, and the variety of food and daily menus reflected the cultural diversity of the population. Prisoners’ perceptions of the quality of the food

were significantly better than at comparator prisons. There was dining in association only on the first night centre, Nehemiah Project and healthcare centre.

- HP20 The recent changes to the prison shop contract had yet to bed in. Poor quality assurance systems resulted in frequent errors in orders. Problems were rectified but not quickly. Products for black and minority ethnic and Muslim prisoners were limited.
- HP21 There was no comprehensive diversity policy or meeting, and no systematic monitoring of prisoners from minority groups, other than those from black and minority ethnic communities. The needs of gay and transgender prisoners were not addressed. There was a full-time disability liaison officer, supported by prisoner orderlies. There was no system for developing action plans to meet the needs of prisoners with disabilities. Prisoner evacuation plans were in place but the system was inconsistent. Provision was better developed on Onslow unit, where services were supported by external agencies and regular consultative meetings were held with prisoners.
- HP22 Race equality was managed by a multidisciplinary race equality action team, which held monthly meetings, chaired by the governor. Not all action arising from these meetings was taken promptly. The perceptions of black and minority ethnic and Muslim prisoners were generally more negative than their white and non-Muslim counterparts. There were monthly prisoner consultation groups open to the large black and minority ethnic population, as well as wing orderly meetings. Race equality and diversity managers struggled to keep on top of the high number of racist incident report forms, a large number of which were submitted by staff because they had been accused of racism by prisoners. The system for quality checking did not pick up poor investigations of complaints and standard responses. The number of events held to celebrate racial diversity was limited and there were insufficient displays of positive images of racial diversity in the prison.
- HP23 Management of the large population of foreign national prisoners was not sufficiently strategic, and did not recognise or cover all their needs, for example in induction and resettlement. The foreign nationals coordinator was a full-time senior officer, and was supported by orderlies. Although there were some services available, poor use of interpretation meant that they were not necessarily aware of them. Other prisoners routinely interpreted for peers, sometimes for confidential matters. Few notices for prisoners were displayed in languages other than English.
- HP24 There was a clear policy for applications, but practice varied across the wings. The relatively high number of complaints may have indicated a lack of confidence in the application system, exacerbated by ineffective tracking. The system for complaints was more effective, although interim replies reduced the number of swift and substantive responses, and many replies were defensive and bureaucratic in tone and content, despite the introduction of good management checks.
- HP25 The services of the full-time trained legal rights officer were comprehensive. All newly convicted prisoners were seen and provided with information in a range of different languages, and signposted to other relevant services. The bail information service was delivered to all newly remanded prisoners on induction.
- HP26 The work of the chaplaincy team was well integrated across the establishment, with a strong collaborative ethos in assisting all prisoners, irrespective of denomination. Admission to services was by prior application and restricted to those of the service's

denomination, unless advance permission had been received. The Basic Caring Communities Project was a positive development.

HP27 Vacancies in the healthcare department had led to over-use of agency and bank staff. The different teams delivering healthcare were not well integrated. Staff attitudes towards prisoners were variable. There were no immunisation clinics, and provision for life-long clinics was insufficient. There was liaison with outside care providers and the local hospital. Too many outside hospital appointments were cancelled and the health needs of two prisoners with appointments were compromised when they were transferred out for the duration of the inspection.. Another prisoner, with acute mental health needs, moved to Pentonville just before the inspection, and apparently committed suicide on his return afterwards. This matter is under investigation by the Prisons and Probation Ombudsman. A number of pharmacy issues required attention. Dental services had improved. There was a full range of mental health services, though the mental health in-reach team was stretched. There were no day care services for prisoners needing support. Transfers to secure units were not unduly delayed. The Addison unit, for those with severe mental health problems, was well run, but there were no inpatient facilities for prisoners with physical health problems. Healthcare complaints were managed through the general complaints system, which breached confidentiality.

Purposeful activity

HP28 Around 60% of prisoners could engage in some form of work or education at any one time. Good quality vocational training was available. Allocation to employment and training was not based on identified need. Opportunities for time out of cell varied. The learning and skills provision was good, but punctuality and attendance needed attention. Library facilities and access were reasonable. Access to recreational PE was limited. Overall, the establishment was performing reasonably well against this healthy prison test.

HP29 Most prisoners were able to access a job or education course within the first few weeks of arrival. Allocation to activities was primarily based on security information, and insufficient account was taken of other information, such as initial assessment results and disabilities. Excluding the first night, detoxification and induction wings, around 61% of prisoners were occupied at any one time.

HP30 Education was well managed, with a clear strategic plan for development, which had led to well-informed action planning. The number of education places available seemed sufficient for the size of the population. Most education was part-time, with 627 prisoners taking education qualifications. The quality of teaching and learning in most areas was good and the range of subjects available satisfactory. The analysis and use of data relating to learner achievements was weak. Punctuality was poor and attendance in some education classes was as low as 60%.

HP31 Links with external partners were used effectively. The range and proportion of work activities were good, although many of these were orderly or cleaning jobs and only part-time. There were seven training workshops, with 368 prisoners on accredited courses related to employability. Courses were mainly full-time and in some areas training facilities were outstanding. Literacy and numeracy support was provided in all

workshops. Standards of work in all areas were generally good, as were achievements.

- HP32 During our roll checks, over half of prisoners were on the wings, but either working or undertaking social and domestic time, with a relatively small number locked up. The minimum amount of time that an individual could spend unlocked was just over one hour for an unemployed prisoner on the basic regime; the maximum was over nine hours for a full-time employed prisoner with evening association. Association facilities were limited but doors were left unlocked so prisoners could associate together in cells. Access to exercise was good.
- HP33 The two libraries had a reasonable range of materials. The facility and access was good on Onslow unit but limited on Heathfield unit. Both were well promoted and well used.
- HP34 PE facilities were satisfactory, but access to recreational PE was limited, particularly for prisoners on Onslow unit, where less than half of the prisoners regularly attended. The systems for fair access to the gym were not used consistently. Vocational PE was good and a range of short- to longer-term courses and qualifications was offered. There was no provision for specific needs, such as for older prisoners.

Resettlement

HP35 The resettlement policy was up to date, based on a needs analysis and identified services to meet the needs of the complex population, with the exception of foreign nationals. Offender management had improved but was not sufficiently effective. There was a backlog in offender assessment system (OASys) assessments for those both in and out of scope for offender management. The needs of the large number of remand and short-term prisoners were identified but not followed through systematically. Indeterminate-sentenced prisoners were particularly affected by delays in recategorisation. Healthcare discharge arrangements were minimal. Provision in the accommodation, employment, children and families, and drugs and alcohol pathways was good. Overall, the establishment was performing reasonably well against this healthy prison test.

HP36 An up-to-date resettlement policy outlined services to meet the needs of the complex population, with the exception of foreign national prisoners. It was based on a needs analysis, but insufficient use was made of the data available to monitor trends. A senior manager had overall responsibility for much of the resettlement work. Discharge boards were run to try to ensure that resettlement needs were met, but sometimes too close to release dates.

HP37 Most newly arrived prisoners had their immediate resettlement needs assessed during induction, using the London Initial Screening and Referral (LISAR) tool. This dealt with some immediate needs and made some referrals, but it was not yet used effectively to provide custody planning for short-term prisoners and those on remand.

HP38 All in-scope prisoners were allocated an offender supervisor, but not always within the specified time. The frequency of contact was sporadic. Relationships with external offender managers were improving, as was attendance at sentence planning boards. There was a backlog of just over 200 offender assessment system (OASys) sentence

plans for both in- and out-of-scope prisoners, which meant that some prisoners were transferred or discharged from the establishment without an assessment.

- HP39 Just under a quarter of sentenced prisoners had been at the prison for over 12 months. Due to the range of offending behaviour programmes (see below), many prisoners were placed on hold to complete relevant sentence planning targets. There was a backlog of recategorisations, which had impacted on prisoners' progression. The quality of the paperwork was of a high standard, with a range of contributions from across the establishment. Release on temporary licence was used infrequently and few prisoners were released on home detention curfew.
- HP40 Indeterminate-sentenced prisoners expressed concern about the lack of contact with offender supervisors and support to progress through their sentence. Forums had been recently re-established to improve prisoner engagement.
- HP41 A reasonable range of accredited and non-accredited offending behaviour programmes was delivered, although some gaps had been identified. Enhanced thinking skills places were divided equally between vulnerable and main location prisoners, which met the demands of the former but not the latter group. There was an unmet need for an accredited programme addressing violent offending. Sex offender treatment programme (SOTP) places met the need, and links with other SOTP sites ensured that prisoners could undertake the programmes they required. The relatively low number of prisoners in denial reflected proactive work. Some innovative work was being done to encourage Muslim and black and minority ethnic prisoners to engage with the SOTP. The use of Onslow unit for non-sex offenders undermined the treatment ethos there.
- HP42 The pathways for reintegrating prisoners into the community were developing well. The St Giles Trust provided a range of support to prisoners with accommodation problems. A Citizens Advice worker provided support to prisoners identified as having a debt or financial issue on induction. The facility for prisoners to open bank accounts had been withdrawn by the bank involved. A full-time Jobcentre Plus worker offered assistance with benefit claims and community care grants.
- HP43 The learning and skills provision had a strong focus on resettlement and employability and the well-run job club offered good support. The prison had been successful in getting a relatively high proportion of prisoners into work or full-time education on discharge. An accredited money management and preparation for work course was available.
- HP44 The care programme approach had not been implemented sufficiently to deal with prisoners with enduring mental health problems, and there was insufficient coordination with community mental health teams. Discharge arrangements were minimal. Prisoners not registered with a GP were not given advice on how to do this.
- HP45 There was a comprehensive drug and alcohol strategy and service. There was insufficient staffing of the Rehabilitation of Addicted Prisoners trust (RAPt) programme, but prisoners were otherwise positive about it. The short duration programme was available and found helpful. The new abstinence-based cognitive-behavioural residential programme for prisoners with alcohol problems was promising.

- HP46 Prisoners had good access to visits and were positive about the support they received in maintaining contact with family and friends, with the exception of black and minority ethnic and Muslim prisoners. There was a range of methods for booking visits but it was difficult to get through on the visits booking line. The visitors' centre was welcoming, and was available for visitors before and after their visit. Staff were helpful and a range of useful information was provided. The visits hall was a reasonable environment, although the seat covers and floors were dirty. Visits started on time and there was a relaxed atmosphere. There were good facilities, particularly the well equipped crèche.
- HP47 There had been some creative initiatives to support prisoners in maintaining contact with family and friends and in acquiring parenting skills. There were quiet sessions, homework clubs and evening visits sessions. Prisoners had access to family days four times each year.
- HP48 Public protection was well managed and prisoners were informed in person and in writing about any restrictions. The management of high-risk prisoners released into the community was coordinated by a multidisciplinary team at the public protection meetings.

Main recommendations

- HP49 Under no circumstances should prisoners be transferred out, or refused return, in order to ensure that they are not present during an inspection.
- HP50 All recommendations following investigations into deaths in custody should be implemented consistently.
- HP51 Prisoners who are at risk, who exhibit self-harming behaviour, or who have ongoing medical treatment, should only be transferred where this is in their best interests, and in line with a multidisciplinary care plan.
- HP52 The Director of Offender Management should ensure that all staff, and particularly senior managers, understand that prisoner care is their prime responsibility at all times.
- HP53 The reasons for the rise in uses of force should be investigated, with a view to reducing use, ensuring that all incidents are fully documented, and encouraging de-escalation.
- HP54 The needs of the large number of older prisoners and those with disabilities should be established and met.
- HP55 The prison should develop, and find resources to implement, a comprehensive foreign nationals strategy that can meet all the needs of its new role as one of the main centres for this group.
- HP56 All prisoners should be able to access recreational PE at least twice a week.
- HP57 Short-term and remand prisoners should have individual custody plans based on the London Initial Screening Assessment and Referral (LISAR) assessment.

HP58 The race equality action plan should be fully implemented and its implementation monitored.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Relationships between escort and reception staff were good. Some vans were covered in graffiti. While most journeys were short, some were longer and food was not provided on these journeys. All relevant information was passed between escort and reception staff. Some prisoners were left waiting on vans for considerable periods before disembarkation, and long waits in court cells were common. It was not routine practice to give prisoners at least 24 hours' notice of transfers and five prisoners were moved out with no prior warning immediately before the inspection. Reception stayed open until the last prisoners had arrived and been dealt with.
- 1.2 The main escort contractor was Serco and most movements involved short journeys from local crown and magistrates' courts. Some of the escort vans were covered in graffiti. They all carried fresh water and toilet 'bags'. Some longer trips were made, for example to HMP Birmingham, and food was not provided on these journeys. Prisoners returning from court were provided with a hot meal in reception.
- 1.3 Relationships between escort and reception staff were good. All relevant information, including areas of risk and vulnerability, were passed between escort and reception staff on arrival and departure. Prisoners were not all given at least 24 hours' notice of planned transfers. On the weekend before the inspection, five prisoners were moved out, without any notice, under an arrangement with HMP Pentonville, so that they would not be present for the duration of the inspection, and in spite of the fact that two had hospital appointments for serious conditions during that time. They were given no notice. Usually, restraint was only used from and to vehicles if a risk assessment indicated the need. It was used in respect of one of the transferees, but was not recorded at the time. In our survey, only 60% of respondents said that they had been treated well or very well by escort staff, compared with the 66% comparator.
- 1.4 Limited space in the first reception holding room meant that disembarkation from escort vehicles was often delayed. During busy periods this could result in prisoners being left on vans for up to 40 minutes. Some delays were experienced in returning prisoners from courts, and prisoners could experience waits of several hours in court cells after their case had been dealt with. There were no major delays in prisoners being produced at court on time.
- 1.5 Reception was open from 6.30am to 9pm, or until the last prisoner had been dealt with if they arrived later than this. It did not close over the lunchtime period.
- 1.6 A stock of non-prison clothing was available for appearances in court. Video links were used for suitable hearings.

Recommendations

- 1.7 Escort vans should be free of graffiti.

- 1.8 Food should be provided to prisoners being transported longer distances.
- 1.9 At least 24 hours' notice of planned transfers should be provided to prisoners.
- 1.10 Prisoners should not be left for long periods on vans before disembarkation.
- 1.11 Once court cases have been dealt with, prisoners should be returned to the establishment with minimum delay.

First days in custody

Expected outcomes:

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

1.12 Reception was clean, but busy and cramped, although efforts were made to minimise the time spent there. Vulnerable, black and minority ethnic, and Muslim prisoners, reported a less positive experience of reception. Use of surnames only was routine and relationships distant. Holding rooms were freshly decorated and contained relevant information. Prisoner Insiders and Listeners had good access to prisoners, and provided food and drinks. All prisoners were moved to the first night unit, where they had a one-to-one interview with a member of staff and access to peer supporters and Prison Advice and Care Trust workers. Vulnerable, black and minority ethnic, and Muslim prisoners were more likely to report feeling unsafe on their first night. First night cells were clean, but sinks and toilets were stained. Free telephone calls were not provided. Induction was comprehensive but some was out of date and for some prisoners it took up to two weeks to complete, during which they spent long periods in-cell. Induction materials were available only in English.

Reception

- 1.13 Reception was busy, with an average of over 50 movements each working day, and on some days up to 200. The area was clean but cramped, and during busy times could be crowded. This could lead to delays and longer waiting times for prisoners. However, staff attempted to move prisoners through quickly, with the majority spending no longer than an hour in the area.
- 1.14 On arrival, prisoners were seen by the reception senior officer and a nurse at the front desk. Any concerns or issues of vulnerability were briefly discussed, with each prisoner interviewed individually to retain confidentiality. Those with substance misuse problems were interviewed by a nurse in private. Vulnerable prisoners were managed and located separately, but the 'open door' arrangements meant that they had to walk past other prisoners to reach the relevant holding room (see below). In our survey, black and minority ethnic and Muslim prisoners and, to a lesser extent, vulnerable prisoners were more negative about their treatment by reception staff than other groups.
- 1.15 The use of prisoners' surnames was routine, even when individuals were well known to staff, and relationships appeared formal. Prisoners were asked if it was their first time in prison, or at the establishment. All prisoners received a strip-search, both in and out of reception, and these were conducted respectfully.

- 1.16 The main holding rooms were adequately decorated and contained information about first night and induction arrangements. In an attempt to lessen the impact of crowding in holding rooms, an 'open door' policy had been adopted, which meant that holding rooms for most prisoners were left unlocked. The holding rooms for vulnerable prisoners were smaller and would have been cramped if more than three or four prisoners were held in them.
- 1.17 Two prisoner Insiders, one of whom was also a Listener, worked in reception and had good access to prisoners. They were able to provide cold drinks to waiting prisoners and also hot meals for those returning from court. New arrivals were provided with a hot meal on the first night unit.

First night

- 1.18 All new arrivals were moved to the first night unit, which was next to the reception area, thus facilitating speedy movements. They were interviewed in private by a first night officer, who focused on safety issues, including completing the cell-sharing risk assessment. Prisoners were not located to a cell until this had been completed. Four prisoner Insiders, some of whom were Listeners, and a Prison Advice and Care Trust (PACT) worker also worked on the first night landing. They provided a range of support, information and advice about the prison, including some induction materials. Relationships were observed to be positive and respectful, and the general atmosphere relaxed and welcoming. All new prisoners received an initial health screening on the first night centre from a nurse and also had the opportunity to be seen by the GP (see section on health services).
- 1.19 Most prisoners were not routinely locked behind their doors, and were generally free to move around the landing until evening lock-up. They were also encouraged to eat in association on the landing. Newly arrived vulnerable prisoners had much less opportunity to associate, although they were still seen by all the various staff and Insiders, before being moved to the Onslow unit, if there was space, for the first night. While not the case during the inspection, Onslow unit was often full. This meant that vulnerable prisoners were retained on E2 for up to a week, resulting in a far less positive experience for these prisoners than for other new prisoners. In our survey, vulnerable, black and minority ethnic and Muslim prisoners were more likely than other prisoners to report feeling unsafe on their first night.
- 1.20 First night cells were in a reasonable state of repair and clean, although many toilets and sinks were badly stained. Prisoners were not allowed a free telephone call to family or friends, but the PACT worker called someone on their behalf. This was a source of concern for many prisoners we spoke to. Despite prisoners in our survey being more negative than in comparators about their ability to have a shower on their first night, this was actively offered and facilitated during the inspection.
- 1.21 Insiders provided prisoners with appropriate bedding, equipment and toiletries, and a canteen sheet for their first 24 hours. Smokers' and non-smokers' packs were available for purchase, and a cash advance was available for this if needed.
- 1.22 Two gated cells were located in the middle of the first night landing, and during the inspection one was being used for a long-term resident on a constant suicide watch, and another for a highly disturbed new arrival.

Induction

- 1.23 Newly arrived main location prisoners were moved to C wing on the afternoon of their second day at the prison, and formal induction commenced on the next working day. Induction was comprehensive and split into four elements: an interactive computer program providing information about the prison, followed by sessions covering resettlement, skills assessment, and health and safety and the gym. The computer package used had been developed specifically for Wandsworth and contained opportunities to test out learning and receive feedback. Delivery of this element was heavily dependent on induction orderlies, who provided ongoing support to prisoners, with supervision from dedicated induction officers. Each element of induction was delivered on a different day to allow time for reflection and consolidation, but this could be spread over a two-week period. A parallel induction was run for vulnerable prisoners on Onslow unit, but there were significant delays in these prisoners receiving the health and safety and gym element.
- 1.24 A written induction booklet was available, but some information in this and the computer program was out of date. Despite the large number of prisoners held with little or no use of English, much of the induction information specific to the establishment was not available in any other languages.
- 1.25 An assessment of resettlement needs was completed and resulted in referrals to a range of interventions. A system had recently been introduced to ensure that all elements of the programme were complete before movement on to another wing.

Recommendations

- 1.26 **The reasons for vulnerable, black and minority ethnic and Muslim prisoners having poor perceptions of reception, and feeling unsafe on their first night at the prison, should be explored and any necessary remedial action taken.**
- 1.27 All staff should refer to prisoners by title or preferred name.
- 1.28 Newly arrived vulnerable prisoners should be moved swiftly off the first night unit.
- 1.29 Sinks and toilets in first night cells should be regularly deep cleaned.
- 1.30 Prisoners should be offered a supervised free telephone call on their first night unless there is clear intelligence to the contrary.
- 1.31 The gated cells on the first night unit should be relocated.
- 1.32 All the elements of induction should be completed within five working days.
- 1.33 All induction materials should be up to date and available in an appropriate range of languages.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 The living areas and outside spaces were kept clean and tidy but living space was cramped. Onslow unit was a markedly worse environment than Heathfield unit, especially for older and less able prisoners. Prisoners were encouraged to look after their cells, but were not able to keep the toilets clean. Most shower rooms were in poor condition and access was poor for prisoners with disabilities. Prison clothing was often in short supply. Arrangements for handling and storing property had recently improved. There was insufficient regular access to telephones. Mail handling procedures had improved.

Accommodation and facilities

- 2.2 The residential units were clean and in a reasonable state of repair, and the external areas tidy. The living spaces were cramped and the cells small, with most of them shared. Cells were, however, generally kept clean and tidy, and there was an ethos of consideration for others. An offensive display policy was implemented effectively; managers at all levels in the residential function carried out regular systematic checks on cells. Conditions on Onslow unit, occupied by 355 vulnerable prisoners, were of substantially lower quality than on the main Heathfield unit (see section on diversity).
- 2.3 There was, in general, a quiet and orderly atmosphere on all the units, especially in the evenings and at night. In our survey, 70% said that it was normally quiet enough to be able to relax or sleep in their cell at night time, which was significantly better than the 62% comparator.
- 2.4 Prisoners had reasonable confidence that staff responded to requests for assistance. In our survey, 43% said that the cell call bell was normally answered within five minutes, significantly better than the 39% comparator. Although there were a significant number of late responses, this was being addressed through monitoring and individual follow-up by the safer custody manager.
- 2.5 A regular cycle of weekly and monthly consultation meetings with elected representatives, as well as those appointed as representatives for particular topics, provided a good level of prisoner input into the running of the units.

Clothing and possessions

- 2.6 In our survey, 60% of respondents said that they were normally offered enough clean, suitable clothes for the week, which was significantly better than the 51% comparator. Nevertheless, several prisoners complained that prison clothing was often in short supply. Some wings sometimes operated a one-for-one policy, whereby prisoners could only swap dirty for clean items at the weekly kit issue time. When specific items were in short supply, prisoners had

sometimes been given, for example, only one T-shirt to last a week. Managers told us that there were difficulties in supply following an outsourcing of the laundry arrangements.

- 2.7 Although in our survey significantly more than in comparator establishments said that they received clean sheets every week (88% versus 81%), the decreased cleanliness of sheets under the new laundry system was a common complaint.
- 2.8 Prisoners on the standard level of the incentives and earned privileges (IEP) scheme were not allowed to wear their own clothing; this was restricted to those on the enhanced level.
- 2.9 The system for handling and storing prisoners' property had recently been separated from the reception department, and new facilities and methods introduced, with a regular and predictable system of appointments and more convenient processes for items handed in or out on visits. Although the level of complaints about property was the same as in the previous month, and property was the most common cause of complaint after medical issues, complaints had dropped greatly in the current month. Once fully embedded, this new arrangement was likely to provide a considerable improvement.

Hygiene

- 2.10 The shower rooms were in a poor state of repair – particularly on D wing, where we saw mould, along with signs of cockroaches, even on the top landings. The sink areas in the A wing shower rooms were uniformly grubby, and one shower room on C wing was filthy. Managers attributed the difficulty of maintaining good conditions in the shower rooms to poor ventilation. Several shower rooms, especially on D wing and Onslow unit, consisted of open areas with six shower heads, affording no privacy. Onslow unit had only 12 showers in use, and prisoners with disabilities did not have proper facilities for showering or bathing; they could take a shower only every 10–14 days, at lunchtimes, with the assistance of prisoner orderlies.
- 2.11 At the time of the inspection, several shower rooms were out of use pending repairs. In our survey, 79% of respondents said that it was easy or very easy to have a shower every day, fewer than the 83% comparator. Prisoners in full-time work were among those who found it difficult to access showers; they told us that managers often did not open all the shower rooms, and that the water was often cold by the evening if they did have access.
- 2.12 All cells had curtains round the toilet bowls, but these were insubstantial and insufficient to afford privacy. The importance of this issue was increased by the fact that almost all prisoners had to eat their meals in their cells. Although the in-cell toilets had been industrially cleaned by a contractor recently, they were badly stained and prisoners were not able to keep them clean, partly because the materials provided were not fully effective. In our survey, 54% of respondents said that they received cell cleaning materials every week, which was significantly less than the 64% comparator.

Telephones

- 2.13 In our survey, 40% of respondents said that they had had problems getting access to the telephones – significantly worse than the 30% comparator. The problems were most acute on Heathfield unit. At the time of inspection, two of the eight telephones on A wing were out of action, and the staff in the administration team said that the faults had not been reported to BT. Prisoners told us that such breakages were frequent, and repairs slow.

- 2.14 Several telephones were located in busy thoroughfares on the wings, but they were all fitted with hoods. Several prisoners complained that there had been excessive delays in activating the telephone numbers which they had applied to have added to their approved list. This was partly due to two breakdowns of the entire system during the introduction of a call-enabling system in April 2009. There were plans to deploy staff to this work on some evenings and at some weekends, to streamline the process. Call charges were perceived, justifiably, as unreasonably high, as in other establishments.

Mail

- 2.15 The processes for handling incoming and outgoing mail were efficient. Some prisoners complained of delays, but it was unlikely that these were attributable to the establishment. In our survey, 36%, against a 42% comparator, said that they had had problems with sending or receiving mail. There were excellent controls on incoming money and property, and the amount going astray had reduced greatly.

Recommendations

- 2.16 Managers should ensure that older prisoners and those with disabilities on Onslow unit are able to have a shower or bath daily.
- 2.17 Managers should ensure that plans for the refurbishment of Onslow unit include provision of equal access to facilities and services for older and less able prisoners.
- 2.18 All shower rooms should be brought up to a standard where they are properly ventilated, protected against infestation and capable of being kept clean by standard methods.
- 2.19 Individual shower cubicles or dividing panels should be fitted to provide reasonable privacy.
- 2.20 Rigid screening should be provided round in-cell toilets to provide reasonable privacy.
- 2.21 Prisoners on the standard level of the incentives and earned privileges (IEP) scheme should be able to wear their own clothes.
- 2.22 Managers should implement a reliable system for issue of cell cleaning materials, especially for the effective cleaning of toilets.
- 2.23 All prisoner telephones should be checked daily and faults reported immediately.
- 2.24 Requests by prisoners to add, change or remove approved telephone numbers should be actioned without delay.

Housekeeping point

- 2.25 Clothing supply and laundry arrangements should be improved so that prisoners always have enough clean bedding and prison clothing to meet their individual needs.

Staff–prisoner relationships

Expected outcomes:

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

2.26 On the residential wings, staff–prisoner relationships varied, but were generally relaxed and supportive. Staff were responsive to prisoner requests and there was reasonable interaction between staff and prisoners. Prisoners reported favourably against comparator prisons about having someone they could approach, although black and minority ethnic and Muslim prisoners were less positive. However, managerial decisions to collude with Pentonville in swapping prisoners for the duration of the inspections, whatever the consequences for them, did not demonstrate respect for prisoners as individuals.

2.27 The relationship between staff and prisoners on the residential units had improved since the previous inspection. Staff were aware of the need to respond to prisoners' needs and requests. Most staff reacted positively to approaches from prisoners and were reasonably proactive when out on the wings. Uniformed staff showed a limited awareness of the role they played in setting a personal example. There was no formal pro-social modelling training available and inconsistent understanding of how to influence behaviour.

2.28 Most staff we observed were fair in their interactions with prisoners, and prisoners were confident in asking advice or help from most staff. Staff engagement with prisoners was mostly good, particularly on the first night wing. Other than on the first night centre, surnames were used routinely, both to and about prisoners – even when prisoners were well known to them. On B wing, we observed some staff being noticeably dismissive of prisoners and this wing also had the worst response rates to cell call bells. Staff did not routinely knock before entering cells.

2.29 In our survey, 68% of prisoners said that most staff treated them with respect, which was similar to the comparator. However, only 63% of those considering themselves to have a disability, 58% of black and minority ethnic prisoners, and 31% of Muslim prisoners responded positively to this question. Black and minority ethnic and Muslim prisoners also reported far higher levels of victimisation by staff, at 37% (against the 20% comparator) and 46% (against the 21% comparator) respectively.

2.30 A higher proportion of prisoners than at comparator prisons (73% compared to 67%) said that they had a member of staff they could turn to for help with a problem. The exceptions to this were prisoners with disabilities, black and minority ethnic prisoners and Muslim prisoners. In our groups, prisoners confirmed that there were key staff they would turn to for help when they needed it.

2.31 In spite of these improvements, respect for prisoners was compromised at very senior levels within the prison by the collusive arrangement entered into at managerial level with HMP Pentonville to swap prisoners between the two prisons for the duration of their respective inspections, and without any concern for their individual vulnerabilities and needs. This led to the removal from Wandsworth of five prisoners perceived as 'difficult'. The consequences for

two of those prisoners are described in paragraph 3.26. Inspectors who enquired about one of the prisoners were provided with incorrect information about the timing of, and the reasons for, his transfer. This action was both unsafe and pointless, since inspectors already had the information he wished to provide, have subsequently been able to interview four of the prisoners, and were easily able to ascertain for themselves the generally positive relationships between the remaining 360 prisoners and the staff. These moves were decided and implemented at managerial level, and cast serious doubt on their commitment to treating prisoners with respect. Their pointless and potentially dangerous actions risked undermining improvements in day-to-day relationships, and provided an extremely poor model for staff.

- 2.32 Relatively few prisoners were locked in their cells during the day and staff ensured that social and domestic time took place, although it was not always at the advertised time (see section on time out of cell). The atmosphere during exercise and association was relaxed. Staff stood in clusters, at a distance from prisoners, during exercise but interaction was better during association and visits. During association, staff were mostly observed on landings. During evening association, staff engaged with prisoners in the association areas, but were also observed on the landings, responding to the cell call bells of those locked in and dealing with ad hoc requests. In our survey, 17% of prisoners said that staff normally spoke to them most or all of the time on association, which was the same as the comparator. This was lower for Muslim prisoners, at 12% (against the 19% comparator), but better for black and minority ethnic prisoners, at 22% (against the 15% comparator).
- 2.33 Staff intervened when prisoners behaved inappropriately and acted to enforce wing rules and keep potentially difficult behaviour in check. Wing files and discussions with staff and prisoners confirmed that poor behaviour often led to IEP warnings (see section on incentives and earned privileges).
- 2.34 Opportunities for prisoners to take responsibility for their actions and decisions had developed since the previous inspection, with more prisoner peer support roles and consultative committees.

Recommendations

- 2.35 Staff should receive pro-social modelling training to assist with inter-personal skills.
- 2.36 The negative perceptions of staff by black and minority ethnic and Muslim prisoners and those with a disability should be investigated and any necessary remedial action taken.

Housekeeping point

- 2.37 Staff should interact with prisoners during exercise.

Personal officers

Expected outcomes:

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

2.38 Staff and prisoners understood the personal officer role but the allocation of three personal officers to a cell on some wings resulted in no one taking specific responsibility for individuals. Few prisoners could name their personal officer. The majority of wing files sampled showed a good number of reasonable quality entries but these were rarely by a dedicated personal officer. Management checks were excellent. There was minimal personal officer engagement in sentence planning or other key issues for prisoners' progress.

2.39 There was a personal officer scheme, and its intended purpose was understood by prisoners and staff. In our survey, 52% of prisoners, against the 40% comparator, said that they had a personal officer, but few prisoners could name them, and only 64% said that they found them helpful, which was similar to the comparator. Only 50% of prisoners on Onslow unit found their personal officer helpful, compared with 70% of the general population. Perceptions among prisoners and staff about the role varied, with some prisoners saying that they had a good and productive relationship, while others said that they had no contact. The scheme was based on cell location, and if a prisoner moved cell or wing, their personal officer would change. On some wings, three personal officers were allocated for each block of cells, which meant that no one took specific responsibility for individuals, while on others there was a lead personal officer and a relief; the relationships were better under the latter system. Whether or not the personal officer was the first person to whom a prisoner turned depended on his or her availability.

2.40 Staff we spoke to understood their role as the first point of contact for prisoners and to follow through requests, but talked about the difficulty in achieving this with the high turnover and unpredictability of shifts. Prisoners told us that although the job description for personal officers had been published on the wings, it had soon been taken down, as it was impossible for staff to achieve. Individual knowledge of prisoners was reasonable in some cases but, again, often not based on being that person's personal officer. The files we sampled showed no evidence of contact with prisoners' families.

2.41 The personal officer policy required a wing file entry three times a month, and this requirement was met in most cases we sampled, but these were rarely by a dedicated personal officer. The quality of wing file entries varied but none referred to prisoners inappropriately. Few referred to prisoners by their names (see recommendation 1.27). Some were standard entries, but many showed evidence of recent interaction and listed changes in an individual's circumstances. Few entries showed any awareness of sentence planning or offending behaviour targets, but some encouraged and supported prisoners to seek work and recorded positive changes in behaviour. Management checks were excellent, remarking on qualitative as well as quantitative issues and highlighting when the required initial introductions had not been made, and resulted in changes to entries where needed.

2.42 Although there was evidence that personal officers contributed to some important decision-making, they made limited contributions to recategorisation, home detention curfew, parole and sentence planning boards; these were completed by available staff rather than personal officers. Plans to make the personal officers responsible for the delivery of the outcomes from the London Initial Screening and Referral (LISAR) assessment would not be realisable under the current scheme.

Recommendations

2.43 The personal officer scheme should ensure that a single individual has the primary responsibility for named prisoners.

- 2.44 Regular changes of personal officers for individual prisoners should be avoided.
- 2.45 The negative perceptions of Onslow unit prisoners about personal officers should be investigated and improvements made.
- 2.46 If personal officers are to be responsible for delivering outcomes arising from initial screening for short-term and remanded prisoners, the current personal officer scheme should be revised and reinforced.
- 2.47 Encouragement and incentives should be offered to prisoners to engage with the activities available to them.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 Most prisoners felt safe at the establishment, although this was less true for black and minority ethnic and Muslim prisoners. The violence reduction strategy was comprehensive but not tailored to the specific needs of prisoners. Data collection was comprehensive but subsequent analysis did not make best use of it. The recently introduced anti-social behaviour booklets appeared sound but staff were not yet confident in using them. Measures for recording and investigating unexplained injuries were weak. Prisoner violence reduction representatives made a significant contribution to the overall safety of prisoners at the establishment.
- 3.2 Violence reduction, which incorporated anti-bullying, fell within the remit of the establishment's safer prisons team. A senior officer had been appointed as violence reduction coordinator. The current violence reduction strategy was up to date, having been drafted and implemented in February 2009. However, it had used Prison Service Order (PSO) 2750 as its template and had incorporated no consultation with prisoners during its drafting, resulting in a document focusing on nationally recommended procedures, rather than issues particular to prisoners at Wandsworth. Copies of the policy were held on all units.
- 3.3 A safer prisons meeting was held monthly, incorporating both violence reduction and self-harm and suicide prevention. This meeting alternated between a sub-committee meeting, which prisoner violence reduction representatives attended, and a management team meeting, at which strategy and more confidential issues were the focus. Minutes indicated that staff attendance at both of these meetings was comprehensive but attendance from the prisoner violence reduction representatives was inconsistent at the former. This forum was not informed by any survey of prisoners' views on bullying and violence reduction.
- 3.4 Data collection was comprehensive, and, while there was evidence in the monthly committee meeting minutes that analysis took place, it failed to make best use of the data available and resulted in no specific action or further development of the violence reduction strategy. There was an ongoing action plan that evolved out of issues raised by committee members, and this demonstrated that good work was being carried out in attempting to address such issues; for example, mediation training for prisoner violence reduction representatives was identified as a means of addressing their concerns about a lack of formal skills, with the training starting during the inspection.
- 3.5 In our survey, 34% of respondents said that they had felt unsafe at the establishment, which was better than the 39% comparator, and 12% said that they currently felt unsafe, which was considerably better than the 22% comparator. Findings from Onslow unit alone were even more positive: only 3% of respondents said that they currently felt unsafe, which was significantly better than the response of 14% from Heathfield unit. The responses of black and minority ethnic prisoners were not as positive, with 22% saying that they currently felt unsafe,

compared with only 4% of white prisoners. The response from Muslim prisoners was even poorer, with 29% of Muslim respondents saying that they currently felt unsafe, compared with 7% of non-Muslim prisoners.

- 3.6 The number of violent or anti-social incidents had fallen month on month during 2009, from 151 in January to 101 in April, the most common type of incident being threats to staff or prisoners. The number of fights averaged approximately 20 a month, with around five assaults a month. Reporting appeared to be accurate, with links between the security department and the violence reduction coordinator. The violence reduction coordinator attended the weekly security tasking meeting, security staff were represented at the safer prisons meeting and all security information reports submitted to the security department that were identified as having a link to violence reduction were disseminated to the violence reduction coordinator by email.
- 3.7 All anti-social behaviour, including bullying, was formally dealt with through the anti-social behaviour booklet system, which had been introduced alongside the new strategy in February 2009. Any prisoner identified as either a perpetrator or victim of anti-social behaviour was subject to such a booklet, which attempted to identify the key issues that lay behind the individual's circumstances and behaviour and address them through an individualised support plan.
- 3.8 Perpetrators were placed on one of three levels while subject to the support plan, depending on the severity of their behaviour. Stage 1 involved simple monitoring and recording of their behaviour by staff. Stage 2 additionally resulted in restrictions in their current regime – for example, gym and association – together with a review of their incentives and earned privileges (IEP) status. The policy also stated that any perpetrator placed on stage 2 should be moved to a different wing, but most of cases that we examined in which one of the involved parties had changed location showed that the victim had been moved. Stage 3 resulted in all of the above sanctions, plus consideration of whether a move to the segregation unit was appropriate. Most staff and managers that we spoke to considered such a move an automatic part of the process.
- 3.9 At the time of the inspection there were 10 anti-social behaviour booklets open: for six perpetrators and four victims. They varied in quality; the initial interviews by unit managers were generally good, but subsequent support plans did not go into sufficient depth to address prisoners' issues. It appeared that this was an example of poor recording rather than a lack of work to address issues. For example, a number of identified perpetrators had attended the establishment's weekly shame/violence intervention group, a facilitated support group aimed at helping violent prisoners to address the underlying reasons for their behaviour, but this had not been recorded. Mediation was also increasingly used, and there were two recent examples where this had been used between a prisoner and a member of staff and achieved positive results.
- 3.10 Staff did not appear comfortable with the new anti-social behaviour booklet system, with wing managers giving varying circumstances when they would consider using it. More than one wing manager was unaware that prisoners in their care were subject to the process. Additionally, the establishment's most recent figures for anti-social incidents suggested that the number of open booklets should have been greater than it actually was.
- 3.11 The launch of the new policy had been communicated to staff through a full staff briefing, with a number of similar briefings for managers. There were specific violence reduction notice boards in all wing offices that displayed information about the policy. There had been no violence reduction related training for any members of staff in the 12 months before the inspection.

- 3.12 The system of recording and investigating unexplained injuries appeared weak. Unit managers maintained a centrally held log and this was cross-referenced by the violence reduction coordinator, who received copies of any F213 forms (the form used to report injuries to prisoners) raised as a result of a prisoner's injuries. Such injuries were not investigated.
- 3.13 All wings had prisoner violence reduction representatives, with 10 in total. All staff and prisoners that we spoke to were positive about them and the role they played. Prisoners regarded them as an invaluable form of peer support and would often go to them when they experienced issues with other prisoners but were hesitant to go directly to staff. When this was the case, the violence reduction representatives made it clear that they could not keep information confidential. They would also try to defuse arguments before they escalated, and, while we initially had concerns about how far this policing role went, our observations and conversations with other prisoners alleviated them. The establishment had begun mediation skills training and intended to develop this further with pro-social modeling training. The violence reduction representatives were supervised directly by the violence reduction coordinator, with whom they had regular contact and from whom they received support.
- 3.14 There were two violence reduction representatives based on E wing, and they met all new arrivals. An email address and a telephone number were prominently displayed in the visits room, for visitors with concerns about a prisoner. The telephone number was not a voicemail service but a direct line to the safer prisons team, and had been used only twice in the previous six months.

Recommendations

- 3.15 The violence reduction strategy should focus on the specific issues faced by prisoners at Wandsworth.
- 3.16 The safer prisons meeting should include analysis of trends and patterns in the collected data, to inform the violence reduction strategy.
- 3.17 The establishment should investigate the disparity in black and minority ethnic, and Muslim, prisoners' feelings of safety.
- 3.18 All staff should be conversant with the anti-social behaviour booklet system and understand when to use it.
- 3.19 The safer prisons team should investigate all incidents of alleged or suspected bullying and unexplained injuries.
- 3.20 The establishment should carry out an annual confidential survey with all prisoners about bullying.

Self-harm and suicide

Expected outcomes:

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

vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.21 The suicide prevention policy, while comprehensive, focused on process rather than the specific needs of prisoners at the establishment. The transfer of a group of prisoners for the duration of the inspection cast serious doubt on the commitment at a senior level to the care and safety of prisoners, especially as some of them were at risk of suicide and self-harm. Insufficient action had been taken to address identified shortfalls following four self-inflicted deaths in 2007, and the establishment appeared to have lost sight of the issues that had contributed to these deaths. No investigations were carried out into near-death incidents. There were good support resources available for some prisoners at risk and efforts were made to include families in support provision, but there were weaknesses in the assessment, care in custody and teamwork (ACCT) process. Listeners were well supported but the quality of care suites was poor.
- 3.22 The suicide prevention policy was up to date and comprehensive, with an appropriate emphasis on prisoners in their early days in custody, but it focused on process rather than the specific needs of prisoners at the establishment. Oversight was maintained at the monthly safer prisons meeting, chaired by the governor in charge of the safer prisons function. Day-to-day management was carried out by a principal officer in the role of suicide prevention coordinator.
- 3.23 A range of data was collected for self-harm monitoring, but analysis was weak, with little trends analysis and no actions arising as a result.
- 3.24 There had been an average of 20 incidents of self-harm a month over the previous six months; establishment data indicated that most of these had involved cutting. There were 45 prisoners subject to assessment, care in custody and teamwork (ACCT) arrangements at the time of the inspection. No investigations had been carried out into the eight near-death incidents that had occurred over the previous six months.
- 3.25 After the inspection, and in contradiction to information provided to inspectors during it, it emerged that five prisoners had been transferred to Pentonville, as a consequence of managerial decisions, solely because they were perceived to be 'difficult', and only for the duration of the inspection. Three were from the segregation unit: one had been segregated for his own protection, because of his fears during his first custodial sentence. The others were men from Onslow unit, both of whom had hospital appointments for serious medical conditions during the week of the inspection. All were told on the Saturday morning before the inspection that they were to be moved.
- 3.26 The two Onslow prisoners then self-harmed. One took an overdose and had to be taken to an outside hospital. He was nevertheless transferred, by taxi, on the Monday morning following his return to the prison, without any ACCT documentation being raised. The other, who had a history of prolific self-harm, tied a ligature to his neck and cut himself. He was taken to reception by force, in handcuffs, still bloody and wearing only underwear. On the transfer van, with the three other prisoners, he produced a razor with which he planned to harm himself further. He was taken off the van, held in reception, and transferred later the same day, arriving at Pentonville with blood still on his face. He attempted self-harm three more times over the weekend at Pentonville. Information about his medication was not transferred with him, and he was not able to obtain the correct dosage until the day after his transfer.

- 3.27 Four of the five prisoners, including the two self-harmers, returned to Wandsworth in the week following the inspection. Inspectors who investigated this incident could find no other reason for the transfers than to ensure that these prisoners were not in the prison during the inspection. The fact of the moves, and their circumstances, call into question the commitment at senior level to the care and wellbeing of prisoners. In a separate incident, the Prisons and Probation Ombudsman (PPO) is investigating the self-inflicted death of another prisoner, with a history of mental health difficulties, who moved to Pentonville following a court appearance in the week before the inspection, and was held there over the period of the inspection, before being returned to Wandsworth. He returned to Wandsworth in the same van as four of the prisoners who had been transferred to Pentonville for the period of the inspection.
- 3.28 There had been four self-inflicted deaths at the establishment since the previous inspection. While the establishment stated that all the subsequent recommendations from the PPO had been acted on, only two action plans could be provided. We saw some evidence of recommendations being met – management checks were in place to ensure consistently timely responses to cell bells by staff, and communications between healthcare and other relevant functions had in general improved, an issue raised by the PPO in more than one report. Work had been carried out in other areas, but was not complete; for example, though the quality of ACCT documentation had improved, it was still not of sufficient quality to meet the PPO's recommendations. There were some areas where claims that recommendations had been met were clearly false. Prisoners were not being given prior notification of potential transfers, nor did they have the opportunity to have the transfer reviewed if they had concerns, a previous recommendation following the death in custody of a prisoner following transfer; nor, in the cases referred to above, was there apparent contact with healthcare. We were deeply concerned that managers appeared to have completely lost sight of the issues that had previously contributed to deaths in custody.
- 3.29 All senior officers had been trained as ACCT assessors, and, with a few exceptions, the quality of initial interviews and assessments was good. The quality of care plans ranged from poor to excellent, but most were regularly updated at reviews. ACCT training was available weekly but only 26% of uniformed staff (and none of the night staff we spoke to) had received any form of suicide and self-harm awareness training over the previous 12 months. This may have contributed to the variable quality of the recording of staff observations. Most were interactive, but too many consisted of a brief sentence about how the prisoner presented, rather than demonstrating meaningful interaction. The recording of observations at night was consistently predictable. However, nearly all staff had received ACCT foundation training at some point, and those we spoke to about suicide and self-harm prevention measures demonstrated an understanding of potential issues and triggers, and also a knowledge of and confidence in the tools available to them in supporting prisoners they were concerned about.
- 3.30 We attended two reviews, one of which was attended by staff from a range of disciplines, and the other by only the case manager and a member of the chaplaincy team. Both reviews were good, focusing on the needs of the prisoner in both cases. Examination of current and closed ACCT documents indicated that most reviews had poor attendance, and that the manager carrying out the role of case manager varied between reviews. The quality assurance process carried out by the suicide prevention coordinator was thorough, and the feedback provided to individual managers and through the safer prisons meeting was excellent, but there was little evidence that this had any impact on improving quality. This may have been because the management checks carried out by middle and senior managers, although regular, were perfunctory, rarely addressing shortfalls. Feedback from prisoners still at the establishment and currently subject to ACCT arrangements was generally positive, with the overall perception that staff cared about their welfare.

- 3.31 The most recent change to the suicide prevention strategy had been an increased focus on involving prisoners' families in supporting those at risk. Case managers had begun to ask for consent from prisoners to contact their families, and letters had been sent to family members explaining the ACCT process and why the prisoner was subject to it, and asking for help in providing support. These letters outlined the support that would be appropriate, including providing staff with information that the family member deemed important. They provided several contact sources, including the wing on which the prisoner was located and the telephone numbers of his case manager and the suicide prevention coordinator. There had been two recent examples where family members had attended case reviews.
- 3.32 Another initiative that had been developed over the previous few years was input from the crisis counselling support team, comprising a chartered clinical psychiatrist and two trainee psychiatrists, with additional support from five psychiatry students. They carried out assessments on prisoners identified as being at risk, through referrals from staff and also by monitoring the opening of new ACCT documents, and provided short-term one-to-one crisis counselling support on a prioritised basis. Approximately 20 prisoners were currently receiving counselling. The scheme was particularly important as it targeted shorter-term prisoners who would not benefit from the longer-term counselling models normally found across the prison estate.
- 3.33 There were 25 Listeners currently available on Heathfield unit and six on Onslow unit. All the Listeners we spoke to were positive about the attitude of the establishment towards their work. One issue that was raised concerned Listeners' access to prisoners on Onslow unit at night, as the arrangements for staff unlocking them caused delays. Some Listeners also said that they often had to wait for two to three hours to return to their cell at night after a visit to the care suites with another prisoner, when the support needed had amounted to no more than half an hour. Listeners operated to a rota, and support and training were provided by the Samaritans, who met Listeners weekly, on both Onslow and Heathfield units.
- 3.34 There were four care suites, located on B, D and E wings and Onslow unit. They were sparsely furnished, with little more than a few soft chairs and some flower boxes, and no tea and coffee making facilities. They were not suitable for prolonged use, especially at night. The head of the safer prisons team acknowledged this.
- 3.35 Samaritan telephones were available on all wings, free of charge and widely publicised. However, entries in wing observation books showed that in some cases staff had not offered them as an alternative when a Listener had not been immediately available, but had told the prisoner that there would be a delay in a Listener attending.
- 3.36 There were 13 safer cells, all on E wing, and seven gated cells, four on E wing, two on Addison (inpatient) unit and one on H wing. Their use was not logged, so it was not possible to ascertain the frequency of use or length of time that they were used for.

Recommendations

- 3.37 The suicide prevention policy should focus on the specific risks and needs of vulnerable prisoners at Wandsworth.
- 3.38 The safer prisons meeting should include analysis of trends and patterns in the collected self-harm and suicide data and take necessary remedial action.

- 3.39 The safer prisons team should carry out an investigation following all near-death incidents and inform all staff of any subsequent learning points identified.
- 3.40 The safer prisons team should maintain sight of action plans arising from self-inflicted deaths, regardless of whether they have been completed, and ensure that mistakes or oversights are not repeated.
- 3.41 All staff should receive annual self-harm and suicide awareness training.
- 3.42 Assessment, care in custody and teamwork (ACCT) procedures should incorporate an appropriate multidisciplinary approach, with comprehensive care plans and quality recording of meaningful interactions by staff with prisoners subject to the process.
- 3.43 Observations should be at irregular and unpredictable intervals, especially when prisoners are locked up.
- 3.44 Management checks should effectively monitor the quality of ACCT documents.
- 3.45 Requests to see a Listener by prisoners on Onslow unit should be accommodated promptly.
- 3.46 Care suites should be appropriate for both prolonged use and at night.
- 3.47 Samaritan telephones should be offered to all prisoners if a Listener is not immediately available.
- 3.48 The use of all safer cells and gated cells should be logged.

Diversity

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

3.49 The prison did not have a comprehensive diversity policy. Prisoners with disabilities reported disadvantage in many important areas and this was not being effectively addressed. There were disability orderlies on every wing but their job description was not sufficiently well defined. There were personal evacuation plans for all prisoners requiring assistance, which varied between Onslow and Heathfield units. A day room for older prisoners and those with disabilities had been opened on Onslow unit.

3.50 There was a policy which addressed the prison's obligations under the Disability Discrimination Act but other strands of diversity were not included. The prison's diversity statement acknowledged the rights of prisoners regardless of their sexuality or age.

3.51 A full-time senior officer had been appointed as disability liaison officer (DLO) within the previous two months. He had a strong interest in the needs of older prisoners and those with disabilities, arising from his time working on Onslow unit, where such prisoners were over-represented. He had received no formal training but had been on a study visit to HMP Wakefield.

- 3.52 All new prisoners were seen on the first night or induction and provided with a self-referral disability form. This was available in 12 languages and Braille. This information was collated on the local inmate database system (LIDS) system but was not monitored. There was no system for developing action plans to meet the needs of prisoners with disabilities and review them annually.
- 3.53 Our survey showed that a large percentage (27%) of prisoners considered themselves to have a disability. This exceeded the proportion currently recorded by the prison, and the DLO acknowledged that, because their recording system had been introduced only recently, some prisoners with disabilities would not have been logged. There were disability orderlies on every wing who provided assistance, advice and information to prisoners with disabilities. They were paid for this work but some felt that they were asked to perform duties beyond their remit, such as helping prisoners using a wheelchair to shower.
- 3.54 In our survey, prisoners who identified themselves as having a disability reported poorer outcomes in several important areas than those who did not. They felt less well cared for by staff, reported poorer access to services and activities (except for education) and felt less safe. Older prisoners and those with disabilities had poor access to showers, were less likely to be involved in appropriate work and had been unable to gain access to visits when the lift was out of order. There was evidence that the prison was trying to deal with issues for this group of prisoners in a piecemeal way, such as allowing visits on the wing and developing a workshop for older prisoners, but these were not sufficient to meet the needs of all such prisoners. On Onslow unit, a meeting room had been converted to a day room for older prisoners and those with disabilities, providing a quiet area where they could play board games, watch television and read in association.
- 3.55 There was no management group with governor involvement to manage the issues of older prisoners and those with a disability, and no monitoring of the outcomes for such prisoners. There was no evidence of care planning for older prisoners. Prisoner consultation had started recently, with regular meetings on the Onslow unit, and the minutes showed that valuable information about their needs was provided. There was no evidence that this practice was replicated in the main prison. Help the Aged, Age Concern and the Prison Reform Trust had visited the prison and contributed to the forums held but there had yet to be any comprehensive services or advice for older prisoners.
- 3.56 Prisoners with reduced mobility were identified and evacuation plans were in place for them. The system on Onslow unit was to grade the level of assistance required and to identify prisoners by placing stickers on their cell doors; on Heathfield unit there were individual evacuation plans in wing files and lists in wing offices and on the centre.
- 3.57 There had been no awareness training of staff in sexual orientation or transgender issues and the needs of gay and transgender prisoners were not addressed.

Recommendations

- 3.58 The prison should have a policy covering diversity which meets the requirements of equality legislation and outlines how the needs of all minority groups will be met.
- 3.59 The disability liaison officer should be renamed the diversity liaison officer and the role widened to cover sexual orientation and transgender issues.

- 3.60 A multidisciplinary diversity management team, which is chaired by a governor and includes prisoner representatives, should meet monthly.
- 3.61 The job description for disability orderlies should be reviewed and clearly defined and any necessary training and support provided.
- 3.62 Managers should record and monitor minority groups in the prison to provide information about the impact of the prison regime on them and provide the basis for ensuring that their needs are met.
- 3.63 Older prisoners and those with disabilities should be able to shower daily.
- 3.64 The consultation process for older prisoners and those with disabilities operating on Onslow unit should be expanded to include all minority groups across the prison.
- 3.65 There should be a system for identifying the cells of prisoners requiring assistance with evacuation on Heathfield unit.
- 3.66 There should be a day room for older prisoners and those with disabilities on Heathfield unit.
- 3.67 Staff should be trained in diversity awareness, including sexual orientation and transgender issues.

Race equality

Expected outcomes:

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

- 3.68 The prison had a large proportion of black and minority ethnic prisoners and invested considerable resources in promoting race equality. Race equality staff had developed a network of prisoner orderlies, and consultation mechanisms were valued by prisoners. A large number of racist incident report forms were submitted, many by staff, and took up a disproportionate amount of the race equality officer's time. Staff training was comprehensive and we observed some good interactions with black and minority ethnic prisoners. However, perceptions of black and minority ethnic and Muslim prisoners were noticeably poorer than those of white prisoners. Some discrepancies shown in ethnic monitoring were not followed up. The identification of racist prisoners was effective. There was inadequate celebration of diversity by events or displays in public areas.
- 3.69 The prison had a large black and minority ethnic population of 720, representing 45% of the total population. In our survey, black and minority ethnic prisoners and Muslim prisoners were more negative than white prisoners in important areas of respect and safety. Of particular concern, twice as many black and minority ethnic and Muslim prisoners as white prisoners reported that they had been victimised and intimidated by members of staff.
- 3.70 Race equality was managed through the race equality action team (REAT), which held monthly meetings, chaired by the governor. The main prison departments were represented by the relevant heads of function. Prisoner representatives and community groups attended every

other month. There was a race equality strategy in place and a race equality action plan, which was updated monthly. The plan was produced from actions decided at the REAT meeting, informed by ethnic monitoring data and prisoner consultative groups.

- 3.71 The delivery of actions in the plan was mixed. Although there was evidence that some matters had been dealt with promptly, especially in response to issues raised in prisoner groups, fundamental issues of unequal outcomes for black and minority ethnic and Muslim prisoners, such as under-representation on the enhanced level of the incentives and earned privileges (IEP) scheme, had not been resolved by decisive action or robust strategies. There was a programme of impact assessments, which reflected issues identified through monitoring. Internal Prison Service quality assurance had identified a need for these to be done more effectively. Remedial action had been specified in the race equality action plan and was yet to be completed.
- 3.72 A full-time principal officer acted as diversity and race equality officer, assisted by a full-time race equality officer (REO). They were overseen by the diversity adviser, who was a member of the senior management team. Much of the principal officer's time was taken up with answering the large number (592 in 2008) of racist incident report forms (RIRFs) submitted, which left her with little time for her other duties. A large proportion of RIRFs were submitted by staff reporting that they had been accused of racist behaviour by prisoners. It was difficult to understand why these were perceived as racist incidents, and the response to them did not involve speaking to the prisoner concerned. In order to manage such a large number of RIRFs, the REO ranked them in order of seriousness. There had been delays of up to a month in responding to some of the serious complaints in our sample. A large number of RIRFs were also generated by referral of 'Complaint 1' forms on which the 'racial nature' box had been ticked.
- 3.73 The quality of responses to RIRFs was variable. We found some peremptory responses and examples where the complaining prisoner was not interviewed about his complaint. There was regular monitoring of RIRFs by the governor and by external organisations, but quality issues were not always picked up or adequately commented on.
- 3.74 There was evidence that staff understood issues of racism and that it was taken seriously by prison managers. Complaints by prisoners had led to investigations resulting in the dismissal of some staff. We observed staff treating black and minority ethnic prisoners with respect and prisoners told us that they were consulted and involved in much of the decision making that affected them. The prison had trained more than 300 staff in cultural awareness since December 2007 and had started delivery of the programme in April 2009.
- 3.75 There was an effective system of prisoner wing race equality orderlies supported by blue band prisoners who worked across all wings. These prisoners provided advice and assistance to black and minority ethnic prisoners. They were involved in monthly consultative meetings, where they conveyed the concerns of prisoners to staff; the issues raised were dealt with directly or through inclusion in the race equality action plan. There were also consultative meetings which were open to all black and minority ethnic prisoners by application.
- 3.76 Prisoners with racist attitudes and histories were effectively identified and logged during reception. This was appropriately reported to the security department and recorded in wing files and cell-sharing risk assessments.
- 3.77 The race and diversity team and prisoner representatives were widely advertised, with photographs, around the prison. Prisoners were aware of the identity of wing race equality orderlies and staff.

- 3.78 The prison had initiated a community engagement programme, which had contacted groups representing black and minority ethnic groups in the area. Two groups had already visited the prison and met race equality and diversity managers.
- 3.79 There were no displays around the prison of positive images of racial diversity. The celebration of racial diversity was limited and some prisoners were not aware of the events held for Black History Month.

Recommendations

- 3.80 The race equality action team should take decisive action to bring indicators for black and minority ethnic prisoners consistently within the normal range of ethnic monitoring data reports.
- 3.81 Staff should not submit racist incident report forms to report that a prisoner has accused them of racist behaviour and should engage with prisoners about why they have perceived their behaviour to be racist.
- 3.82 Staff dealing with racist incident report forms should be trained in complaint investigation.
- 3.83 Staff dealing with racist incident report forms should be given adequate time to investigate complaints thoroughly.
- 3.84 Monitoring of racist incident report forms should consistently provide feedback on the quality of the response.
- 3.85 There should be displays celebrating race diversity in public areas of the prison.

Good practice

- 3.86 *The prison had started a community engagement strategy which had made contact with community-based groups representing black and minority ethnic groups in the area.*

Foreign national prisoners

Expected outcomes:

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

- 3.87 Wandsworth had been identified as a main centre for foreign national prisoners, and there was a large foreign national population. The full-time foreign nationals coordinator had not been formally trained. A foreign nationals committee met quarterly but did not use monitoring to inform its work. A network of orderlies provided a valuable service, but insufficient attention had been given to ensuring that the specific needs of foreign nationals were reflected in all aspects of prison life. Prisoners were able to provide interpreting services, but were sometimes used inappropriately and the professional interpreting service was underused. A lack of translated documents left some prisoners feeling isolated and uninformed. Some foreign

nationals were unaware of facilities for keeping in touch with families because of their poor understanding of English. There was a full-time UK Border Agency team based at the prison but there were problems with communicating decisions about deportation in time. The service provided by the independent Detention Advice Service was good and well used.

- 3.88** At the time of the inspection, there were 629 foreign national prisoners, representing 38% of the prison population. Of these, 27 were detained beyond the end of their sentence. Given this large percentage, this required a heightened level of attention and provision. The specific needs of foreign nationals needed to be considered and provided for in every policy and aspect of regime. This was not the case (see sections on induction, complaints, health, adjudications and resettlement).
- 3.89** A full-time senior officer had been in post as the foreign nationals coordinator for 14 months. He had received no formal training in the role and was dependent on the advice of colleagues in other establishments to complement his learning from written guidance. He had conducted a needs analysis of foreign national prisoners through a questionnaire to inform the prison's strategy. This strategy acknowledged many of the specific needs of this group, including an understanding of the prison, access to services, isolation and dealing with the UK Border Agency (UKBA). It also recognised the ways in which foreign national prisoners could be liable to be over-represented in incidents of self-harm and disciplinary measures, and described the range of services available and procedures which should apply to this group of prisoners.
- 3.90** Each foreign national prisoner was interviewed on reception by a foreign national orderly and his details were passed to the foreign nationals coordinator. The orderly provided information to the prisoner, and some translated written material was available but it was not comprehensive (see section on induction).
- 3.91** There was a quarterly foreign nationals meeting, chaired by the governor, which was attended by prisoner representatives. While issues raised by prisoners were dealt with, this group did not consider monitoring data to identify any disadvantage in important areas identified in the strategy. Without this information, the group could not accurately identify the necessary measures to take or understand the effect of their work.
- 3.92** The prison mainly relied on other prisoners for interpreting and translation. A list of prisoners willing to provide interpreting services was in place and regularly updated. This was available in the central office and on every wing. When confidentiality was required, the professional telephone interpreting service was supposed to be used. However, this facility had been used only 27 times in the first six months of 2009. We observed two occasions during the inspection (during an adjudication and in reception) where the service should have been used but was not (see also section on health services).
- 3.93** There was a foreign national orderly on each wing, identifiable by a distinctive T-shirt, and also by a poster bearing his photograph. There were weekly meetings between the orderlies and the foreign nationals coordinator to discuss current issues. The orderly was responsible for maintaining contact with every foreign national prisoner on his wing and communicating the prisoner's needs to the foreign nationals coordinator. He was also responsible for ensuring that every foreign national prisoner was familiar with prison procedures and updated with all developments. Because of language differences, it was not clear that orderlies would always be able to carry out this task effectively, and we met some prisoners who felt isolated and unsure of aspects about the prison regime: for example, a group of Chinese prisoners who were aggrieved because they had not understood the process for being designated, and paid, as cleaners, and who had been refusing food. Staff were particularly concerned about a profoundly deaf Polish prisoner.

- 3.94 Each foreign national prisoner was entitled to a free five minute telephone call to a country outside the UK and could have free airmail letters in place of visits. He could also have accumulated or extended visits if relatives from abroad were able to come to the prison. All these services were only available on application and their use depended on prisoners' awareness of them. At the time of the inspection, there were delays in providing telephone cards.
- 3.95 UKBA had recently increased its presence in the prison to five full-time staff. Their role was to interview each foreign national prisoner during induction, to communicate with the Criminal Casework Directorate and to advise prisoners of progress in consideration of their case. Prisoner representatives told us that some prisoners were not informed that they would be held beyond the end of their sentence until a few days before their date of release. UKBA also advised and assisted prisoners who were interested in facilitated return and early release schemes. They provided information in a range of languages and liaised with the central team managing the schemes.
- 3.96 Some of the prisoners detained beyond the end of their sentence had served all of their sentence at the prison but seven had been sent from immigration removal centres (IRCs) because of behavioural or security concerns. Sex offenders and high-security prisoners could not be accommodated in IRCs and had difficulty getting bail while their removal was finalised. The prison had had some success in holding prisoners for a period to demonstrate that their behaviour had improved, so that an IRC would accept their return. UKBA briefed these prisoners weekly on progress with their case.
- 3.97 The prison had a service level agreement with the independent Detention Advisory Service (DAS), to provide two days a week of advice and assistance to foreign national prisoners. This took the form of a well-attended weekly group meeting with prisoners to discuss their specific needs. The DAS worker liaised with UKBA on prisoners' behalf, provided contact with specialist legal advisers and helped prisoners with advocating for their rights.

Recommendations

- 3.98 The foreign nationals coordinator should undertake formal training in the task.
- 3.99 Data concerning the impact of the prison regime on foreign national prisoners should be monitored and used to improve outcomes for them.
- 3.100 Free five-minute international telephone calls should be available to all foreign national prisoners within five days of arrival, without the need for an application.
- 3.101 Every foreign national prisoner without a good command of English should be provided with interpretation services on induction and with written information in his own language about the services available.
- 3.102 Professional interpreting services, rather than other prisoners, should be used for all formal procedures with prisoners who do not have a good understanding of English.
- 3.103 Prisoners should be informed of the intention to deport them at least three months before the end of their sentence.
- 3.104 Prisoners beyond the end of their sentence should not be retained at the prison.

Applications and complaints

Expected outcomes:

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

- 3.105 The handling of prisoner applications was inconsistent and often flawed, and there was no way of checking the existence, nature or timeliness of responses. Responses appeared to be fair, but the high number of complaints raised questions about whether issues were adequately dealt with at a lower level. Complaints were efficiently managed, but responses were often deficient in tone and content. There was inadequate help for those unable to write English confidently, and a disproportionately high number of complaints were submitted by white British prisoners.
- 3.106 There was a published policy on prisoner applications, but practice varied across the residential units. The weakest aspect was that there was no system of logging the responses to applications on the prisoner's wing, so that it was impossible to monitor the quantity, quality or timeliness of replies. More generally, the handling and recording of applications on the wings was often inconsistent. We found a box for the submission of applications open on the floor in a passageway outside an office, with a number of applications in it. The policy attributed a role to personal officers, but they did not in fact have any regular part in the applications process. Nevertheless, in our survey, 63% of prisoners felt that applications were dealt with fairly, significantly better than the 53% comparator.
- 3.107 The number of complaints was consistently high, at around 400 each month. Some prisoners attributed this to a lack of confidence in the application system (this might also have contributed to the high number of applications to the Independent Monitoring Board). Complaint forms were collected each morning from sealed boxes by the complaints clerk; this guaranteed confidentiality. There was a system for bringing complaints daily to the managers' meeting and chasing responses. Despite this, only 33% in our survey thought that complaints were dealt with promptly, fewer than the 37% in comparable prisons. The form sent with each complaint to the relevant manager included a brief slip for an interim reply, giving the date when a substantive reply should be expected, but no other information; such cursory interim replies may have contributed to the impression of delay.
- 3.108 The deputy governor had begun to carry out regular quality checks of responses, giving detailed feedback. Nevertheless, the tone of replies to complaints was often defensive and/or bureaucratic. Departments often replied to a prisoner by directing him to another department, rather than ensuring that the complaint went to the appropriate person for response. Replies to prison shop complaints were frequently curt and often did not address the matter raised. We saw many responses in which the responder had posed a question to the complainant. Healthcare complaints, the largest category of complaint, were routinely answered, with detailed clinical information, through the regular complaint route, which prejudiced confidentiality. There were marked variations in the number of complaints submitted by prisoners from different wings, with B wing the source of the greatest number.
- 3.109 When the box asking whether the complaint had a racial aspect was ticked, the complaint was routinely answered by a first-line manager, and the prisoner was subsequently sent a letter by the REO saying that the matter would be investigated. This was confusing and gave the impression that the enquiry into the racial aspect had been pre-empted.

- 3.110 Prisoner diversity representatives and others involved as mentors in the Toe by Toe literacy scheme commonly helped prisoners whose limited command of English or of writing disadvantaged them in making complaints. Complaint forms were not readily available in other languages, nor had translation been used in helping foreign national prisoners with the complaint process. All ethnic groups except white British prisoners had submitted proportionately fewer complaints than would be expected. White British prisoners had submitted proportionally more.
- 3.111 Information about the complaints process, and about the external bodies to which complaints and representations could be made by prisoners, was prominently and clearly displayed in all residential units.

Recommendations

- 3.112 Managers should publish a workable applications process and ensure its consistent implementation, including the recording and tracking of responses.
- 3.113 Substantive responses should be given to all complaints within three days, or 10 days in exceptional circumstances, with either a resolution or a full explanation of future action.
- 3.114 All managers should be trained in how to provide appropriate replies to complaints.
- 3.115 Complaint forms, and information on the complaints process, should be readily available in the main languages spoken by prisoners, and complaints should be accepted, where appropriate, in languages other than English.
- 3.116 The race equality action team should initiate enquiry into the reasons for the ethnic imbalance in submission of complaints.

Housekeeping points

- 3.117 Prisoners should be able to submit applications with confidence that reasonable steps have been taken to ensure privacy.
- 3.118 Complaints referred for further investigation should not be substantively replied to in advance of such investigation.

Legal rights

Expected outcomes:

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

- 3.119 There was a full-time trained legal services officer, who saw all newly convicted prisoners on arrival and provided advice about appeals and contact details for specialist legal advice. The range of documents available was limited. Bail information services were comprehensive and efficient. Recalled prisoners received information and advice about their recall in a timely

fashion. Arrangements for legal visits and video links with courts were good, except for the block-booking of places by some legal representatives who then failed to turn up.

- 3.120 There was a full-time trained legal services officer. He interviewed all newly convicted prisoners and discussed with them their intentions regarding appeal. He provided written information about legal services which was available in a range of different languages. He also had an information booklet about the appeal process but it was available only in English. He provided prisoners with contact details for legal representatives in their home areas and for other specialist legal advice, such as civil cases and immigration.
- 3.121 Prisoners requiring assistance with immigration and deportation issues were assisted by the independent Detention Advisory Service (DAS) and the resident UKBA team (see section on foreign national prisoners). Those requiring assistance with legal correspondence were provided with template letters, free letters and personal assistance where required. Prisoners representing themselves or researching legal matters were provided with material such as legislation and case law but this was limited by the formats that could be downloaded from the internet. They were also allowed use of a computer.
- 3.122 Two full-time Probation Service officers provided a bail information service. In April 2009, they conducted 115 interviews and prepared seven bail information reports. They interviewed every new remand prisoner to identify the assistance that would be required to progress a bail application. They provided crown court remands with written information, and such prisoners could also apply to see the bail information officers. In some cases, the Probation Service officers provided bail information reports to court which assessed the prisoner's suitability for bail. They would liaise with legal representatives and make applications to the ClearSprings housing charity for suitable bail addresses. They were also responsible for checking with probation areas that prisoners subject to recall were not released inadvertently.
- 3.123 There was no family support worker in the prison to provide advice on family law. Citizens Advice advised prisoners on civil and family law matters, as well as providing contact details for specialist legal advice.
- 3.124 There were 80 recalled prisoners held at the time of the inspection. They were interviewed by the licence recall clerk when details of their recall were available to explain the reasons and length of recall. The licence recall clerk provided the prisoner with the form to contest the recall and explained the time limits. In most cases, recall packs arrived with recalled prisoners and delays were no longer than two weeks.
- 3.125 There were 15 private and reasonably appointed legal visits rooms, and 500 legal visits sessions were facilitated each week. The establishment also provided an early morning session (9–9.30am) for legal visitors to drop off paperwork or serve papers, and 10 evening legal visits sessions were available. There were significant issues with legal visitors block-booking rooms and then failing to turn up. Despite this being raised at the court user group meetings by the prison, this continued, and on one afternoon during the inspection 14 legal visitors did not turn up and failed to cancel the booking, and only three legal visits went ahead.
- 3.126 There were four video link pre-court booths and two video link court booths, which were well used and well managed by the visits team.

Recommendations

- 3.127 Prisoners should be able to access all legal documents they require, regardless of electronic format.
- 3.128 The block-booking and subsequent cancellation of legal visits should be monitored and addressed with legal visitors.

Substance use

Expected outcomes:

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

- 3.129 The integrated drug treatment system was due to be implemented over the next few months. A prescription verification scheme improved services for local prisoners, as did the regular part-time presence of a primary care trust commissioner. Clinical facilities on the wings were appropriate for the delivery of clinical drug treatment services. Progress had been made in tackling the supply of illicit drugs into the prison, particularly through staff corruption. There had been concerns about the passing of opiate-based medication among prisoners. Mandatory and voluntary drug testing were not sufficiently well separated and suspicion testing was low.
- 3.130 The substance misuse team, employed by Secure Healthcare, comprised the team leader, two senior substance misuse nurses, one sister, 10 general nurses and three healthcare assistants.
- 3.131 The integrated drug treatment system (IDTS) was due to be implemented within the next few months. Clinical services were, however, well established, with methadone and buprenorphine available as opiate substitution treatments.
- 3.132 Subject to verification, normally from community pharmacies or doctors, existing prescribing regimes were continued or an equivalent provided. This verification function was partly performed by Secure Healthcare's contact centre, based outside the prison. At the time of the inspection, it was operated as a service for local prisoners only, but it was hoped that it would expand to other boroughs as funding became available in the future.
- 3.133 At the time of the inspection, 25 prisoners were undergoing detoxification, of whom 24 had been prescribed methadone and one buprenorphine. A further 12 prisoners were undergoing detoxification from alcohol dependency. One prisoner was on a slow methadone reduction programme. Forty-seven were being stabilised on methadone, 84 were receiving maintenance doses of methadone and eight were being maintained on buprenorphine.
- 3.134 A commissioner from the local primary care trust (PCT) was employed for two and a half days a week at the prison to act as project overseer. The partnership between the prison, Secure Healthcare and the PCT worked well in delivering clinical drug treatment to prisoners, but there were gaps in provision. For example, no blood-borne virus immunisation (such as for hepatitis A and B) was delivered to prisoners, and there were no blood-borne virus information posters

or leaflets visible on the wings or in key areas such as drug testing suites or even in the healthcare department.

- 3.135** New arrivals were assessed for substance use problems at reception and were then moved to E wing for their first night and stabilisation or detoxification treatment. Once stabilised, those requiring maintenance were moved to B wing, which also housed any overspill from E wing. Clinical facilities on both E and B wings were appropriate for the delivery of clinical drug treatment, with 24-hour nursing cover.
- 3.136** In our survey, 19% of respondents said that it was easy or very easy to get drugs, against a 32% comparator. While there had been times in the past when the drug problem at the establishment was significant, progress had been made in reducing supply. A drug needs analysis, conducted by the prison in 2008, showed that 33% of prisoners who responded considered staff members to be the main route for drugs coming into the prison. At the time of the inspection, three staff members were under suspension pending the outcome of police and Prison Service enquiries regarding the trafficking of drugs into the prison. The needs analysis also showed that 31% of prisoners who responded thought that it was common for medication to be passed between prisoners. Prisoners we spoke to about this said that the main drugs passed were opiate-based drugs like Tramadol. Immediately before the inspection, GPs had taken steps to reduce prescribing levels of Tramadol.
- 3.137** The random mandatory drug testing (MDT) positive rate quoted at the time of the inspection for April 2009 was 12.4%. For the six months from November 2008 to April 2009, the average quoted was 14.8%, slightly lower than the target. Weekend random testing was normally conducted at the beginning of the month, to ensure that the target of 5% of tests being carried out at weekends was achieved. This practice made weekend tests far easier to predict and their usefulness as a deterrent was likely to be diminished.
- 3.138** Suspicion drug testing was low. There had been 48 drug finds between January and March 2009, which had resulted in only 13 tests (eight tests in January, none in February and five in March). For the six months from December 2008 to May 2009 there were 40 suspicion tests altogether. Staff told us that this was because there had been delays in processing the SIRs, meaning that drug testing would have been rendered pointless owing to the amount of time that some drugs remain in a person's body. A new system had been put in place but not sufficiently tested to ensure that intelligence that could result in a drugs test would be passed on immediately to the drug testing team.
- 3.139** MDT and voluntary drug testing (VDT) were not sufficiently well separated. The same staff conducted both types of test and in some cases the same facilities were used for both types of test, although not at the same time. This had the potential for confusion on the part of prisoners.
- 3.140** While there were no drug service information posters or leaflets visible in any of the testing suites, the main MDT suite on K wing was appropriately equipped and was clean and tidy. A newly equipped testing suite, with modern facilities and holding cells, adjacent to the segregation unit, was due to come online within a few weeks of inspection. It was hoped that this new facility would enable more separation of MDT and VDT processes.
- 3.141** Three dog handlers were based at the prison, each with one active and one passive dog.

Recommendations

- 3.142 Prisoners should be informed about blood-borne viruses and offered vaccinations for hepatitis A and B.
- 3.143 The establishment should ensure that the mandatory drug testing programme is adequately resourced to undertake the required level of weekend testing.
- 3.144 Mandatory drug testing should be appropriately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision.
- 3.145 There should be a clear separation between voluntary drug testing and mandatory drug testing in terms of staffing and location.
- 3.146 Intelligence relating to the need for possible suspicion drug testing should be acted on quickly.

Section 4: Health services

Expected outcomes:

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

4.1 Patients received thorough reception screening, but there were gaps in the provision of care, with only one life-long condition clinic being run and no immunisation clinics. There were a number of staff vacancies on the primary care team, resulting in an over-dependence on bank and agency staff and an inconsistency of approach to prisoners. Healthcare staff did not work as an integrated team. There were links with outside care providers, but too many external appointments were cancelled or missed. Dental services were good. There were a considerable number of pharmacy issues requiring attention. There were no inpatient services for prisoners with physical illnesses. Mental health services appeared good and were responsive to prisoners' needs.

General

- 4.2 Health services were commissioned by Wandsworth Teaching Primary Care Trust (PCT) and had been provided by Secure Healthcare since July 2007. Inpatient and mental health services were provided by South West London and St George's Mental Health NHS Trust. The commissioning PCT had close involvement with the prison, and the commissioning manager from the PCT was based there for half of his working week. This arrangement appeared to work well and demonstrated good working relationships between commissioner and provider. There was a health needs assessment, dated November 2008, which had been produced by the public health department. There was also a prison health delivery plan for 2009–2012. It identified objectives, responsible individuals, timescales and measurable outcomes, and was reviewed at partnership board meetings. The Prison Health Partnership Board met quarterly and included representation from the PCT, Secure Healthcare and the prison. A wide variety of relevant issues were discussed at meetings.
- 4.3 Most of the primary care provision was delivered from healthcare treatment rooms on the residential wings. Each wing on Heathfield unit had its own treatment room, while there were two treatment rooms on Onslow unit, one of which was small and predominantly used for the administration of medication. Consulting rooms for clinics that were run centrally, such as sexual health clinics, and the dental surgery were located in the healthcare centre adjacent to the inpatient unit. There was a waiting room in which patients could wait for their appointments. There was a small healthcare room in reception, and a suite of healthcare rooms on the first night centre, including GP and nurse consultation rooms and a treatment room for the administration of medications.
- 4.4 The larger of the two treatment rooms on Onslow unit was cluttered, and the second was small and cramped. The small room in reception was barely large enough for two nurses to work in together when checking controlled medication, and there were no hand washing facilities in the room. The flooring in some treatment areas was scuffed, and although attempts had been made to keep these areas clean, this was not always possible. The treatment room on A wing had recently been refurbished, to a good standard, although the flooring was already becoming

scuffed and difficult to keep clean. Medicines were all stored in appropriate lockable metal cupboards and all the cupboards observed were locked.

- 4.5 The dental surgery was well ventilated. The equipment was in good working order. Cross-infection control procedures were good, with widespread use of disposables in accordance with current guidelines. However, there was no washer-disinfector. There was no X-ray warning notice on the dental surgery door, and the radiation protection file was not complete.
- 4.6 The pharmacy was in good order and kept generally tidy. Although nursing staff recorded refrigeration temperatures in treatment rooms, they were unsure what the temperatures should be and some were unaware that they should reset the maximum and minimum temperatures daily after recording. Record sheets varied between wings but consistently recorded refrigerator temperatures which were significantly outside the accepted range. No action appeared to have been taken to investigate or address readings which were out of range.
- 4.7 The inpatient unit (Addison unit) provided 12 beds for mental health patients only. It was on the ground floor of the healthcare building and was accessible to those with restricted mobility. Addison unit cells were all clean and well decorated and provided adequate sanitation. The showers, sinks and toilets were clean and well maintained. Four of the cells were gated and six were designated as safer cells. An additional six-bedded inpatient area, the Jones unit, was being refurbished, and it was planned that it would be used for patients with physical health needs or who needed to be isolated for clinical reasons. Additional staff were needed before these additional spaces could be reopened.
- 4.8 While some health services staff worked well with prisoners and had a good therapeutic relationship with them, this was not the case with all nurses. We observed some staff who appeared only to interact with prisoners when it was necessary and had an indifferent attitude towards their patients. The different groups of health services staff in the prison did not appear to work as an integrated team. Staff were not aware of any information-sharing policies in relating to healthcare at the prison.

Clinical governance

- 4.9 The clinical governance committee met monthly and included representation from Secure Healthcare, the PCT and the prison. A medicines and therapeutics committee met once a month and was attended by the principal pharmacist and a representative from the PCT. Staff had job descriptions. The head of healthcare was a general manager, who was experienced at working in prisons. He was supported by a senior nurse (band 8a), who was responsible for primary care, and a senior manager from the prison. The commissioning manager from the PCT spent half of his time at the prison, and his post was jointly funded by the PCT and prison.
- 4.10 The primary care team included one band 7 nurse (acting up from a band 6 post), five band 6 nurses and 12 band 5 nurses. At the time of the inspection there were vacancies for two band 7 posts, one band 6 post and five band 5 posts. We were told that five new staff had been offered employment but they were not yet in post. The high number of vacancies meant that there was an over-reliance on bank and agency staff, many of whom did not carry keys and so could not work effectively. The practice of pairing nurses without keys with healthcare assistants who could escort them went some way to reducing this problem. However, we found agency nurses, without keys, working alone in treatment rooms. There were six healthcare assistants, who worked effectively under the supervision of trained staff. A team of four officers and a part-time senior officer supported the primary care clinics.

- 4.11 The inpatient unit was staffed by a team of six mental health nurses, including one band 7 nurse, two band 6 nurses and three band 5 nurses; the senior nurse post was vacant, but the recruitment process to fill this post was under way. The inpatient staff also included eight officers, including two senior officers.
- 4.12 One of the band 6 nurses was the nominated lead for the care of older people. The prison had a large number of older prisoners, with a total of 217 prisoners over the age of 50 at the time of the inspection, 20 of whom were over 70. The prison worked with Age Concern to develop services for these prisoners.
- 4.13 There was an administrative team managed by a practice manager. Five healthcare administration staff, the IT manager and the note summariser reported to him. Administrative staff had specific roles.
- 4.14 At the time of the inspection, there was one full-time GP employed by Secure Healthcare, with the remaining GP sessions covered by locum GPs; we were told that this situation had arisen because a GP had recently become unwell. The GP sessions were run on the individual wings during the week. A GP was also in the prison all day on a Saturday. At times when no GP was in the prison, services were provided by the same out-of-hours provider as for the local community.
- 4.15 There was a full-time pharmacist in charge, a clinical pharmacist and four locum pharmacy technicians.
- 4.16 The dental surgery was staffed by a dentist and dental surgery assistant, providing six sessions a week. The assistant also provided two additional sessions of administration each week. The dental services were provided by a private company. Other allied health professionals, such as an optician and a podiatrist, also undertook sessions at the prison.
- 4.17 There was an enthusiastic senior nurse, who coordinated training for nurses. All nurses had received training in basic life support in the previous 12 months and there was a regular schedule of training. Professional registrations were checked by Secure Healthcare head office, and records of this were available at the prison. Competencies for trained staff and healthcare assistants had recently been developed and there were plans to introduce these in the near future.
- 4.18 A number of policies and procedures were available in the healthcare manager's office and we were told that these were also available electronically. However, none of the more junior staff were aware of these policies or how to access them.
- 4.19 Each treatment room had a response bag that included dressings. The full response bags were located in the main treatment room on Onslow unit and the A wing treatment room on Heathfield unit. These bags included automated external defibrillators and portable oxygen, as well as first aid equipment. Some items in the bags were out of date and we found one portable oxygen cylinder that did not have any oxygen tubing with it. Records of checking of equipment were maintained but there were gaps, indicating that checks were not consistently carried out. The record books that we found in each kit often recorded that items were missing for long periods of time, suggesting that action was not taken to replace missing items.
- 4.20 Electronic clinical records were used. Prisoners' previous history was summarised, and letters and results scanned into the electronic record. Relevant prison forms, such as completed self-harm forms, were also scanned into the record. Hard copies of clinical records had recently been relocated to the healthcare centre. They were stored in archive boxes and not easily

accessible. If prisoners returned to the establishment their electronic record could be reactivated. Entries in the records we reviewed appeared to be good. Dental record-keeping was paper-based, most of which was stored in lockable filing cabinets. However, record cards for current patients were stored in open boxes in the dental surgery. Although there was a computer terminal in the dental surgery, the dentist did not use patients' electronic records.

- 4.21 Patients with complex needs had care plans. Prisoners who had lower levels of need but would have benefited from distinct care plans did not necessarily have these; their care was recorded in their main clinical record, which meant that staff had to search through previous entries to find up-to-date information about which dressings should be used for a wound. Administrative staff recorded information about external appointments in the patient's clinical records. All inpatient care was planned on the electronic clinical record and was reviewed daily.
- 4.22 When a prisoner arrived at the establishment with a GP in the local area, the information was passed to the Secure Healthcare contact centre, which contacted the practice, with prisoners' consent, to confirm any prescribing and request any relevant previous medical history. The contact centre was a new service; it had only been in use for a few weeks and was limited as it only covered the local area. The prison still had to deal directly with any GPs from outside the local area.
- 4.23 Formal complaints were dealt with by the prison complaints process (see section on applications and complaints), which lacked medical confidentiality. There had been 281 healthcare complaints in the previous three months. We were told that complaints were reviewed at the monthly clinical governance meetings. However, in reviewing minutes of the previous six months we found that this involved reviewing the system used to record complaints, rather than the analysis of, and learning from, complaints. It was unclear how information about complaints was fed back to staff. Incidents were reported back through the clinical governance meetings.
- 4.24 There was a prisoner health forum, which met on Onslow unit, where prisoners could discuss health issues with health services staff. A healthcare representative also attended the prisoner consultative meetings with the governor, at which healthcare issues were regularly discussed. Issues raised at one meeting were fed back at the next meeting.

Primary care

- 4.25 When a prisoner arrived at the establishment, his clinical record was checked by a nurse in reception. Prisoners returning from court could then return directly to the residential wings if they did not wish to see a nurse or GP. All new prisoners received initial health screening on the first night centre from a nurse and also had the opportunity to see the GP. A set pro-forma was followed and entered directly into the patient's electronic record. Prisoners admitting to recent use of illegal substances underwent urine testing to verify this. Medication was arranged for patients requiring prescribed medication. However, nurses told us that the stock cupboard did not include some items regularly prescribed by doctors in the first night centre, which sometimes resulted in 'borrowing' items from other patients' prescribed medications. There was a guide to health services, which was available only in English.
- 4.26 If a prisoner was not able to communicate in English, a member of staff or another prisoner would be used to assist with translation, which did not afford patients sufficient confidentiality, and the translator may not have had sufficient skills to convey the necessary information effectively (see also section on foreign national prisoners). The reception screening nurse

asked the prisoner for written consent to contact other health professionals about him. Diabetic prisoners were referred to the diabetic nurse. There were no other life-long condition clinics. Information was asked about immunisation history, but at the time of the inspection there were no immunisation programmes. We were told that these would be reintroduced after a period of staff training.

- 4.27 All new prisoners were offered a secondary health screen on the day after their arrival. Outstanding hospital appointments were rearranged by healthcare administrators.
- 4.28 There was no health promotion specialist, but we were told that one was due to start work in the near future. Health promotion appeared to be limited to some displays and a smoking cessation course. Only one smoking cessation course had run in the first five months of 2009; this had been provided by pharmacy staff. Nurses had been trained for this role but did not feel able to contribute to the course because of competing priorities in their workload. The PCT supported the programme, with input from one healthcare assistant and a pharmacy technician. A health promotion specialist was due to start work at the prison in the near future. Prisoners were able to obtain barrier protection from health services staff on the wings, or through the sexual health clinic.
- 4.29 If a prisoner wanted to see a member of the health services team, he completed an application form and put it into a dedicated healthcare box on his wing, which was emptied daily. The system for dealing with healthcare applications had recently changed and not all staff followed the new process. The new system involved nurses reviewing applications for their wing, prioritising them and booking appointments. However, some nurses continued to take applications to administrative staff for appointments to be booked by them. No triage algorithms were in use and practice varied from nurse to nurse; some nurses simply allocated the next available appointment to a patient for the service they were requesting, while others reviewed the information on the application and spoke to the patient if information was unclear, they considered the need to be acute or they thought they might be able to deal with the problem. Although we found appointment spaces for the GP within a few days, prisoners reported long waiting times to access GP appointments. It was difficult to audit the process because of the way that appointments were handled. However, in urgent cases prisoners received same day appointments.
- 4.30 Once an internal appointment had been made, the prisoner did not know when it was scheduled for until he received his appointment slip, usually the night before the appointment. Some wings had recently started using prisoner health trainers, who delivered appointment slips and communicated health information to prisoners. Although a new role, staff and prisoners were clear about the role of the health trainers and the need to ensure that they were not given access to confidential information about other prisoners. Applications to see health professionals other than nurses and GPs were forwarded to the healthcare administrators, and appointments were made by them.
- 4.31 Prisoners attending appointments in the healthcare centre were escorted by the healthcare discipline officers. We were told that prisoners from Onslow unit had to spend significantly longer in the waiting area than other prisoners. This was because they tended to be moved at the beginning of the morning or afternoon and had to wait for everyone to be seen, so that they could be moved back to their unit together at the end of the session, whereas other prisoners were moved in small groups throughout the session.

Pharmacy

- 4.32 Medication was administered by nursing staff from the wing-based treatment rooms. Administration times were generally 7.30 to 8.30am, noon to 1pm and 4.30 to 5.30pm. Evening administration was also available if required. There appeared to be a lack of confidentiality on a number of the wings, with several prisoners crowding round treatment hatches at the same time. Discipline staff did not consistently supervise treatment times. There was evidence of secondary dispensing of medicines by nursing staff. In one medicine cupboard, medicines for approximately 40 patients had been de-blistered into unlabelled containers. The only indication of which patient the tablets might have been intended for was the proximity to other labelled boxes for the patient. Prescription and administration charts appeared to be poorly maintained and there were significant gaps in charts on most wings (including review dates, records of supply and signatures by nurses).
- 4.33 Patients would often be supplied directly from stock on the wings and the prescriptions would not be sent through to the pharmacy; therefore, full patient medication records could not be maintained on the pharmacy computer. Stock on the wings was generally not dual labelled and medications sometimes went missing or could not be accounted for. Loose blisters and unlabelled medicines were also found on the wings and some of these were believed to have been brought in with prisoners on arrival at the establishment. In a number of cases, these products had passed, or were nearing, their expiry date and staff were not able to indicate whether the patients for whom the medication had been prescribed were still at the prison. As a number of these medicines had not been supplied by the prison, they were not always included on the prescription and administration chart. Despite policy documents instructing that identification must be shown before the issue of any medicine, we did not see any patients being asked for identification.
- 4.34 There were three different in-possession policies identified by staff as being in place, but there was confusion over which had been approved by the medicines and therapeutics committee. A prescribing formulary was available but concerns were raised by staff about products being prescribed outside the formulary and of products being added to the formulary at the request of the doctor, rather than based on an objective assessment of suitability for inclusion.
- 4.35 In-possession risk assessments appeared to be carried out but there were inconsistencies in the forms and procedures used in different wings. These were scanned to the electronic clinical system but not always attached to the prescription and administration charts. We saw evidence of a patient receiving an inhaler on a supervised basis although the label indicated that the medicine had been prescribed in-possession. There did not appear to be any documentation to support the decision not to supply the inhaler in-possession.
- 4.36 A limited list of medication was available to supply on special sick, such as paracetamol, ibuprofen and Imodium. The special sick policy expressed doses in milligrams rather than dosage units (such as 'two tablets'). This could increase the risk of a dosing error. There was evidence of some medicines being supplied as special sick which were not listed in the policy document. The supplies were recorded on a separate special sick sheet and there did not appear to be any checks or records made on the prescription administration charts. Although the policy stipulated a maximum period of supply of four days, there did not appear to be any audit of the supply records and there was evidence of patients receiving treatment in excess of the four-day limit.

- 4.37 Patient information leaflets were supplied with in-possession medication but there did not appear to be any facility for patients on supervised medication to access this information. Forms were available on the wings for patients to reorder their medication. Prescribing was generally appropriate to the population, but staff told us of their concerns about a recent increase in the prescribing of opiates for pain control.

Dentistry

- 4.38 The dental assistant triaged the applications received from the healthcare administrative staff and arranged appointments and clinic lists. Urgent patients were identified by wing nurses and/or the dental assistant and were seen promptly. Non-urgent patients were placed on a waiting list. At the time of the inspection, there were 60 patients from the main prison and 30 patients from Onslow unit on the waiting list, the longest wait being five to six weeks and three weeks, respectively. Waiting times had reduced considerably since the current dentist had started work at the prison.
- 4.39 A full range of NHS treatments was offered. The session we observed was managed efficiently, with good teamwork, provision of satisfactory treatment and respectful treatment of patients. Oral health education was delivered at the chair side and a full range of oral health education leaflets was available. In the absence of the dentist, patients with pain and/or swelling were seen by the prison doctor. Occasional referrals for oral surgery were made to a local hospital dental department.

Inpatient care

- 4.40 At the time of the inspection, inpatient facilities were available only on Addison unit, for those with mental health needs. The unit was full, with 12 patients, and we were told that this was often the case. Patients remained for between one and eight weeks and there was usually a small waiting list of prisoners requiring inpatient mental health care while being managed on the wings by the mental health in-reach team. Five of the inpatients were on open assessment, care in custody and teamwork (ACCT) documents and one was on a three-man unlock for part of the week of the inspection. Patients were seen daily by the psychiatrist, who performed a regular ward round, and all patients had their cases considered at a daily staff meeting. The regime was generally more relaxed than that of the rest of the prison, with most of the patients out of their cells for a large part of the day.
- 4.41 The treatment room was mainly used as a clinical store and was not therefore suitable for the care and treatment of patients. Patients had access to a large association area and the facility to dine communally. A range of therapeutic courses was provided on the unit, in addition to regular visits to remedial gym sessions. Two separate exercise yards were available for the patients of Addison and Jones units (the latter unit was not open at the time of the inspection); exercise arrangements were good, and included one hour's exercise daily, when the weather permitted. Addison unit was well run and provided a calm and welcoming environment. All discipline staff who worked on the inpatient unit had received mental health awareness training.

Secondary care

- 4.42 One of the healthcare administrators was responsible for external appointments. There was capacity for four routine appointments each weekday (two in the morning and two in the

afternoon). If an emergency occurred, we were told that this was managed under special escorting arrangements and would not normally cause cancellation of other appointments.

- 4.43 Several external appointments were cancelled each month; in the two months we reviewed there had been 15 cancellations in one month and 12 in the other. This meant that patients waited longer than necessary for their appointments. When the hospital contacted the prison to arrange dates for appointments, it was not always possible for the prison to facilitate the earliest date offered by the hospital, which also resulted in delays for patients. When it was necessary to cancel one appointment, the administrator told us that she would check the clinical records of patients to decide which should be postponed. The GP confirmed that she was not consulted before cancellation or postponement of external appointments. Information about appointments was entered in the prisoner's clinical records, as well as in the appointment diary. Two of the prisoners summarily transferred to Pentonville the weekend before the inspection missed hospital appointments for serious conditions. One at least was acknowledged to be on a medical hold.
- 4.44 Senior staff from the prison met regularly with staff from the local hospital to discuss prisoners who had attended the hospital. These meetings had resulted in agreed working protocols between the prison and the hospital, which were available on wards at the hospital. The meeting alternated between the prison and the hospital.

Mental health

- 4.45 Primary, secondary and tertiary mental health services were provided. Primary mental health services were delivered by two part-time nurses, covering a caseload of approximately 80 patients a month. Some psychosocial therapeutic group work was provided, predominantly for prisoners suffering from depression or anxiety. The nurses contributed to the delivery of awareness training in mental health and the integrated drug treatment system, and there were limited collaborative links with the substance use team.
- 4.46 The mental health in-reach team included one full-time and one part-time forensic psychiatrist, supported by a registrar and two part-time staff grades. The team was managed by a band 7 community psychiatric nurse (CPN), supported by two further full-time band 7 CPNs, three dual-diagnosis band 6 nurses and one full-time administrator. The team were recruiting two band 6 mental health nurses. Although there was good support from the forensic psychiatrists, the nurses were stretched, with an average caseload of 20 patients. CPNs were allocated to each of the wings and had a varied turnover of patients. They attended all ACCT reviews for those on their caseload and liaised effectively with wing staff. Referrals could be made by any member of prison staff, but prisoners could not self-refer. Urgent cases were seen within 24 hours and prisoners received routine appointments within seven days.
- 4.47 Mental health awareness training had started two months before the inspection and was offered monthly. It was being rolled out to all prison staff; to date, 30 prison staff had attended, all of whom had prisoner contact.
- 4.48 The mental health team used a multidisciplinary approach for the management of patients. There was collaboration with other teams in the prison and developing links with the local community. Patients were involved in their own care planning and the team was in the process of implementing a new programme of care in line with that provided to the local community. There were no day care services for prisoners requiring additional support for emotional, behavioural and mental health problems, but they had access to a team of three full-time counsellors and five volunteer counsellors, each taking a caseload of four prisoners. There

was an open referral system and prisoners were seen within four days of referral. Sessions ranged from single occasions to inclusion in a 12-week programme.

- 4.49 Transfers to secure units were not unduly delayed, with an average of 12 transfers taking place quarterly, and most occurred within eight weeks of referral. The longest waiting time for a patient in the previous six months was 21 weeks.

Recommendations

- 4.50 Sufficient and appropriate staff should be provided so that the Jones unit can be reopened to hold prisoners with physical health needs.
- 4.51 Existing staff vacancies should be filled.
- 4.52 Prisoners should have access to life-long condition clinics.
- 4.53 Immunisation programmes should be reintroduced as soon as staff have been appropriately trained.
- 4.54 An effective auditable system should be in place for GP appointments and should be consistently applied.
- 4.55 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners.
- 4.56 Prisoners should have access to a confidential healthcare complaints system.
- 4.57 Information-sharing protocols should be in place and staff should be aware of them.
- 4.58 External healthcare appointments should only be cancelled in exceptional circumstances, and such decisions should only be made by senior clinical staff.
- 4.59 There should be sufficient primary mental health staff to meet prisoners' needs.
- 4.60 Day care services should be provided for patients having difficulties coping on the wings.
- 4.61 Nurses should take an active role in the delivery of smoking cessation clinics.
- 4.62 The practice of secondary dispensing should stop. All health services staff who administer medications should adhere to Nursing and Midwifery Council guidelines for the safe administration of medications at all times.
- 4.63 Prescribing should be evidence-based, and the medicines and therapeutics committee should review all medicines management policies and procedures.
- 4.64 Managers should monitor the relationships between healthcare staff and prisoners and take any necessary action.
- 4.65 Work should be undertaken to integrate effectively the different groups of health services staff at Wandsworth.

Housekeeping points

- 4.66 There should be hand-washing facilities in the healthcare room in reception.
- 4.67 Emergency equipment should be regularly checked and records of this maintained.
- 4.68 There should be systems to ensure that missing or out-of-date items in emergency bags are replaced without delay.
- 4.69 Professional translation services should be used for healthcare consultations with prisoners who are not able to communicate in English.
- 4.70 Prisoners from Onslow unit should not have to spend longer in the healthcare centre than other prisoners.
- 4.71 Loose tablets and tablet foils should not be present in stock. Pharmacy staff should visit the treatment areas frequently to check the cupboards.
- 4.72 All medicine refrigerators should be kept between two and eight degrees Celsius. The minimum and maximum refrigerator temperatures should be monitored and recorded daily, and when necessary should be adjusted accordingly.
- 4.73 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued.
- 4.74 Medicines should not be borrowed from one patient to supply to another.
- 4.75 Patient information leaflets should be supplied wherever possible. A notice should be displayed prominently to advise patients of the availability of leaflets on request.
- 4.76 All medication administered to patients should be recorded on the prescription and administration chart, including special sick items.
- 4.77 A washer-disinfector should be installed in a dedicated decontamination room adjacent to the dental surgery.
- 4.78 Dental treatment should be recorded in the patient's electronic clinical record.
- 4.79 All dental records should be securely stored.
- 4.80 The radiation protection file should be completed.

Good practice

- 4.81 *Regular liaison meetings took place between prison and local hospital staff.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

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

- 5.1 There was a wide range of learning and skills provision, with a strong emphasis on resettlement and employability. Around 60% of prisoners could be in activity at any one time, though 17% of them were engaged in wing-based activity, mostly cleaning. Education places were mostly part-time, involving over 600 prisoners. There were nearly 850 work activity places. They included a range of vocational training opportunities, some excellent, involving around 370 prisoners. The system for allocating prisoners to activities was poor, as was punctuality in many areas. Success rates for prisoners attending courses were good. Library facilities were adequate, suitably promoted and well used.
- 5.2 The learning and skills provision was delivered by two external providers in conjunction with instructors from the prison. Kensington and Chelsea College provided some of the vocational training, literacy, numeracy, English for speakers of other languages (ESOL), and classes in art and media. The London Advice Partnership and Kensington and Chelsea College provided the initial assessments and advice and guidance. Most vocational training was provided by prison instructors.
- 5.3 Learning and skills provision had improved since the previous inspection. The prison had completed a comprehensive needs analysis of prisoners to ensure that the provision for learning and skills was well matched. However, the use of data to inform the provision was weak. There was a strategic focus on learning and skills and a strong emphasis on the importance of reducing reoffending, and on resettlement and employability (see section on resettlement pathways). Induction and initial advice and guidance were thorough and all prisoners were given a robust initial assessment to establish any support needs for literacy, numeracy and dyslexia. Support for those who required it was given on the wings, as well as in the workshops, where it was well integrated into the vocational areas. Prisoners were informed about learning and skills opportunities through induction posters on the wings, a regular bi-monthly newsletter produced by prisoners and announcements and interviews broadcast on the prison radio station.
- 5.4 Waiting lists for courses were well managed. All education courses were part-time, to ensure that all prisoners could have access, and a suitable range was available. A total of 627 prisoners were taking education qualifications, although many of these were on short entry level or level one courses. Sixty-six prisoners were taking distance learning and Open University courses and were supported by staff from the education department. There were good progression opportunities in many areas, mainly from level one to level three. Prisoners had access to a well-run Family Man course, as well as a Toe by Toe reading scheme (see section on the library).

- 5.5 Quality improvement arrangements, including self-assessment, were satisfactory. Action planning was good and many of the steps that the prison had taken to improve its learning and skills provision had been effective. However, the quality monitoring of teaching and learning in vocational training areas was poor.
- 5.6 The promotion of equality of opportunity was satisfactory. Successful initiatives to widen participation in learning and skills included increased provision for vulnerable prisoners and a well run ESOL programme for the high proportion of foreign national prisoners who needed language support. Prisoners and tutors demonstrated a high level of mutual respect. Data on equality and diversity were routinely collected about those who accessed education and work, but were not used to analyse achievements. Pay rates were generally equitable between different activities and did not preclude prisoners from accessing education.
- 5.7 Teaching and learning were mostly good and education staff and vocational training instructors were knowledgeable and suitably qualified. Peer support was available and this was well organised and run. Peer supporters were well trained and some had completed a teacher training qualification. Learning plans were mostly satisfactory. Punctuality was poor in many education and vocational areas. Prisoners often arrived late for classes and were sometimes escorted back early. Attendance was mostly satisfactory but was low in a few education classes, at around 60%.
- 5.8 In total, there were 847 work activity places. Most prisoners were able to access a job within the first few weeks of arrival, although the allocation to activities was poorly coordinated, focused primarily on security information and was not adequately monitored to check that the process was open and fair. This resulted in some inappropriate allocations being made, such as prisoners with disabilities being assigned to activities they could not physically undertake. The prison had recently installed a new computer system to improve the tracking of prisoner activities but it was too early to judge its effectiveness. The range and proportion of work activities were good, although around 17% of jobs were wing-based, mostly as cleaners. Prisoners who were not working were only paid the unemployment rate.
- 5.9 There were seven training workshops on Heathfield unit and six on Onslow unit, and 368 prisoners were on accredited vocational courses. Prisoners in both units had access to a range of vocational training opportunities in areas such as catering, horticulture, carpentry, bricklaying, plumbing, painting and decorating, plastering, hairdressing, industrial cleaning, motor bike repair, radio journalism, information and communications technology and network cabling. Courses were full time and the standard of work in all areas was good. Success rates on vocational courses were high, at around 85%. Training facilities in some areas, such as motor bike repair, network cabling and construction, were outstanding. Links had been established with an international motor bike organisation and a national building company, which offered prisoners the chance to gain full-time jobs when they were released.
- 5.10 The unemployment board was a positive initiative, which convened once a week and was well informed through information from the wings. It was successful in getting prisoners who had been unemployed for lengthy periods, and those who were reluctant to work, back into employment or education.

Library

- 5.11 There were two libraries, one on Heathfield and the other on Onslow unit. Two full-time librarians were supported by two part-time librarian assistants and 11 orderlies. Orderlies did not undertake library-related qualifications. The Heathfield library was open every morning and

afternoon on Monday to Friday, and on Wednesday evenings. The Onslow library was open for use by vulnerable prisoners during the weekend. Each wing, as well as prisoners who worked full-time, had allocated times to use the library.

- 5.12 The library contained a stock of approximately 18,000 items, with an appropriate range of fiction, non-fiction, easy reader and audio books. A small but adequate stock of large print books was available. There was satisfactory access to newspapers and books in foreign languages. Foreign newspapers were available in 10 languages other than English. The range and number of books supporting educational and vocational programmes were satisfactory. CDs and players were available for loan and use on the wing. There was also a suitable range of legal books, including appropriate reference material, and up-to-date Prison Service Orders. The planning of provision was based on an annual survey of prisoners' preferences.
- 5.13 All prisoners received an induction to the library, and approximately two-thirds were members. Library facilities were promoted through posters and flyers on the accommodation wings, during the induction programme and every morning on the prison radio, and were well used.
- 5.14 Links with the education department were satisfactory. There were facilities to provide an inter-library loan service. Arrangements to meet the needs of library users with a visual impairment were adequate. The two libraries contained eight computers that included an appropriate range of programmes. However, computers had inadequate access to printers.
- 5.15 The prison offered a suitable range of additional activities, including two book clubs and participation in national initiatives to promote literacy. The library coordinated the Toe by Toe scheme through 17 trained mentors.
- 5.16 The library was adequately decorated and maintained. However, ventilation and lighting in the Heathfield library were poor. In both libraries, space for individual study was limited and for group activities unsatisfactory. There was limited space to display stock. Book loss was approximately 9.8% per annum.

Recommendations

- 5.17 **More activities should be provided off the wings.**
- 5.18 **A range of more meaningful and accredited employment opportunities should be offered to those prisoners employed on the wings.**
- 5.19 **The use of data, including for equality and diversity, should be improved, to inform the provision for learning and skills.**
- 5.20 **The prison should introduce observations of teaching and learning in vocational training areas to inform quality improvement.**
- 5.21 **Managers should ensure that prisoners arrive and leave classes on time.**
- 5.22 **The procedures for allocating prisoners to activities should be improved, to ensure that all available information is used to inform the process, and attendance in education classes should be improved.**
- 5.23 **The ventilation and lighting in the Heathfield library should be improved.**

- 5.24 The space available for individual and group study in the two libraries should be increased.

Housekeeping points

- 5.25 Printers should be provided in both libraries.
- 5.26 Managers should ensure that library book loss is reduced.

Physical education and health promotion

Expected outcomes:

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

- 5.27 A wide range of PE vocational training opportunities was offered and a good proportion of prisoners accessed them. However, recreational PE was available only at weekends and in the evenings, and there was insufficient provision for older prisoners. Staff were well qualified and resources generally satisfactory. Good use was made of facilities, including a new outdoor all-weather pitch. The systems for fair access to recreational PE were not used consistently.
- 5.28 The PE programme was heavily weighted towards vocational training, and courses were run each day. These sessions were well attended, with 120 prisoners participating in accredited PE courses. Recreational activities were available during the evenings and at weekends. Timetabling was supposed to ensure that prisoners were able to access at least two sessions a week. However, the systems for fair access were not consistently applied and some prisoners complained that they had been unable to access recreational PE, particularly if they worked full time. In our survey, only 17% of prisoners, against a local prisons comparator of 41%, 10% on Onslow unit and 20% on Heathfield unit, said that they had accessed the gym at least twice a week.
- 5.29 There were specific sessions allocated to prisoners undergoing drug rehabilitation and those requiring remedial work, but insufficient recreational provision was available for the large proportion of older prisoners. Gym inductions were undertaken during the first few weeks at the prison and included an appropriate evaluation of fitness and health, but there were delays in vulnerable prisoners completing the gym induction. Those identified with health problems received appropriate medical assessment from a health services professional.
- 5.30 The PE facilities were satisfactory. Facilities were well used and consisted of a large sports hall, two gyms and an outdoor all-weather pitch. There was a reasonable range of cardiovascular and resistance machines, and weight-lifting equipment. The equipment was well maintained. Clean sports kit was provided by the PE department at each session if required, and towels were issued on the wings. There were sufficient showers for the number of prisoners using the facilities. However, there were no modesty screens in any of the showering areas.
- 5.31 A range of accredited programmes was offered and success rates were high. Courses were run during morning and afternoon sessions and were lively and well managed. They included

levels one and two exercise and fitness coaching, football coaching, sports awards and the Community Sports Leader Award (CSLA) up to level two. Weight training courses were available at level two. There were links with a local school for blind and partially sighted pupils, who came into the prison each week for training sessions run by the prisoners. PE classrooms were well equipped and facilities were good. Literacy and numeracy support was given by education staff when required.

- 5.32 Records of accidents, injuries and assaults were thoroughly recorded and any follow-up was appropriately addressed.

Recommendations

- 5.33 Vulnerable prisoners should be offered the opportunity to undertake gym inductions within five working days of the start of induction.
- 5.34 Modesty screens should be provided in PE shower areas.
- 5.35 Suitable recreational sport activities should be provided for under-represented groups, such as older prisoners, who are not fully engaging in PE.

Faith and religious activity

Expected outcomes:

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

- 5.36 The chaplaincy team was well integrated into prison life and provided a range of services and activities. Areas dedicated to worship were good, although washing facilities for Muslims before prayers were inadequate. Prisoners did not have unrestricted access to services. The resettlement chaplain provided innovative support to prisoners on release.
- 5.37 The full-time coordinating chaplain led a team comprising an additional four full-time chaplains (Muslim, Roman Catholic, Methodist and Church of England), a full-time resettlement chaplain and 19 part-time faith leaders, who worked between two and 10 hours a week. The team was supported by a further 25 volunteers from a range of faiths. For other faiths and communities, arrangements would be made by the chaplaincy team for regular visits from his community faith leader, if possible.
- 5.38 A daily duty chaplain rota operated. The duty chaplain saw all new receptions from the previous day. In our survey, 57% of prisoners said that they had been seen by a member of the chaplaincy team, which was better than the 48% comparator. The duty chaplain also saw prisoners who had become subject to assessment, care in custody and teamwork (ACCT) procedures within 24 hours, and all prisoners located in the segregation unit.
- 5.39 Christian services took place on Sunday (Free Church, Church of England and Catholic), with services for Muslims, Sikhs, Hindus, Jews, Buddhists, Pagans and Quakers during the week. The leading of the Sunday Church of England service alternated between the Church of England chaplain and faith groups from the local community.

- 5.40 Resources for worship were good. The chapel was impressive and there was a large mosque, but there were concerns about how much longer the latter could accommodate the growing number attending Friday prayers, and discussions had begun on how best to facilitate a second prayer service. There were also concerns about washing facilities for Muslims before prayers; the facility next to the mosque accommodated three prisoners at a time, which was nowhere near large enough for the 200 prisoners who regularly attended, and some complained of little opportunity to shower on the wings before attending prayers. The multi-faith room was a large, appropriate facility but drab, with stained carpets and walls in need of repainting.
- 5.41 All prisoners registered their faith on reception and could only attend services of that faith, unless prior agreement had been obtained from the chaplaincy team. Attendance at services, regardless of denomination, was by weekly application only.
- 5.42 The resettlement chaplain was carrying out innovative work in attempting to involve external faith communities in the support and resettlement of prisoners in the community, at the heart of which was the Basic Caring Communities Project. This involved providing training for a small community of volunteers (a maximum of six) who would then provide support for a prisoner within their community on release. So far, there were two discharged prisoners participating in the project, with a further two scheduled shortly after the inspection.
- 5.43 Additional weekly chaplaincy activities included five bible study classes, five Muslim classes, the Alpha course and a Roman Catholic catechism group. Sycamore Tree, a victim awareness and restorative justice course, was organised and run by the chaplaincy team, with four courses held in 2008 and 56 of 64 prisoners taking it receiving accreditation. The prison visitors scheme was also coordinated through the chaplaincy.
- 5.44 The chaplaincy team was well integrated into the running of the prison, attending a range of management meetings and providing pastoral care for prisoners.

Recommendations

- 5.45 All prisoners should have free access to religious services, without having to apply.
- 5.46 All Muslim prisoners should have the opportunity to wash before Friday prayers.

Time out of cell

Expected outcomes:

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

- 5.47 Roll checks during the inspection showed that over half of prisoners were on the wings, but most were either working or participating in social and domestic time. A relatively small number were locked up. The maximum time out of cell was over nine hours for a full-time employed prisoner, and the minimum was just over an hour for an unemployed prisoner. Association facilities were limited but cell doors were left unlocked so that prisoners could associate in their cells. Access to exercise was good.

- 5.48 Most prisoners were allocated some form of work or education (see section on learning and skills and work activities), although much of this was part-time, so only around 61% of the population was occupied at any one time. This was mitigated by social and domestic time in the morning and afternoon, when unemployed prisoners and those in part-time work who were not at work during that session could clean their cells, mix with other prisoners, make telephone calls and speak to staff. The number of prisoners locked up in their cells during our roll checks was relatively low, at 6% one morning and 11% one afternoon. Those who were locked up were either on the basic regime or refusing to work. The percentages of prisoners out on the wings, rather than at education, work or training, were high, at 57% and 68%, for the morning and afternoon roll checks respectively. This reflected the high number of domestic and peer support jobs and the lack of sufficient full-time employment and training (see section on learning and skills).
- 5.49 The time out of cell for a single individual varied enormously. An unemployed prisoner on the basic regime had the least time out of cell, at just over one hour a day. A full-time employed prisoner could have as much as nine and three-quarter hours on a weekday when there was association, or as little as three hours at a weekend. On Sundays, prisoners had to choose between association and corporate worship, but this was not the case on Fridays.
- 5.50 Prisoners were given information on daily routines as part of their induction. In addition, a copy of the core day was posted in each cell, giving a timetable of when they could expect to be unlocked and for which activities. Prisoners varied in their confidence that these activities and times would be adhered to. We observed some slippage, both for social and domestic time and for free flow movement to work and education. Timely access to education, work and other activities was an issue (see section on learning and skills and work activities). During the inspection, a staff association work to rule was in place but there was evidence that delays in attendance were longer standing; for example, teaching staff built late attendance into their lesson plans. Early morning exercise was generally punctual. This was subject to cancellation if the weather was inclement. Prisoners were generally told on the day of any changes to the routine. Figures for the previous six months indicated that time out of cell was mostly as advertised.
- 5.51 Partial loss of association occurred when a large number of staff were needed for unpredictable events. For example, during the inspection there were 10 bed watches on one night, and the enhanced prisoners on A wing were not unlocked for association in the evening. However, all other prisoners were unlocked as advertised. There was no equitable way of distributing any loss of association, although it was recorded in terms of regime hours. Given that association was rostered for different landings on particular days, cancellations on the same days risked disadvantaging the same groups of prisoners.
- 5.52 In our survey, only 25% of respondents said that they went on association more than five times a week, against the 49% comparator. The maximum association time available varied on each wing, and from wing to wing. An unemployed prisoner on the standard regime on A wing could theoretically get as much as seven hours a week, when on evening association, while a full-time employed prisoner on the standard regime on A wing could get as little as none or as much as one and three-quarter hours, depending on whether or not it was his landing's turn for evening association. A part-time employed prisoner would receive a maximum of four and a half hours when on evening association.
- 5.53 There were some evening classes, and the library and chaplaincy ran several enrichment activities (see sections on library and faith and religious activity). Attendance was mixed, particularly at evening classes. There was no active encouragement of prisoners to engage in out-of-cell activities, although staff encouraged convicted prisoners to seek work, and this was

further strengthened by the unemployment board (see section on learning and skills and work activities). No formal record was kept of prisoners who regularly did not go on association, and although individual staff members showed some awareness of people who generally kept to themselves, this was not recorded in personal history sheets.

- 5.54 The standard equipment for association areas was pool and table tennis, and some of it was in a poor state of repair. The limited amount of equipment was underused – in some cases because it was only allowed to be used by prisoners on the first floor landing, and in others because it was used only by prisoners on the first floor landing, even though it was available for all prisoners. All cell doors were unlocked during association, which allowed prisoners to play games and associate in small numbers, and they were encouraged to mix when out of their cells.
- 5.55 Efforts had been made to make the exercise areas pleasant. There were a few fixed benches and hanging baskets and tubs, and the areas were free of litter and well used. Prison-issue outdoor clothing was available from the central stores. Access to exercise was good.

Recommendations

- 5.56 A system for ensuring fair access to association should be devised and records kept of cancellations, stating who has cancelled it, why and which prisoners this has affected.
- 5.57 Association should not coincide with corporate worship.
- 5.58 Association should conclude at the advertised time.
- 5.59 The activities available for those on association should be expanded.
- 5.60 Time in the fresh air should be offered, even during inclement weather.
- 5.61 Note should be taken of prisoners who do not participate in association, and this should be monitored for potential information about vulnerability.

Good practice

- 5.62 *The publication of routines in each cell ensured that prisoners and staff knew what should happen on a daily basis.*

Section 6: Good order

Security and rules

Expected outcomes:

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

6.1 The security department was managed by a senior manager, with a well attended security committee, and links had been forged with other departments in the prison, including safer custody. There was a plentiful flow of information from all areas and effective systems for processing intelligence. Physical security was appropriate, with good levels of free flow movement. There were limited restrictions on prisoners wishing to access activities. Closed visits and bans on visitors were only imposed after inappropriate activity had been proved, but reviews were not sufficiently robust. There was a backlog of initial categorisation and reviews and a lack of openness about the wholly inappropriate transfers that had taken place. The quality of the paperwork was of a high standard, with a range of contributions from across the establishment.

Security

- 6.2 The security department was managed by a senior manager, with a well-attended security committee, which met monthly. Comprehensive minutes came from these meetings, showing appropriate discussion of security matters and detailing actions and objectives relating to identified issues and trends. Links with other departments were developing, particularly with safer custody, with staff attending each other's meetings.
- 6.3 The physical security of the establishment was commensurate with the risks posed by the prisoner population. The security department had made efforts to ensure that prisoner movement and activities were not over-restricted by security measures. All prisoners were considered suitable to attend any activity. Security information was provided to the activity allocation board, which made the final decision as to whether or not a prisoner could attend an activity (see section on learning and skills and work activities).
- 6.4 There had been 4,043 security information reports (SIRs) submitted in 2008 and 1,855 between January 2009 and the inspection. This represented a good flow of information. The main subjects of SIRs were drugs and drug-related activity, mobile telephones and threatening behaviour. There had been significant recent information relating to trafficking and inappropriate behaviour by staff, which was being dealt with. The intelligence was analysed and presented to a bi-monthly tasking meeting and the monthly security meeting. Security objectives were set and actions to address them agreed and followed up.
- 6.5 The standard of proof required for placing prisoners on closed visits and for banning visitors had been set high. These measures were implemented only when there was direct evidence to show that inappropriate activity had taken place. This included closed-circuit television (CCTV) evidence of items being passed, and inappropriate behaviour on visits and finds of

unauthorised articles during searches which had resulted in proven adjudications. There were 29 prisoners on closed visits and 49 banned visitors. Closed visits were imposed for an initial period of three months, with reviews taking place monthly. Staff told us that a prisoner would generally remain on closed visits for this initial period, regardless of whether or not further inappropriate activity had taken place, unless there were extenuating family circumstances.

- 6.6 The administration of closed visits and banned visitors was not sufficiently robust, as monthly reviews were not recorded. Prisoners were informed of a review only if the period on closed visits or a ban was extended or brought to a close. Interim reviews were not notified to prisoners, who were therefore unable to appeal against any decision made.

Rules

- 6.7 Prisoners were informed of rules and regulations on induction and they were displayed on residential units.

Categorisation

- 6.8 There was a backlog of initial categorisations and reviews. At the time of the inspection, 17% of the sentenced population were uncategorised. The senior officer responsible for the initial categorisation in the observation, classification and allocation (OCA) department told us that there was only one database from which to access prisoners' pre-conviction information and two administrative officers in the OCA who had access to it. We were told that a further database was to be installed in the OCA department, with more staff able to access it.
- 6.9 Categorisation reviews for determinate-sentenced prisoners were conducted by the OCA and for indeterminate-sentenced prisoners by the public protection unit (PPU). Categorisation in the OCA department was not a ring-fenced task, so when there were staffing shortfalls across the establishment, it was dropped.
- 6.10 The database showed that 30 recategorisations had been dealt with on time for indeterminate-sentenced prisoners but a further 57 were overdue. Two lifer-trained officers in the PPU conducted the interviews with prisoners and prepared the paperwork. They completed approximately two a week, when time allowed. The backlog was further compounded by recategorisation paperwork that had almost been completed, except for the contribution of the PPU manager; the most overdue was dated 23 April 2009.
- 6.11 The quality of the paperwork was of a high standard, with a range of contributions from across the establishment. Outcomes were communicated to prisoners in a respectful and appropriate manner which acknowledged the progress made by prisoners or the work that was outstanding.
- 6.12 All prisoners were informed of how to appeal, and appeals were heard by the head of reducing reoffending, who had overturned some decisions made. Of the sentenced population, 24% were category B, 65% were category C and there were 12 category D prisoners, seven of whom were transferred to open conditions during the inspection.
- 6.13 There were regular transfers to HMP Camp Hill every Thursday, and prisoners who had initially been categorised as C were transferred to either HMP Wayland or HMP Highpoint. Many prisoners for whom Wandsworth was local to their home did not want to be transferred to other establishments or wanted to be allocated to another prison reasonably close to their home address. This was unrealistic, particularly because of the population pressures. We were told

by the senior officer in the OCA that overcrowding drafts were transferred to establishments in the Midlands, to which prisoners serving less than six months were mainly moved.

- 6.14 During the inspection inspectors enquired about a particular prisoner who had written to the Chief Inspector and wished to speak to inspectors. Some prisoners also alleged that a group of prisoners had transferred to HMP Pentonville before the inspection to prevent them speaking to the inspection team. Inspectors raised this, and the individual case, with senior staff in the OCA department, who assured them that such prisoner transfers would not happen, and that the particular prisoner had been moved some time ago, and for justifiable reasons of not engaging with offending behaviour work. Subsequent events proved that neither of these statements was the case.
- 6.15 Although we were told that prisoners were given notice of any transfers and had the opportunity to have the decision reviewed, we observed prisoners being told about their transfer to HMP Birmingham on the morning they were due to leave. This contravened a recommendation made in a death in custody action plan. Additionally the group of prisoners who were transferred prior to the inspection were not given any notice of their transfer.
- 6.16 The OCA had developed an allocation leaflet, which provided good information to prisoners about the range of establishments that might meet their needs and the criteria of the establishments. It was hoped that this would go some way to structuring prisoners' expectations about which establishments they could progress to.

Recommendations

- 6.17 Prisoners should be informed of the outcome of every review of closed visits or banned visitors, and advised of the process by which they can make an appeal.
- 6.18 More staff in the classification and allocation department should be trained to access pre-conviction information from the police national computer.
- 6.19 The backlog of initial categorisations and reviews should be cleared and more staff should be tasked with completing recategorisation paperwork for indeterminate-sentenced prisoners.
- 6.20 Prisoners should be notified of their transfer in advance, and a review held when concerns are expressed.
- 6.21 Prisoners should only be moved between prisons where this is in their best interests, in accordance with sentence plan targets, or for fully evidenced reasons of good order.

Discipline

Expected outcomes:

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

- 6.22 The number of adjudications was low and they were carried out to a satisfactory standard, with prisoners generally being fully involved in the process. There was no use of interpreters or support for those who did not understand English. Some adjudication records were incomplete

and some illegible. Use of force was high and force was sometimes used when de-escalation techniques would have been more appropriate. On at least one occasion, use of force resulting in an allegation of assault was not recorded. Documentation for the use of special accommodation and the body belt was poor. The segregation unit was little used. It had been renamed the care and separation unit but there was little to distinguish its role from that of a segregation unit. The communal areas on the unit were clean, cells in a reasonable condition and staff-prisoner relationships good. Some targets and the regime were pre-determined and not based on individual risk assessments. The information booklet provided to prisoners was easy to understand and available in a range of languages.

Adjudications

- 6.23 There had been 1,895 adjudications in 2008 and 853 in 2009 to date. In the previous eight months, a significant proportion (14%) of adjudications had been dismissed. This had been partly due to difficulties in ensuring that reporting officers were available to attend adjudication hearings. This issue had been identified by senior managers and was improving and being monitored through the adjudications standards meetings, which were held quarterly and at which relevant issues were discussed. The independent adjudicator attended twice monthly and heard between 20 and 30 of the more serious charges on each visit.
- 6.24 Adjudications were carried out respectfully, in a designated room in the segregation unit. Prisoners were not routinely asked if they could read or write or understand English when they were issued with adjudication documentation. During the inspection, one prisoner who stated that he could not read or write had his adjudication adjourned, so he could have the process explained to him. We checked a number of completed adjudications and found some in which interpreters had not been used when required (see sections on health services, applications and complaints, and foreign national prisoners). One particular instance involved a deaf prisoner, who had been the subject of three adjudications, and a British Sign Language interpreter had been present for only one of them. We also found two records that showed that another prisoner had been present to act as an interpreter.
- 6.25 Adjudication records were generally well completed, but some did not show that a full enquiry into the circumstances had been carried out and some were illegible. Management quality checks were carried out by the deputy governor and detailed feedback given to adjudicating governors.

Use of force

- 6.26 Use of force had risen year on year since 2007. There had been 16 per 100 prisoners over the previous six months, compared with between seven and nine per 100 at comparator prisons. Almost 40% of uses of force arose from staff facing abusive or threatening behaviour from prisoners, without physical contact between the two, leading to concerns that force was being used when de-escalation techniques would be more appropriate. For example, a prisoner had been fully restrained and moved to the segregation unit for refusing to extinguish a cigarette. This incident had been identified by senior managers through the use of force committee. An enthusiastic use of force coordinator had been appointed recently. Planned interventions were video-recorded and reviewed for monitoring purposes. Attempts were being made to monitor and reduce the use of force, though this had met with some resistance by representatives of uniformed staff. A use of force action plan had been drawn up as a result, which included training in de-escalation, clarifying arrangements for immediate responses by managers to use of force incidents, and interviewing all prisoners subject to use of force and all staff who

instigated the use of force on prisoners. Twenty-three such interviews had been carried out and responses analysed to inform future training needs.

- 6.27 During the pre-inspection transfer referred to elsewhere, one self-harming prisoner had been restrained using handcuffs, and had alleged assault, which had not been investigated. There was no use of force documentation raised at the time for this incident. We do not know whether this was an isolated incident or whether other incidents of use of force had also gone unreported.
- 6.28 We examined over 50 use of force reports and found them to be of a reasonable standard. Most were certified by the same person who had authorised the use of force. Ratchet handcuffs had often been used to move compliant prisoners to a new location, although in recent months there had been an increase in prisoners being located back to their own cells following de-escalation, as opposed to being moved to the segregation unit.
- 6.29 There was one special cell in the segregation unit. It had been used infrequently (three times since January 2009). One use had been to prevent a prisoner from harming himself. We examined CCTV coverage of the incident and found it to have been dealt with appropriately. The body belt had been used twice since the beginning of 2009 to prevent self-harm – once during the inspection. All the staff involved in the incident behaved professionally and managed to calm the prisoner, to the extent that he was able to walk without restraint into the cell where he was to be located.
- 6.30 Documentation relating to the use of the special cell and the first use of the body belt was of a poor standard. Details of the authorisation for the use of the cell, observation levels and the reason for removing a prisoner from the cell were missing. The record of the use of the body belt did not include continuing observations of the prisoner, nor did it record when the belt was removed.
- 6.31 Quality checks of use of force documentation were carried out at three managerial levels, but some checks were not fully recorded and it was difficult for us to ascertain what had been checked. The use of force was monitored by the use of force committee, and trends and emerging patterns identified and acted on.

Segregation unit

- 6.32 The segregation unit had been renamed the care and separation unit, but there was little to distinguish it from a segregation unit. The unit policy was based on Prison Service Order 1700 (segregation units) and there was no clearly stated purpose for the unit. The unit was below ground level, with little natural light. The communal areas were clean and cells of a reasonable standard. We found graffiti in some cells and the condition of the furniture was mixed. Some was broken and had not been replaced. We were told that there was a programme to replace the broken furniture.
- 6.33 There had been over 400 prisoners located in the unit since the beginning of 2009. Of these, only 11 had remained there for over a month and over a quarter had returned to the residential units within a few hours. Three prisoners had been transferred out of the unit to another prison two days before our inspection commenced. Neither the segregation unit log nor the prisoners' individual records gave any rationale for the transfer and two of the three were returned to Wandsworth immediately after our inspection was completed, leading us to conclude that their transfer was purely motivated by the inspection. One of them was a man new to prison and

extremely vulnerable, having been placed in segregation for his own protection. These actions were wholly unacceptable.

- 6.34 Of the records we examined, all prisoners had been received into the unit with the proper authorisation and strip-searching was only carried out when a risk assessment deemed it necessary. Prisoners had been informed in writing of the reasons why they were on the unit and we observed staff explaining these reasons to a newly arrived prisoner, who had been located there initially in a body belt (see section on use of force). Prisoners were given a segregation unit information booklet, which was clearly laid out, easy to understand, included pictures of the unit and was available in several of the most commonly used languages.
- 6.35 There was a publicised staff selection policy and all staff working on the unit had been personally authorised by the governor. The staff had received no specialised training, other than for the processes surrounding adjudications, and had little support, other than from their line managers, although they could approach employee support.
- 6.36 Prisoners on the unit were visited daily by a governor, health services staff and, on most days, a member of the Independent Monitoring Board (IMB).
- 6.37 There were three prisoners resident on the unit at the time of the inspection. One had been there for over six months and was under police witness protection and waiting for extradition to another country. Staff-prisoner relationships on the unit were well developed and staff showed a good knowledge of the prisoners in their care. They were respectful, both of prisoners who were resident on the unit and those who attended daily for adjudications, and addressed them appropriately at all times. One prisoner had been designated as needing three members of staff to unlock him, and the risk assessment carried out showed this to be appropriate.
- 6.38 Initial review boards were usually carried out by a governor and the unit senior officer. Subsequent reviews for those staying in the unit for longer periods were multidisciplinary, with attendance from the healthcare department, IMB, chaplaincy, a member of staff who knew the prisoner and other agencies (for example, the mental health in-reach team and counselling, assessment, referral, advice and throughcare (CARAT) team), as required by a prisoner's circumstances. The documentation we examined showed pre-printed targets for all prisoners and some pre-determined aspects of the regime, as opposed to individually assessed targets and regime. Most prisoners returned to normal residential accommodation.
- 6.39 The regime was restricted to activities on the unit, including limited access to education and some association, when it was deemed safe for prisoners to mix. Prisoners were able to collect their meals from the point of service, and had access to showers and telephones daily. Exercise arrangements were good and included one hour's exercise daily, when the weather permitted.
- 6.40 Individual prisoner history sheets showed mainly observational entries, which did not reflect the good relationships between staff and the prisoners in their care.

Recommendations

- 6.41 **Prisoners who have problems understanding English should be provided with appropriate assistance with adjudication documentation. This assistance should be continued for the adjudication itself.**

- 6.42 Adjudication records should show that a full enquiry has been made into the circumstances of the charge.
- 6.43 All occasions where force is used should be recorded properly and all allegations of assault fully investigated.
- 6.44 The process for interviewing prisoners subject to restraint should be extended to include those restrained to facilitate a transfer from the prison.
- 6.45 All control and restraint trained staff should be trained in de-escalation techniques.
- 6.46 Handcuffs should only be used when there is evidence to support their use.
- 6.47 Use of force should be certified by an appropriate manager who was not involved in the recorded incident.
- 6.48 Documentation relating to the use of special accommodation and the body belt should be fully completed, to give a full record of the incident.
- 6.49 Quality checks of use of force documentation should be clearly recorded, to show what has been checked, any issues identified and action taken.
- 6.50 The re-roling of the segregation unit as a care and separation unit should be clarified and underpinning policies developed and implemented.
- 6.51 Broken furniture in segregation unit cells should be replaced.
- 6.52 Staff selected to work on the segregation unit should be given specialist training for their role, including de-escalation techniques, mental health awareness and motivational interviewing.
- 6.53 Staff working on the segregation unit should be provided with high levels of support.
- 6.54 Initial review boards for segregation should be carried out by a multidisciplinary team.
- 6.55 The targets and regime for segregated prisoners should be determined individually through a thorough risk assessment.
- 6.56 Segregated prisoners should only be moved to other prisons for justifiable and evidenced reasons of care, progression or control.
- 6.57 The regime on the segregation unit should be improved and include activities off the unit when appropriate.
- 6.58 All staff who have contact with prisoners on the segregation unit should record relevant details of their contact in individual history sheets.

Housekeeping point

- 6.59 Adjudication records should be legible.

Incentives and earned privileges

Expected outcomes:

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

- 6.60 The incentives and earned privileges (IEP) scheme was actively managed and kept under review, and the numbers on the respective levels were reasonable, with few on the basic level. There were imbalances between ethnic groups; this had only partially been addressed. There was a risk that the scheme could be used as a form of punishment for a widening range of actions.
- 6.61 There was an up-to-date incentives and earned privileges (IEP) policy and the scheme was actively managed, with monthly boards in each residential unit considering applications for the enhanced level. There were normally around 400 prisoners on the enhanced level, and rarely more than 10 on the basic level.
- 6.62 There had consistently been a disproportionately high number of black and minority ethnic prisoners on the basic level (see section on race equality). This had been recognised and addressed with some practical measures, including a buddy system to provide help to prisoners who might be at risk of being downgraded. Cultural awareness training, using a prisoner as co-facilitator, had been delivered to over 100 staff. As a result, the proportion of black and minority ethnic prisoners on the basic level had been consistently lower for the previous five months. However, black and minority ethnic prisoners had been significantly and consistently under-represented on the enhanced level for at least a year. The number had remained at around 20 below the minimum of the expected range. This issue had been raised at meetings, and was a common perception among prisoners, but there had been no analysis or action taken. This was more marked on Heathfield unit than Onslow unit. In April 2009, white British prisoners were over-represented on the enhanced level, to the same degree that they were under-represented on the standard level. All other ethnic groups were within the expected range or below it, and the lowest proportion on enhanced, other than black and minority ethnic prisoners, were 'white other' prisoners.
- 6.63 Staff and prisoners generally perceived the IEP scheme as a system of warnings with sanctions attached. They commonly used 'to IEP' as a verb, meaning, 'to give a warning'. This negative impression of IEP was reinforced by the fact that the 'commendation' scheme had fallen into disuse. Although the policy document contained a pro-forma for commendations, neither staff nor prisoners knew about these forms, and they were not available in the residential units.
- 6.64 Prisoners' IEP level could be reduced for a single non-compliant action. This was legitimate in the case of genuinely serious offences, but the range of offences counted as such was progressively increasing. There had recently been problems with the breaking of windows, which had led to any breaking of a window being a direct route to downgrading. We came across one prisoner who had just been reduced to the basic level because of a single action of refusing to engage with the induction process. There was a risk that the scheme could be used as a form of punishment for a widening range of actions, without consideration of individual circumstances and without due regard to the seriousness of the consequences of the action, or of patterns of behaviour.

Recommendations

- 6.65 Managers should investigate and take appropriate action about the under-representation of black and minority ethnic prisoners on the enhanced level of the incentives and earned privileges scheme (IEP).
- 6.66 Managers should re-launch the 'commendation' element of the IEP scheme, to emphasise the importance of positive incentives.
- 6.67 Managers should restrict the use of IEP downgrading following single actions to genuinely serious cases, and the published policy should make clear that all such downgrades will be looked at on an individual basis.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 Catering was well managed and there were good arrangements in the central kitchen. The menus were balanced and varied and reflected the cultural diversity of the prisoner population. The management of halal and vegan food and other diets was adequate. Good levels of hygiene were maintained in the food preparation and serving areas. Prisoners' perceptions of the quality of the food were significantly better than at comparator prisons. Muslim and black and minority ethnic prisoners and those with a disability rated the food less highly than white prisoners.
- 7.2 The kitchen produced and distributed approximately 3,500 meals daily. Alongside the 11 staff, approximately 70 prisoners, mainly from Onslow unit, were employed in the kitchen on a shift system. Kitchen workers received food hygiene training and nine were also undertaking vocational qualifications at National Vocational Qualification level one.
- 7.3 The menu operated on a five-week cycle and included six meal choices for lunch and the evening meal, including halal, vegetarian, vegan and healthy options. The kitchen cooked using low salt, and special dietary needs were catered for when required. A variety of food was offered, with options for diverse tastes, and fresh fruit was available daily.
- 7.4 Prisoners could pre-select any of the menu choices, which were translated into eight different languages. In December 2007, the kitchen won the Heartbeat award for healthy eating. In our survey, 41% of respondents felt that the food was good or very good, compared with 25% at comparator prisons. The situation was different with Muslim prisoners, of whom 19% responded positively to this question, compared with 47% of non-Muslim prisoners. Those with a disability and black and minority ethnic prisoners were also significantly less likely to think the food was good or very good compared with those without a disability and white prisoners respectively.
- 7.5 Two hot meals were served daily, at noon and 5pm. Breakfast packs were provided the night before they were due to be eaten and were inadequate. There was dining in association only on the first night centre, Nehemiah Project (see section on resettlement pathways) and healthcare centre. All other prisoners ate in their cells, many of which had inadequate toilet screening. Drinking water was available in each cell and most cells were equipped with a kettle.
- 7.6 Hygiene was of a good standard, and food preparation areas were clean and staffed by people wearing the appropriate clothing. Halal food was stored and prepared in separate areas to non-halal food, and the utensils used were colour coded for halal, vegetarian and non-halal food. However, when the plastic utensils broke on the wings, the practice of using the appropriately colour-coded replacement was not always adhered to. There were separate copper vats for the cooking of halal and non-halal food and a separate freezer for the storage of pork items.

- 7.7 Servery areas were clean and well maintained and were staffed by servery orderlies. The prisoners working on the servery were appropriately dressed and had undergone health and safety training. Two officers supervised each servery. There was little evidence that servery workers had received food hygiene training. Temperature logs were consistently up to date but the practice of checking temperatures was not consistent.
- 7.8 Prisoners attended the prisoner consultative committee, which met monthly. Comments books were located on each wing and were reviewed weekly by the catering manager, who added his responses to them. Prisoner surveys were conducted annually, and although the response rate was relatively low (approximately 13% in 2009 and 8% in 2008), prisoners were generally satisfied with the food. The survey mainly focused on lunch and dinner menus; feedback from prisoners indicated that breakfast packs were unpopular.

Recommendations

- 7.9 Breakfast should be served in the mornings, rather than being issued in packs the previous night.
- 7.10 The appropriate utensils should always be used to serve halal and vegetarian food.
- 7.11 Servery workers should receive basic food hygiene training.

Prison shop

Expected outcomes:

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

- 7.12 The prison shop contract had recently changed and was now delivered by DHL/Bookers. Poor quality assurance systems resulted in frequent errors, and the process of dealing with inaccuracies was insufficiently prompt. Products for black and minority ethnic and Muslim prisoners were limited. The prison-run newspaper, magazine and catalogue ordering service was efficient and responsive, and did not include an administration fee.
- 7.13 The prison shop contract had recently changed and was now delivered by DHL/Bookers. Prisoners could access approximately 350 items from the shop. Many of the prices were comparable to the recommended retail price, but some common use items, such as batteries, were significantly more expensive. Although our survey indicated that more prisoners at the establishment were satisfied with the range of goods available than at comparator prisons, the opposite was true for black and minority ethnic and Muslim prisoners and those with a disability.
- 7.14 A shop list was issued to each prisoner weekly. Changes in prices were dictated by DHL/Bookers. A canteen group, consisting of staff and prisoners, had drawn up the original list, which was reviewed every 13 weeks. Products for black and minority ethnic and Muslim prisoners were limited.
- 7.15 A good newspaper and magazine service was available through a local newsagent and met the needs of foreign national prisoners. Prisoners also ordered larger goods from catalogues,

including the prison-run catalogue, which stocked arts and crafts. No administration fee was charged for this service.

- 7.16 All prisoners were provided with a smokers' or non smokers' reception pack, but prisoners arriving at reception without private money were not offered an advance. Only 18% of prisoners, against the 24% comparator, said that they had been able to access the shop within 24 hours of arrival.
- 7.17 Order forms outlining each prisoner's available funds were handed out on the wings on Sunday and collected on Monday or Tuesday. Sealed orders were delivered to each cell on Thursday, Friday and Saturday, and their distribution was supervised by wing staff. If a prisoner was unavailable but had not been moved, the wing office held on to his goods in the first instance. If he had been moved within the prison, staff in the payments office would reallocate it. There were no supplementary deliveries for prisoners who missed this order.
- 7.18 Prisoners signed to indicate that they had received their goods. There was little checking of the orders that had been packed. The process for dealing with inaccuracies was insufficiently prompt. Canteen bags were sometimes filled with too many goods, making their examination before opening difficult. Prisoners were supplied with an itemised bill, rather than a copy of their original canteen order, making the checking of orders more difficult.

Recommendations

- 7.19 There should be a greater selection of items available to black and minority ethnic and Muslim prisoners.
- 7.20 Prisoners who arrive at reception without private money should be offered an advance to purchase a reception pack.
- 7.21 Systems and processes should be further developed to ensure that prisoners receive the goods they ordered and can rectify any discrepancies effectively.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 8.1 The resettlement policy was based on a needs analysis of the complex population, but too little was done to address the resettlement needs of foreign national prisoners. A senior manager had oversight of much of the work being done, but the relevant policy committee had not met regularly and some of the data available were not used to inform provision. A discharge board was run six weeks before release, although there was some slippage. A range of accredited and non-accredited programmes was offered, but there were some gaps.
- 8.2 An up-to-date resettlement policy document had been produced which accurately described some of the resettlement needs found in the population, and included information about offender management arrangements and provision in the reducing reoffending pathways. The policy was based on a needs analysis published in September 2008, using data collected from the offender assessment system (OASys) and the London Initial Screening and Referral (LISAR) tool.
- 8.3 A senior manager had overall responsibility for much of the resettlement work, including learning and skills and visits. However, the reducing reoffending policy committee, which was scheduled to meet bi-monthly, had not met regularly to provide necessary governance of resettlement.
- 8.4 The population was complex, with a large number of unconvicted and short-term prisoners, alongside 24% of sentenced prisoners serving from one year to life. Each of these groups had distinct resettlement needs, and a range of partner organisations was engaged in delivering interventions. Work was ongoing to map current pathway provision, to ensure its continuing relevance and identify gaps, but insufficient use was made of the monthly LISAR data being produced and too little was done to address the resettlement needs of foreign national prisoners. In our survey, fewer prisoners than at comparator establishments said that they knew who to contact for help in a range of resettlement areas.
- 8.5 Discharge boards were run six weeks before release to ensure that resettlement needs had been addressed, but in some cases these took place much closer to release dates than advertised. This reduced the time available for resettlement providers to deal with unaddressed issues.
- 8.6 A reasonable range of accredited offending behaviour programmes was delivered, but there were some gaps, particularly for anger management, and a range of relevant non-accredited courses were offered (see section on resettlement pathways).

Recommendations

- 8.7 The reducing reoffending policy committee should meet at least bi-monthly, as advertised.

- 8.8 The monthly London Initial Screening and Referral (LISAR) data, and any trends identified, should be a standard agenda item at the reducing reoffending policy committee meeting.
- 8.9 A resettlement needs analysis of the foreign national population should be completed, and the results reflected in the policy document and acted on.
- 8.10 Current provision in the resettlement pathways should be better publicised to prisoners so that they are aware of who to contact about the range of support available.
- 8.11 The discharge board should be run at least six weeks before prisoners are released.

Offender management and planning

Expected outcomes:

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

- 8.12 All newly arrived prisoners, including those on remand, had their immediate resettlement needs assessed during induction, but the LISAR form was not used effectively to provide custody planning. All in-scope prisoners were allocated offender supervisors, but not always within the specified time. Weekly offender assessment system (OASys) boards were convened for prisoners who were out of scope for offender management on Heathfield and Onslow units. There was a backlog of just over 100 OASys sentence plans outstanding for in-scope prisoners, with a similar figure for those out of scope. Due to the range of offending behaviour programmes available many prisoners were placed on hold to complete relevant sentence planning targets. Release on temporary licence and home detention curfew were used infrequently.

Sentence planning and offender management

- 8.13 All newly arrived prisoners, including those on remand, had their immediate resettlement needs assessed during induction. The LISAR form dealt with some of the basic issues but was not used effectively to provide custody planning for remand or short-term prisoners: 12% (104) of prisoners were serving less than 12 months at the time of the inspection and 38% (616) were on remand. Managers had identified this issue and were in the process of training personal officers about the LISAR form and encouraging them to become more involved in providing ongoing support to prisoners in addressing resettlement issues. However, this would be difficult to achieve within the current personal officer scheme (see section on personal officers).
- 8.14 Prisoners who identified resettlement needs during their sentence had to make an application to see the appropriate agency, but this did not guarantee a timely response or that their resettlement needs would be addressed. We reviewed a range of prisoners' history sheets and spoke to prisoners who were due to be discharged. Some had made applications to see agencies but had not been seen. Although there was a pre-release board (see section on strategic management of resettlement), some prisoners close to discharge were unaware of this and had not received a date to attend.

- 8.15 There were 377 prisoners in scope for offender management – 278 for phase two and 99 for phase three. There had been significant investment in improving both the quality and quantity of work undertaken in the offender management unit (OMU) by offender supervisors. The head of the OMU was supported by a principal officer in the public protection unit (PPU), who was responsible for all indeterminate-sentenced prisoners, and a senior officer in the OMU, who managed all the offender supervisors.
- 8.16 The OMU was recovering from a period of four months without a head, embedding new staff and staff shortages. The head of the OMU had implemented minimum standards of practice and was in the process of focusing on the quality of work completed in the unit. While there had been significant improvement since the previous inspection, there was still much work to do to ensure that all in-scope prisoners received a consistent quality service in the overall management of their sentence.
- 8.17 All in-scope prisoners were allocated offender supervisors, but not always within the specified time, and in some records we looked at, this had taken place several weeks after reception. In our prisoner groups, some prisoners were not clear about who their offender supervisor was or whether they had a sentence planning document. In our survey, 49%, against the 66% comparator, said that they were involved in the development of their sentence plan. When we raised this with the head of the OMU, he confirmed that some prisoners were not routinely given their OASys sentence planning documents when they were completed.
- 8.18 Contact with offender supervisors was sporadic, with some prisoners being seen monthly and others having little contact, despite significant events occurring, such as unfavourable parole decisions. Good quality assurance processes had recently been established and managers addressed practice issues with staff.
- 8.19 Relationships with external offender managers were improving. Efforts had been made to improve their attendance at sentence planning boards. Out of 65 sentence planning boards, 44 had been attended and chaired by offender managers, but it was anticipated that this would improve once the video-link equipment for the OMU was installed. The sentence planning boards were not multidisciplinary and mainly involved the offender supervisor, offender manager and the prisoner. Contributions were provided by the counselling, assessment, referral, advice and throughcare (CARAT) team and education department; offender supervisors also gathered information from personal officers, but they were not routinely invited to the boards. The quality of sentence plans was reasonable; some demonstrated a good understanding of the prisoner, identifying the risks and appropriately sequencing the programmes required to address them.
- 8.20 Of the sentenced population, 39% were serving sentences of over 12 months but were not in scope of offender management. Just over two-thirds of these prisoners had an OASys sentence planning document. Offender supervisors completed 35–40 OASys documents a month, significantly more than had been the case seven months earlier, when only nine had been completed in one month.
- 8.21 Weekly OASys boards were convened for out-of-scope prisoners on Heathfield and Onslow units and attended by the public protection team, intervention team, offender supervisor and the prisoner. Sentence planning targets were confirmed during the meeting. Thereafter, it was the prisoner's responsibility to achieve the targets, with no support or intervention from offender supervisors or personal officers.
- 8.22 There was a backlog of just over 100 OASys assessments for in-scope prisoners, with a similar figure for those out of scope. We met one prisoner who had been at the establishment

for two years and had an OASys assessment completed during the inspection. The head of the OMU was contacting probation officers responsible for late assessments to hasten their completion. Despite efforts to address this, some prisoners would be transferred or discharged from the establishment without an assessment.

- 8.23 Just under a quarter of sentenced prisoners had been at the establishment for over 12 months. Due to the range of offending behaviour programmes available, many prisoners were placed on hold to complete relevant offending behaviour courses. In our survey, 63% of prisoners said that they could achieve some or all of their targets at the prison, which was similar to the local prisons comparator. Of those who were sentenced, 65%, significantly more than the 48% comparator, said that they had done something or had something happen to make them less likely to offend in the future.
- 8.24 Release on temporary licence (ROTL) was used infrequently, with 76 applications made in the previous six months, of which 10 were agreed. Many of the agreed applications were to work in the gardens. Few prisoners were released on home detention curfew (HDC). In April 2009, of the 66 prisoners eligible, over half were transferred out of the establishment before the paperwork had been completed and two prisoners were released on HDC. Insufficient information was maintained to monitor or track those who were unsuccessful or elucidate why the number released on HDC was so low.

Public protection

- 8.25 Public protection was well managed by the PPU, and prisoners were informed in person and in writing of any restrictions applied. Identification of prisoners with public protection issues was initially triggered during the reception process, and, in addition, two administrative officers checked previous convictions, the violent sex offender register (VISOR) and core records for all new receptions. Wing staff and managers were informed of prisoners with identified public protection issues, and all such prisoners were interviewed by a public protection officer within two days of arrival.
- 8.26 At the time of the inspection, there were 41 multi-agency public protection arrangements (MAPPAs) cases and nearly 100 prisoners subject to harassment or child protection restrictions. Monitoring arrangements were reviewed only quarterly. Information was prepared by the public protection officers and signed off by the head of reducing reoffending. There were plans to increase the frequency of review to at least monthly.
- 8.27 Monthly multidisciplinary public protection meetings were held to review MAPPAs cases and prolific and other priority offenders. The meeting was well attended and included representatives from the St Giles Trust. Release arrangements for high-risk prisoners were allocated to probation officers.

Indeterminate-sentenced prisoners

- 8.28 At the time of the inspection, there were 99 prisoners sentenced to indeterminate sentences for public protection (IPP) and 44 life-sentenced prisoners. The implications of the sentence had been explained to all of them and they had been given written information. A probation officer managed all lifer cases, but had not received any lifer training. The head of the OMU agreed that the caseload was high, and initial plans were being developed to allocate some lifer cases to the two lifer-trained officers, who were located in the PPU.

- 8.29 In the indeterminate-sentenced prisoner group we convened, prisoners who had been at the establishment for over 12 months were negative about their experience of the OMU and said that there was a lack of contact with offender supervisors and little information about their sentence or subsequent sentence planning. Those who had been at the establishment for up to six months had had positive experiences and had regular contact with offender supervisors. All these prisoners' comments and concerns were found to be valid when we reviewed their case files and it was evident that the recent improvements had benefited newly sentenced prisoners.
- 8.30 Lifer forums, which included IPP prisoners, had been recently re-established to improve prisoner engagement with the OMU, but there were no clear terms of reference yet. All prisoners were invited, and 15 prisoners attended from Onslow unit and four from Heathfield unit. The minutes of the meetings were not communicated to all indeterminate-sentenced prisoners. All indeterminate-sentenced prisoners could participate in family days and other events, subject to a risk assessment. IPP prisoners were prioritised for offending behaviour groups, but the backlog of recategorisations had impacted on prisoners moving on to other establishments when appropriate (see section on categorisation).

Recommendations

- 8.31 Sentence planning boards should include contributions from all departments, to ensure that all appropriate needs are considered in preparing sentence plan objectives.
- 8.32 When offender managers are unable to attend sentence planning boards, video conferencing should be used.
- 8.33 Pre-release boards should take place at least six weeks before discharge to ensure that resettlement needs have been addressed.
- 8.34 The backlog of offender assessment system (OASys) assessments should be cleared.
- 8.35 Lifer forums should have clear terms of reference, and indeterminate-sentenced prisoners should be encouraged to attend and should have access to the minutes of the meeting.
- 8.36 All offender management unit staff case-managing lifers should be adequately trained.
- 8.37 All prisoners in scope for offender management should be allocated an offender supervisor, in line with the minimum national standards, and offender supervisors should have regular contact with prisoners.
- 8.38 The low use of release on temporary licence and home detention curfew should be monitored, and data should be collected on all applications made and outcomes.
- 8.39 Monitoring arrangements for public protection cases should be reviewed at least monthly.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

8.40 A range of accommodation support was offered by the specialist provider. Good use was made of peer workers. There were education and training programmes focused on employability skills, and all prisoners had access to preparation for work courses pre-release. A well-run job club also provided support. No healthcare pre-discharge clinics were run and prisoners were not provided with information on how to register with a GP in the community. A range of provision was available for prisoners with debt or financial problems, including a money management course, but bank accounts could no longer be opened.

Accommodation

- 8.41 The St Giles Trust provided a wide range of support to prisoners with accommodation problems. They received referrals from first night and induction staff, and also responded to prisoners' applications. They carried out 2,305 assessments in the year to March 2009.
- 8.42 Prisoner orderlies saw prisoners in the first instance, completing a simple needs assessment. After this, prisoners could be seen by one of four specialist housing workers. There were links with community organisations providing housing support. Some positive outcomes had been achieved during the previous 12 months, including 113 retained tenancies.

Education, training and employment

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

- 8.43 The prison provided a wide range of education and training programmes which were focused on employability skills. These included construction courses and motor bike repair and maintenance. All prisoners approaching the end of their sentence had access to preparation for work courses. A well-run job club also provided support and had created strong links with external organisations. Help was given to prisoners with letter and CV writing and interview techniques. Employers and ex-prisoners often came into the prison to give talks about aspects of employment. A good proportion of all prisoners released in the previous year had gone into a job or enrolled on a college course.

Mental and physical health

- 8.44 There were no pre-discharge clinics for prisoners returning to the community. Prisoners on prescribed medication were given up to two weeks' supply to take out with them. We were told that prisoners on prescribed medication or who had received medical treatment while at the prison were also given a discharge letter to take to their GP, but, as this was prepared by treatment room nurses, there did not appear to be a system in place to ensure that this

happened. If prisoners were not registered with a GP in the community, they were not provided with information on how to do this or given information on how to contact NHS Direct.

- 8.45 If a prisoner was released with a booked external hospital appointment outstanding, he was given the information about the appointment and the hospital was notified of the individual's change of address for future correspondence.
- 8.46 Health services staff had established links with the local hospice. At the time of the inspection, hospice staff were regularly attending the prison to work with a terminally ill man. He was receiving art therapy, counselling and support. Although there was evidence of joint working between the prison and hospice, there was no palliative care or end-of-life policy.
- 8.47 Links with community mental health teams were not fully developed and there was confusion about the care programme approach process in the prison.

Finance, benefit and debt

- 8.48 A Citizens Advice worker provided support to prisoners identified as having a debt or financial problem, and an accredited money management course was offered through the education department. Until recently, prisoners had been able to open bank accounts, but this facility had recently been withdrawn by the bank involved. The full-time Jobcentre Plus worker offered assistance with benefit claims and community care grants pre-release.

Recommendations

- 8.49 There should be pre-release healthcare clinics, and prisoners should receive discharge letters to take to their community GP.
- 8.50 Prisoners not registered with a GP in the community should be given information on how to do so.
- 8.51 There should be a palliative care and end-of-life policy.
- 8.52 The care programme approach should be fully implemented in conjunction with community health teams.
- 8.53 Prisoners should have the facility to open a bank account before their release.

Drugs and alcohol

8.54 There was an up-to-date drug and alcohol strategy. Insufficient information about drug services was available in key locations. The CARAT team offered a range of services. The 12-step Rehabilitation of Addicted Prisoners trust (RAPt) programme was understaffed. The short duration programme (SDP) had high levels of demand. A new alcohol rehabilitation programme, the Nehemiah Project, had been introduced. Prisoners on programmes were concerned about the lack of a drug-free wing. Some voluntary drug testing suites were dirty.

- 8.55 There was an up-to-date drug and alcohol strategy. The drug intervention group met monthly to oversee and review the implementation of the strategy. The minutes of the meeting

demonstrated representation from across all areas of the prison, covering the reduction of supply, demand and harm.

- 8.56 While prisoners were informed and given details of all drug services during induction, there were few posters or leaflets visible in key locations such as wing corridors, mandatory (MDT) and voluntary (VDT) drug testing suites and the healthcare waiting rooms.
- 8.57 CARAT services were provided by the Rehabilitation of Addicted Prisoners trust (RAPt). The team comprised a team manager, three senior practitioners and 12 drug workers. Several group sessions were delivered by CARAT workers, including crack awareness (delivered in conjunction with healthcare nurses), harm reduction, relapse prevention and peer supporting. The team was not funded to work with primary alcohol users. One-to-one key-working formed a large part of drug interventions. In-cell work packs were also available, covering crack/cocaine awareness, alcohol awareness (for poly-drug users), heroin awareness and cannabis awareness. Many prisoners praised the effectiveness of CARAT workers. There were 272 prisoners on the active caseload at the time of the inspection.
- 8.58 CARAT case files sampled at random demonstrated good record-keeping. All assessments were up to date and all care plans sampled were signed by the prisoner.
- 8.59 The RAPt 12-step drug intervention programme was housed in the Mick Knight unit; where up to 29 prisoners took part in a six-month residential, abstinence-based rehabilitation programme, spread over three phases. Completion rates were three below the target of 39 for the previous financial year. The staff team comprised a manager, one senior counsellor and two other counsellors. Additional support came from volunteers and occasional student placements. There were insufficient staff to provide an adequate input to all three phases of the programme. Prisoners told us that one-to-one sessions were not always conducted according to the planned programme, especially during the first phase of the course. However, prisoners were otherwise positive about the level of support that they received in group sessions and from their peers. Alcoholics Anonymous and Narcotics Anonymous fellowships were also available to RAPt residents to attend in the evenings.
- 8.60 The short duration programme (SDP) was also available, with 12 places on each cohort. CARAT workers referred prisoners, who were then further assessed for suitability and motivation by treatment staff. Prisoners on the SDP programme we spoke to were complimentary about the staff and the usefulness of the programme. The key performance target for starts on the SDP was 123, with an expected completion rate of 80%. Following a positive recent audit score of 90%, and high levels of demand, there were plans to expand the programme's capacity by 50%.
- 8.61 The Nehemiah Project was an innovative abstinence-based cognitive-behavioural residential programme specifically for prisoners with primary and secondary alcohol problems. Housed in a recently refurbished wing, the programme was only in its seventh week of operation at the time of the inspection. The course was run by a manager and two facilitators. Up to six discipline staff were also involved in the day-to-day running of the unit. Nineteen participants were on the programme. All the participants said that being on the programme was a positive and life changing experience. The project was not accredited but was due to undergo scrutiny by the Correctional Services Accreditation Panel in the near future, to gain accreditation. The project also operated several supported housing projects in south London that were to be made available to graduates of the programme on their release.

- 8.62 All prisoners we spoke to who were on drug and alcohol interventions were concerned that there was no drug-free wing on which they could be housed after they had completed their programmes.
- 8.63 Relationships between the Prison Service and London drug intervention programmes (DIPs) were generally good, with the Wandsworth DIP representative regularly attending drug strategy meetings and the integrated drug treatment system (IDTS) implementation group meetings. DIP workers from nearby boroughs also attended the establishment to assist prisoners who were nearing their release date. This process was further assisted by the Secure Healthcare contact centre in cases where continued prescribing of opiate substitutes was required for prisoners who were due for release.
- 8.64 Transfers to some other prisons were hampered because of the non-IDTS status of the establishment. Other establishments seemed hesitant to take prisoners on methadone maintenance if they had not been part of IDTS. This situation was likely to change in the near future when IDTS was implemented at Wandsworth.
- 8.65 VDT was available for up to 440 prisoners on compacts where they would be tested at a rate of one and a half tests a month. VDT tests were sometimes conducted in the main MDT suite and also in suites on three other wings (B, D and H). The latter three suites had heavily stained toilets, and were generally untidy.

Recommendations

- 8.66 Information about drugs and drug services should be made available to prisoners in key locations throughout the prison.
- 8.67 Staffing levels for the Rehabilitation of Addicted Prisoners trust (RAPt) programme should be reviewed to ensure adequate cover for all phases and components of the programme.
- 8.68 The establishment should review the feasibility of establishing a drug-free wing for prisoners who have completed drug and alcohol rehabilitation programmes.
- 8.69 A peer support scheme should be developed to offer ongoing support to prisoners who have completed any drug intervention.
- 8.70 There should be a clear separation between voluntary and mandatory drug testing in terms of staffing and location.

Housekeeping point

- 8.71 The voluntary drug testing suites should be kept clean and tidy to provide an appropriate testing environment.

Children and families of offenders

- 8.72 All prisoners had good access to visits and were able to have a visit within the first seven days at the establishment. There were difficulties in contacting the booking line. The visitors' centre was welcoming, providing useful information but only in English. Visits started on time and

there was a relaxed atmosphere. Though the establishment said that they had a contingency plan if the lift was out of use, some visitors and prisoners with a disability had visits cancelled. There had been some creative initiatives to support prisoners in maintaining contact with family and friends by way of quiet sessions and the weekly homework club.

- 8.73** All prisoners had good access to visits, and respondents to our survey were significantly more positive than at comparator establishments about access to visits, with the exception of black and minority ethnic and Muslim prisoners. Between October and December 2008, over 10,500 booked visits were recorded at the establishment, of which 9,073 had been attended.
- 8.74** Visits could be booked through email, at the end of the previous visits session and through an internal visits booking system available to prisoners. However, the visits booking line tended to be the preferred option for booking domestic visits. Prisoners and visitors complained about difficulties in getting through on this line and we experienced similar difficulties ourselves. Although this line was open throughout the day and evening, it was consistently engaged, as there was only one telephone line available, with the capacity to keep up to four calls on hold at any one time. Thereafter, an automated message incorrectly informed visitors that the booking line was closed, even when it was open. The internal visits booking system was not understood by staff or prisoners but was an innovative method of booking visits.
- 8.75** Prisoners could access a visit within the first seven days at the establishment through an induction-only visits session every Thursday morning. In our survey, 35% of prisoners said that they had received a visit in their first week, which was similar to the comparator.
- 8.76** The visitors' centre was welcoming, and was available for visitors before and after their visit. Although not purpose built, it had good facilities for visitors, including a snack bar and play area for children. It was staffed by Prison Advice and Care Trust (PACT) workers, who gave first-time visitors to the establishment a visitors' pack containing comprehensive information about the visits process.
- 8.77** A range of information was available in the centre, not only about the establishment, but also about family support and advice services, but only in English. A telephone line to report any concerns that visitors had about prisoners and a complaints box and comments book were available for visitors.
- 8.78** The searching of visitors was conducted sensitively and visitors progressed to the visits hall relatively quickly. We were told by the visits principal officer that if any of the three drug dogs indicated that a visitor might be in possession of an illegal substance, they would be given an opportunity to continue with the visit but in closed conditions. There were three closed visits booths, located on one side of the visits hall. At the time of the inspection, there were 29 prisoners on closed visits and 41 banned visitors. Closed visits and banned visitors were reviewed by the security department (see section on security and rules).
- 8.79** Prisoners from Onslow unit arrived and were held separately from prisoners from Heathfield unit. The holding rooms for Onslow unit prisoners contained little information. Neither group of prisoners expressed any concerns about sharing the visits session. The visits hall was a reasonable environment, although the seat covers and floors were dirty. The visits we observed started on time and there was a relaxed atmosphere. Visitors had up to 30 minutes to arrive for their visits session. There were good facilities, particularly the well-equipped crèche.

- 8.80 The visits hall could be accessed by a lift, both for visitors and prisoners. We were told by staff and prisoners that the lift had been out of order for a few days, which resulted in some visits taking place in a ground level venue and others being cancelled (see paragraph 3.54).
- 8.81 There had been some creative initiatives to support prisoners in maintaining contact with family and friends by way of quiet sessions and a weekly homework club, and there were two separate evening visits sessions for Onslow and Heathfield unit prisoners. In our survey, 50% of prisoners, against the 43% comparator, said that they had been helped to maintain contact with family and friends while at the establishment.
- 8.82 Information provided by the establishment recorded that 11% of visitors to the establishment travelled over 50 miles. In response to this, extended visits for such visitors were facilitated. There had been 18 inter-prison visits in the year to date, through the well used video-link suite. Prisoners had access to family days four times a year, subject to a risk assessment, and nearly 100 prisoners had accessed the 'time for the family' course. The Family Man course was also delivered, through the education department, and was popular with prisoners.

Recommendations

- 8.83 Access to the visits line should be improved to deal with the volume of calls received, and the automated message should give the correct information at all times.
- 8.84 The internal visits booking system should be promoted to prisoners, and staff should be briefed on its use in order to advise prisoners.
- 8.85 Information for first-time visitors should be available in a range of languages.
- 8.86 Closed visits should not be imposed after a positive drug dog indication unless supported by additional intelligence.
- 8.87 There should be a contingency plan for prisoners and visitors with a disability to access the visits sessions when the lift is out of use, and visits should not be cancelled in these circumstances.

Housekeeping points

- 8.88 The seat covers in the visits hall and the floors should be deep cleaned.
- 8.89 Relevant information should be displayed in the holding room for prisoners on Onslow unit.

Attitudes, thinking and behaviour

- 8.90 A range of accredited programmes was available, but there were insufficient enhanced thinking skills places and no accredited programme to address violent offending behaviour, a gap which had been identified by a resettlement needs analysis. Links had been developed with sex offender treatment programmes at other sites, to move prisoners on for programmes not offered at Wandsworth. There were some delays in report writing. Innovative work was carried out with deniers, black and minority ethnic and Muslim prisoners. The small number of non-sex offenders held on Onslow unit undermined work to promote a positive treatment ethos.

- 8.91 Seventy-two enhanced thinking skills (ETS) places were available, divided equally between vulnerable and main location prisoners. This met the demands of the former but not the latter group. The resettlement needs analysis had identified a need for an accredited programme addressing violent offending. This was particularly relevant given that nearly a quarter of the population with longer sentences were spending more than a year at the prison.
- 8.92 Fifty-nine places were available on the sex offender treatment programme (SOTP), split between the rolling, core and healthy sexual functioning programmes. Waiting lists for these programmes were reasonable and links with other SOTP sites had been developed to ensure that prisoners could transfer to undertake the programmes not offered at Wandsworth. Some structured assessment of risk and need (SARN) reports were overdue, which particularly impacted on those requiring parole reviews.
- 8.93 A range of other assessments were carried out, including establishing levels of intellectual ability, and motivation to change.
- 8.94 The number of sex offender prisoners in denial of their offence was relatively low for the population, at 21%, which reflected the proactive work being carried out to address this issue, including using peer programme graduates during induction, one-to-one interviews with all new arrivals and an ongoing drop-in surgery.
- 8.95 Muslim and black and minority ethnic prisoners had been identified as being over-represented in those prisoners who denied their offences or refused to engage with treatment groups, and innovative work had been developed to address these issues, using discussion groups and programme graduates. The treatment needs of older prisoners and those with disabilities had been recognised and a group room provided on the ground floor of Onslow unit.
- 8.96 Around 7% of prisoners held on Onslow unit were non-sex offenders. The presence of these prisoners undermined the positive treatment ethos being encouraged by staff.

Recommendations

- 8.97 Sufficient places on the enhanced thinking skills programme should be available to meet the demands of Heathfield unit prisoners.
- 8.98 Structured assessment of risk and need (SARN) reports should be completed by the specified timescales.
- 8.99 Non-sex offender prisoners should not be held on Onslow unit.

Good practice

- 8.100 *Work was carried out to address issues of minimisation and denial of sex offenders on Onslow unit.*
- 8.101 *Specific work was carried out with black and minority ethnic and Muslim prisoner groups to address denial and refusal to engage.*

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendation

To the Director General

- 9.1 Under no circumstances should prisoners be transferred out, or refused return, in order to ensure that they are not present during an inspection. (HP49)

Main recommendation

To the Director of Offender Management

- 9.2 The Director of Offender Management should ensure that all staff, and particularly senior managers, understand that prisoner care is their prime responsibility at all times. (HP52)

Main recommendations

To the Governor

- 9.3 All recommendations following investigations into deaths in custody should be implemented consistently. (HP50)
- 9.4 Prisoners who are at risk, who exhibit self-harming behaviour, or who have ongoing medical treatment, should only be transferred where this is in their best interests, and in line with a multidisciplinary care plan. (HP51)
- 9.5 The reasons for the rise in uses of force should be investigated, with a view to reducing use, ensuring that all incidents are fully documented, and encouraging de-escalation. (HP53)
- 9.6 The needs of the large number of older prisoners and those with disabilities should be established and met. (HP54)
- 9.7 The prison should develop, and find resources to implement, a comprehensive foreign nationals strategy that can meet all the needs of its new role as one of the main centres for this group. (HP55)
- 9.8 All prisoners should be able to access recreational PE at least twice a week. (HP56)
- 9.9 Short-term and remand prisoners should have individual custody plans based on the London Initial Screening Assessment and Referral (LISAR) assessment. (HP57)
- 9.10 The race equality action plan should be fully implemented and its implementation monitored. (HP58)

Recommendations

To NOMS

- 9.11 Escort vans should be free of graffiti. (1.7)
- 9.12 Food should be provided to prisoners being transported longer distances. (1.8)
- 9.13 Once court cases have been dealt with, prisoners should be returned to the establishment with minimum delay. (1.11)

Recommendation

To NOMS and the UK Border Agency

- 9.14 Prisoners beyond the end of their sentence should not be retained at the prison. (3.104)

Recommendation

To the Primary Care Trust

- 9.15 Sufficient and appropriate staff should be provided so that the Jones unit can be reopened to hold prisoners with physical health needs. (4.50)

Recommendations

To the Governor

Courts, escorts and transfers

- 9.16 At least 24 hours' notice of planned transfers should be provided to prisoners. (1.9)
- 9.17 Prisoners should not be left for long periods on vans before disembarkation. (1.10)

First days in custody

- 9.18 The reasons for vulnerable, black and minority ethnic and Muslim prisoners having poor perceptions of reception, and feeling unsafe on their first night at the prison, should be explored and any necessary remedial action taken. (1.26)
- 9.19 All staff should refer to prisoners by title or preferred name. (1.27)
- 9.20 Newly arrived vulnerable prisoners should be moved swiftly off the first night unit. (1.28)
- 9.21 Sinks and toilets in first night cells should be regularly deep cleaned. (1.29)
- 9.22 Prisoners should be offered a supervised free telephone call on their first night unless there is clear intelligence to the contrary. (1.30)
- 9.23 The gated cells on the first night unit should be relocated. (1.31)
- 9.24 All the elements of induction should be completed within five working days. (1.32)
- 9.25 All induction materials should be up to date and available in an appropriate range of languages. (1.33)

Residential units

- 9.26 Managers should ensure that older prisoners and those with disabilities on Onslow unit are able to have a shower or bath daily. (2.16)
- 9.27 Managers should ensure that plans for the refurbishment of Onslow unit include provision of equal access to facilities and services for older and less able prisoners. (2.17)
- 9.28 All shower rooms should be brought up to a standard where they are properly ventilated, protected against infestation and capable of being kept clean by standard methods. (2.18)
- 9.29 Individual shower cubicles or dividing panels should be fitted to provide reasonable privacy. (2.19)
- 9.30 Rigid screening should be provided round in-cell toilets to provide reasonable privacy. (2.20)
- 9.31 Prisoners on the standard level of the incentives and earned privileges (IEP) scheme should be able to wear their own clothes. (2.21)
- 9.32 Managers should implement a reliable system for issue of cell cleaning materials, especially for the effective cleaning of toilets. (2.22)
- 9.33 All prisoner telephones should be checked daily and faults reported immediately. (2.23)
- 9.34 Requests by prisoners to add, change or remove approved telephone numbers should be actioned without delay. (2.24)

Staff-prisoner relationships

- 9.35 Staff should receive pro-social modelling training to assist with inter-personal skills. (2.35)
- 9.36 The negative perceptions of staff by black and minority ethnic and Muslim prisoners and those with a disability should be investigated and any necessary remedial action taken. (2.36)

Personal officers

- 9.37 The personal officer scheme should ensure that a single individual has the primary responsibility for named prisoners. (2.43)
- 9.38 Regular changes of personal officers for individual prisoners should be avoided. (2.44)
- 9.39 The negative perceptions of Onslow unit prisoners about personal officers should be investigated and improvements made. (2.45)
- 9.40 If personal officers are to be responsible for delivering outcomes arising from initial screening for short-term and remanded prisoners, the current personal officer scheme should be revised and reinforced. (2.46)
- 9.41 Encouragement and incentives should be offered to prisoners to engage with the activities available to them. (2.47)

Bullying and violence reduction

- 9.42 The violence reduction strategy should focus on the specific issues faced by prisoners at Wandsworth. (3.15)
- 9.43 The safer prisons meeting should include analysis of trends and patterns in the collected data, to inform the violence reduction strategy. (3.16)
- 9.44 The establishment should investigate the disparity in black and minority ethnic, and Muslim, prisoners' feelings of safety. (3.17)
- 9.45 All staff should be conversant with the anti-social behaviour booklet system and understand when to use it. (3.18)
- 9.46 The safer prisons team should investigate all incidents of alleged or suspected bullying and unexplained injuries. (3.19)
- 9.47 The establishment should carry out an annual confidential survey with all prisoners about bullying. (3.20)

Self-harm and suicide

- 9.48 The suicide prevention policy should focus on the specific risks and needs of vulnerable prisoners at Wandsworth. (3.37)
- 9.49 The safer prisons meeting should include analysis of trends and patterns in the collected self-harm and suicide data and take necessary remedial action. (3.38)
- 9.50 The safer prisons team should carry out an investigation following all near-death incidents and inform all staff of any subsequent learning points identified. (3.39)
- 9.51 The safer prisons team should maintain sight of action plans arising from self-inflicted deaths, regardless of whether they have been completed, and ensure that mistakes or oversights are not repeated. (3.40)
- 9.52 All staff should receive annual self-harm and suicide awareness training. (3.41)
- 9.53 Assessment, care in custody and teamwork (ACCT) procedures should incorporate an appropriate multidisciplinary approach, with comprehensive care plans and quality recording of meaningful interactions by staff with prisoners subject to the process. (3.42)
- 9.54 Observations should be at irregular and unpredictable intervals, especially when prisoners are locked up. (3.43)
- 9.55 Management checks should effectively monitor the quality of ACCT documents. (3.44)
- 9.56 Requests to see a Listener by prisoners on Onslow unit should be accommodated promptly. (3.45)
- 9.57 Care suites should be appropriate for both prolonged use and at night. (3.46)

- 9.58 Samaritan telephones should be offered to all prisoners if a Listener is not immediately available. (3.47)
- 9.59 The use of all safer cells and gated cells should be logged. (3.48)

Diversity

- 9.60 The prison should have a policy covering diversity which meets the requirements of equality legislation and outlines how the needs of all minority groups will be met. (3.58)
- 9.61 The disability liaison officer should be renamed the diversity liaison officer and the role widened to cover sexual orientation and transgender issues. (3.59)
- 9.62 A multidisciplinary diversity management team, which is chaired by a governor and includes prisoner representatives, should meet monthly. (3.60)
- 9.63 The job description for disability orderlies should be reviewed and clearly defined and any necessary training and support provided. (3.61)
- 9.64 Managers should record and monitor minority groups in the prison to provide information about the impact of the prison regime on them and provide the basis for ensuring that their needs are met. (3.62)
- 9.65 Older prisoners and those with disabilities should be able to shower daily. (3.63)
- 9.66 The consultation process for older prisoners and those with disabilities operating on Onslow unit should be expanded to include all minority groups across the prison. (3.64)
- 9.67 There should be a system for identifying the cells of prisoners requiring assistance with evacuation on Heathfield unit. (3.65)
- 9.68 There should be a day room for older prisoners and those with disabilities on Heathfield unit. (3.66)
- 9.69 Staff should be trained in diversity awareness, including sexual orientation and transgender issues. (3.67)

Race equality

- 9.70 The race equality action team should take decisive action to bring indicators for black and minority ethnic prisoners consistently within the normal range of ethnic monitoring data reports. (3.80)
- 9.71 Staff should not submit racist incident report forms to report that a prisoner has accused them of racist behaviour and should engage with prisoners about why they have perceived their behaviour to be racist. (3.81)
- 9.72 Staff dealing with racist incident report forms should be trained in complaint investigation. (3.82)
- 9.73 Staff dealing with racist incident report forms should be given adequate time to investigate complaints thoroughly. (3.83)

- 9.74 Monitoring of racist incident report forms should consistently provide feedback on the quality of the response. (3.84)
- 9.75 There should be displays celebrating race diversity in public areas of the prison. (3.85)

Foreign national prisoners

- 9.76 The foreign nationals coordinator should undertake formal training in the task. (3.98)
- 9.77 Data concerning the impact of the prison regime on foreign national prisoners should be monitored and used to improve outcomes for them. (3.99)
- 9.78 Free five-minute international telephone calls should be available to all foreign national prisoners within five days of arrival, without the need for an application. (3.100)
- 9.79 Every foreign national prisoner without a good command of English should be provided with interpretation services on induction and with written information in his own language about the services available. (3.101)
- 9.80 Professional interpreting services, rather than other prisoners, should be used for all formal procedures with prisoners who do not have a good understanding of English. (3.102)
- 9.81 Prisoners should be informed of the intention to deport them at least three months before the end of their sentence. (3.103)

Applications and complaints

- 9.82 Managers should publish a workable applications process and ensure its consistent implementation, including the recording and tracking of responses. (3.112)
- 9.83 Substantive responses should be given to all complaints within three days, or 10 days in exceptional circumstances, with either a resolution or a full explanation of future action. (3.113)
- 9.84 All managers should be trained in how to provide appropriate replies to complaints. (3.114)
- 9.85 Complaint forms, and information on the complaints process, should be readily available in the main languages spoken by prisoners, and complaints should be accepted, where appropriate, in languages other than English. (3.115)
- 9.86 The race equality action team should initiate enquiry into the reasons for the ethnic imbalance in submission of complaints. (3.116)

Legal rights

- 9.87 Prisoners should be able to access all legal documents they require, regardless of electronic format. (3.127)
- 9.88 The block-booking and subsequent cancellation of legal visits should be monitored and addressed with legal visitors. (3.128)

Substance use

- 9.89 Prisoners should be informed about blood-borne viruses and offered vaccinations for hepatitis A and B. (3.142)
- 9.90 The establishment should ensure that the mandatory drug testing programme is adequately resourced to undertake the required level of weekend testing. (3.143)
- 9.91 Mandatory drug testing should be appropriately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision. (3.144)
- 9.92 There should be a clear separation between voluntary drug testing and mandatory drug testing in terms of staffing and location. (3.145)
- 9.93 Intelligence relating to the need for possible suspicion drug testing should be acted on quickly. (3.146)

Health services

- 9.94 Existing staff vacancies should be filled. (4.51)
- 9.95 Prisoners should have access to life-long condition clinics. (4.52)
- 9.96 Immunisation programmes should be reintroduced as soon as staff have been appropriately trained. (4.53)
- 9.97 An effective auditable system should be in place for GP appointments and should be consistently applied. (4.54)
- 9.98 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (4.55)
- 9.99 Prisoners should have access to a confidential healthcare complaints system. (4.56)
- 9.100 Information-sharing protocols should be in place and staff should be aware of them. (4.57)
- 9.101 External healthcare appointments should only be cancelled in exceptional circumstances, and such decisions should only be made by senior clinical staff. (4.58)
- 9.102 There should be sufficient primary mental health staff to meet prisoners' needs. (4.59)
- 9.103 Day care services should be provided for patients having difficulties coping on the wings. (4.60)
- 9.104 Nurses should take an active role in the delivery of smoking cessation clinics. (4.61)
- 9.105 The practice of secondary dispensing should stop. All health services staff who administer medications should adhere to Nursing and Midwifery Council guidelines for the safe administration of medications at all times. (4.62)

- 9.106 Prescribing should be evidence-based, and the medicines and therapeutics committee should review all medicines management policies and procedures. (4.63)
- 9.107 Managers should monitor the relationships between healthcare staff and prisoners and take any necessary action. (4.64)
- 9.108 Work should be undertaken to integrate effectively the different groups of health services staff at Wandsworth. (4.65)

Learning and skills and work activities

- 9.109 More activities should be provided off the wings. (5.17)
- 9.110 A range of more meaningful and accredited employment opportunities should be offered to those prisoners employed on the wings. (5.18)
- 9.111 The use of data, including for equality and diversity, should be improved, to inform the provision for learning and skills. (5.19)
- 9.112 The prison should introduce observations of teaching and learning in vocational training areas to inform quality improvement. (5.20)
- 9.113 Managers should ensure that prisoners arrive and leave classes on time. (5.21)
- 9.114 The procedures for allocating prisoners to activities should be improved, to ensure that all available information is used to inform the process, and attendance in education classes should be improved. (5.22)
- 9.115 The ventilation and lighting in the Heathfield library should be improved. (5.23)
- 9.116 The space available for individual and group study in the two libraries should be increased. (5.24)

Physical education and health promotion

- 9.117 Vulnerable prisoners should be offered the opportunity to undertake gym inductions within five working days of the start of induction. (5.33)
- 9.118 Modesty screens should be provided in PE shower areas. (5.34)
- 9.119 Suitable recreational sport activities should be provided for under-represented groups, such as older prisoners, who are not fully engaging in PE. (5.35)

Faith and religious activity

- 9.120 All prisoners should have free access to religious services, without having to apply. (5.45)
- 9.121 All Muslim prisoners should have the opportunity to wash before Friday prayers. (5.46)

Time out of cell

- 9.122 A system for ensuring fair access to association should be devised and records kept of cancellations, stating who has cancelled it, why and which prisoners this has affected. (5.56)
- 9.123 Association should not coincide with corporate worship. (5.57)
- 9.124 Association should conclude at the advertised time. (5.58)
- 9.125 The activities available for those on association should be expanded. (5.59)
- 9.126 Time in the fresh air should be offered, even during inclement weather. (5.60)
- 9.127 Note should be taken of prisoners who do not participate in association, and this should be monitored for potential information about vulnerability. (5.61)

Security and rules

- 9.128 Prisoners should be informed of the outcome of every review of closed visits or banned visitors, and advised of the process by which they can make an appeal. (6.17)
- 9.129 More staff in the classification and allocation department should be trained to access pre-conviction information from the police national computer. (6.18)
- 9.130 The backlog of initial categorisations and reviews should be cleared and more staff should be tasked with completing recategorisation paperwork for indeterminate-sentenced prisoners. (6.19)
- 9.131 Prisoners should be notified of their transfer in advance, and a review held when concerns are expressed. (6.20)
- 9.132 Prisoners should only be moved between prisons where this is in their best interests, in accordance with sentence plan targets, or for fully evidenced reasons of good order. (6.21)

Discipline

- 9.133 Prisoners who have problems understanding English should be provided with appropriate assistance with adjudication documentation. This assistance should be continued for the adjudication itself. (6.41)
- 9.134 Adjudication records should show that a full enquiry has been made into the circumstances of the charge. (6.42)
- 9.135 All occasions where force is used should be recorded properly and all allegations of assault fully investigated. (6.43)
- 9.136 The process for interviewing prisoners subject to restraint should be extended to include those restrained to facilitate a transfer from the prison. (6.44)
- 9.137 All control and restraint trained staff should be trained in de-escalation techniques. (6.45)
- 9.138 Handcuffs should only be used when there is evidence to support their use. (6.46)

- 9.139 Use of force should be certified by an appropriate manager who was not involved in the recorded incident. (6.47)
- 9.140 Documentation relating to the use of special accommodation and the body belt should be fully completed, to give a full record of the incident. (6.48)
- 9.141 Quality checks of use of force documentation should be clearly recorded, to show what has been checked, any issues identified and action taken. (6.49)
- 9.142 The re-rolling of the segregation unit as a care and separation unit should be clarified and underpinning policies developed and implemented. (6.50)
- 9.143 Broken furniture in segregation unit cells should be replaced. (6.51)
- 9.144 Staff selected to work on the segregation unit should be given specialist training for their role, including de-escalation techniques, mental health awareness and motivational interviewing. (6.52)
- 9.145 Staff working on the segregation unit should be provided with high levels of support. (6.53)
- 9.146 Initial review boards for segregation should be carried out by a multidisciplinary team. (6.54)
- 9.147 The targets and regime for segregated prisoners should be determined individually through a thorough risk assessment. (6.55)
- 9.148 Segregated prisoners should only be moved to other prisons for justifiable and evidenced reasons of care, progression or control. (6.56)
- 9.149 The regime on the segregation unit should be improved and include activities off the unit when appropriate. (6.57)
- 9.150 All staff who have contact with prisoners on the segregation unit should record relevant details of their contact in individual history sheets. (6.58)

Incentives and earned privileges

- 9.151 Managers should investigate and take appropriate action about the under-representation of black and minority ethnic prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme. (6.65)
- 9.152 Managers should re-launch the 'commendation' element of the IEP scheme, to emphasise the importance of positive incentives. (6.66)
- 9.153 Managers should restrict the use of IEP downgrading following single actions to genuinely serious cases, and the published policy should make clear that all such downgrades will be looked at on an individual basis. (6.67)

Catering

- 9.154 Breakfast should be served in the mornings, rather than being issued in packs the previous night. (7.9)

- 9.155 The appropriate utensils should always be used to serve halal and vegetarian food. (7.10)
- 9.156 Servery workers should receive basic food hygiene training. (7.11)

Prison shop

- 9.157 There should be a greater selection of items available to black and minority ethnic and Muslim prisoners. (7.19)
- 9.158 Prisoners who arrive at reception without private money should be offered an advance to purchase a reception pack. (7.20)
- 9.159 Systems and processes should be further developed to ensure that prisoners receive the goods they ordered and can rectify any discrepancies effectively. (7.21)

Strategic management of resettlement

- 9.160 The reducing reoffending policy committee should meet at least bi-monthly, as advertised. (8.7)
- 9.161 The monthly London Initial Screening and Referral (LISAR) data, and any trends identified, should be a standard agenda item at the reducing reoffending policy committee meeting. (8.8)
- 9.162 A resettlement needs analysis of the foreign national population should be completed, and the results reflected in the policy document and acted on. (8.9)
- 9.163 Current provision in the resettlement pathways should be better publicised to prisoners so that they are aware of who to contact about the range of support available. (8.10)
- 9.164 The discharge board should be run at least six weeks before prisoners are released. (8.11)

Offender management and planning

- 9.165 Sentence planning boards should include contributions from all departments, to ensure that all appropriate needs are considered in preparing sentence plan objectives. (8.31)
- 9.166 When offender managers are unable to attend sentence planning boards, video conferencing should be used. (8.32)
- 9.167 Pre-release boards should take place at least six weeks before discharge to ensure that resettlement needs have been addressed. (8.33)
- 9.168 The backlog of offender assessment system (OASys) assessments should be cleared. (8.34)
- 9.169 Lifer forums should have clear terms of reference, and indeterminate-sentenced prisoners should be encouraged to attend and should have access to the minutes of the meeting. (8.35)
- 9.170 All offender management unit staff case-managing lifers should be adequately trained. (8.36)
- 9.171 All prisoners in scope for offender management should be allocated an offender supervisor, in line with the minimum national standards, and offender supervisors should have regular contact with prisoners. (8.37)

- 9.172 The low use of release on temporary licence and home detention curfew should be monitored, and data should be collected on all applications made and outcomes. (8.38)
- 9.173 Monitoring arrangements for public protection cases should be reviewed at least monthly. (8.39)

Resettlement pathways

- 9.174 There should be pre-release healthcare clinics, and prisoners should receive discharge letters to take to their community GP. (8.49)
- 9.175 Prisoners not registered with a GP in the community should be given information on how to do so. (8.50)
- 9.176 There should be a palliative care and end-of-life policy. (8.51)
- 9.177 The care programme approach should be fully implemented in conjunction with community health teams. (8.52)
- 9.178 Prisoners should have the facility to open a bank account before their release. (8.53)
- 9.179 Information about drugs and drug services should be made available to prisoners in key locations throughout the prison. (8.66)
- 9.180 Staffing levels for the Rehabilitation of Addicted Prisoners trust (RAPt) programme should be reviewed to ensure adequate cover for all phases and components of the programme. (8.67)
- 9.181 The establishment should review the feasibility of establishing a drug-free wing for prisoners who have completed drug and alcohol rehabilitation programmes. (8.68)
- 9.182 A peer support scheme should be developed to offer ongoing support to prisoners who have completed any drug intervention. (8.69)
- 9.183 There should be a clear separation between voluntary and mandatory drug testing in terms of staffing and location. (8.70)
- 9.184 Access to the visits line should be improved to deal with the volume of calls received, and the automated message should give the correct information at all times. (8.83)
- 9.185 The internal visits booking system should be promoted to prisoners, and staff should be briefed on its use in order to advise prisoners. (8.84)
- 9.186 Information for first-time visitors should be available in a range of languages. (8.85)
- 9.187 Closed visits should not be imposed after a positive drug dog indication unless supported by additional intelligence. (8.86)
- 9.188 There should be a contingency plan for prisoners and visitors with a disability to access the visits sessions when the lift is out of use, and visits should not be cancelled in these circumstances. (8.87)
- 9.189 Sufficient places on the enhanced thinking skills programme should be available to meet the demands of Heathfield unit prisoners. (8.97)

- 9.190 Structured assessment of risk and need (SARN) reports should be completed by the specified timescales. (8.98)
- 9.191 Non-sex offender prisoners should not be held on Onslow unit. (8.99)

Housekeeping points

Residential units

- 9.192 Clothing supply and laundry arrangements should be improved so that prisoners always have enough clean bedding and prison clothing to meet their individual needs. (2.25)

Staff-prisoner relationships

- 9.193 Staff should interact with prisoners during exercise. (2.37)

Applications and complaints

- 9.194 Prisoners should be able to submit applications with confidence that reasonable steps have been taken to ensure privacy. (3.117)
- 9.195 Complaints referred for further investigation should not be substantively replied to in advance of such investigation. (3.118)

Health services

- 9.196 There should be hand-washing facilities in the healthcare room in reception. (4.66)
- 9.197 Emergency equipment should be regularly checked and records of this maintained. (4.67)
- 9.198 There should be systems to ensure that missing or out-of-date items in emergency bags are replaced without delay. (4.68)
- 9.199 Professional translation services should be used for healthcare consultations with prisoners who are not able to communicate in English. (4.69)
- 9.200 Prisoners from Onslow unit should not have to spend longer in the healthcare centre than other prisoners. (4.70)
- 9.201 Loose tablets and tablet foils should not be present in stock. Pharmacy staff should visit the treatment areas frequently to check the cupboards. (4.71)
- 9.202 All medicine refrigerators should be kept between two and eight degrees Celsius. The minimum and maximum refrigerator temperatures should be monitored and recorded daily, and when necessary should be adjusted accordingly. (4.72)
- 9.203 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued. (4.73)

- 9.204 Medicines should not be borrowed from one patient to supply to another. (4.74)
- 9.205 Patient information leaflets should be supplied wherever possible. A notice should be displayed prominently to advise patients of the availability of leaflets on request. (4.75)
- 9.206 All medication administered to patients should be recorded on the prescription and administration chart, including special sick items. (4.76)
- 9.207 A washer-disinfector should be installed in a dedicated decontamination room adjacent to the dental surgery. (4.77)
- 9.208 Dental treatment should be recorded in the patient's electronic clinical record. (4.78)
- 9.209 All dental records should be securely stored. (4.79)
- 9.210 The radiation protection file should be completed. (4.80)

Learning and skills and work activities

- 9.211 Printers should be provided in both libraries. (5.25)
- 9.212 Managers should ensure that library book loss is reduced. (5.26)

Discipline

- 9.213 Adjudication records should be legible. (6.59)

Resettlement pathways

- 9.214 The voluntary drug testing suites should be kept clean and tidy to provide an appropriate testing environment. (8.71)
- 9.215 The seat covers in the visits hall and the floors should be deep cleaned. (8.88)
- 9.216 Relevant information should be displayed in the holding room for prisoners on Onslow unit. (8.89)

Examples of good practice

Race equality

- 9.217 The prison had started a community engagement strategy which had made contact with community-based groups representing black and minority ethnic groups in the area. (3.86)

Health services

- 9.218 Regular liaison meetings took place between prison and local hospital staff. (4.81)

Time out of cell

- 9.219 The publication of routines in each cell ensured that prisoners and staff knew what should happen on a daily basis. (5.62)

Resettlement pathways

- 9.220 Work was carried out to address issues of minimisation and denial of sex offenders on Onslow unit. (8.100)
- 9.221 Specific work was carried out with black and minority ethnic and Muslim prisoner groups to address denial and refusal to engage. (8.101)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Sara Snell	Team leader
Karen Dillon	Inspector
Sean Sullivan	Inspector
Vinnett Percy	Inspector
Andrew Rooke	Inspector
Anita Saigal	Inspector
Martin Kettle	Inspector
Mandy Whittingham	Healthcare inspector
Michael Bowen	Healthcare inspector
Paul Roberts	Substance misuse inspector
Peter Gibbs	Pharmacy inspector
Simon Denton	Pharmacy inspector
Jen Davies	Dental inspector
Neil Edwards	Ofsted inspector
John Grimmer	Ofsted inspector
Nigel Bragg	Ofsted inspector
Sam Booth	Researcher
Catherine Nichols	Researcher
Lucy Trussler	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		869	52.35
Recall		80	4.82
Convicted unsentenced	1 0.06%	199	11.99
Remand	1 0.06%	422	25.42
Civil prisoners		1	0.06
Detainees		87	5.24
Total	2 0.12%	1658	99.88

Sentence	18–20-year-olds	21 and over	%
Unsentenced	2 0.12%	707	42.59
Less than 6 months		83	5
6 months to less than 12 months		40	2.41
12 months to less than 2 years		105	6.33
2 years to less than 4 years		210	12.65
4 years to less than 10 years		265	15.96
10 years and over (not life)		100	6.02
ISPP		100	6.02
Life		48	2.89
Total	2 0.12%	1658	99.87

Age	Number of prisoners	%
Please state minimum age		
Under 21 years	2	0.12
21 years to 29 years	555	33.43
30 years to 39 years	500	30.12
40 years to 49 years	396	23.86
50 years to 59 years	136	8.19
60 years to 69 years	551	3.07
70 plus years	20	1.2
Please state maximum age		
Total	1660	99.99

Nationality	18–20-year-olds	21 and over	%
British	2 0.12%	1029	61.99
Foreign nationals		629	37.89
Total	2 0.12%	1658	99.88

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	2 0.12%	726	43.73

Uncategorised sentenced		147	8.86
Cat A		0	0.00
Cat B		212	12.77
Cat C		561	33.8
Cat D		12	0.72
Other		0	
Total	2 0.12%	1658	99.88

Ethnicity	18-20-year-olds	21 and over	%
White			
British		633	38.13
Irish		37	2.23
Other White		268	16.14
Mixed			
White and Black Caribbean		18	1.08
White and Black African		3	0.18
White and Asian		9	0.54
Other mixed		28	1.69
Asian or Asian British			
Indian		34	2.05
Pakistani		16	0.96
Bangladeshi		10	0.60
Other Asian	1 0.06%	91	5.48
Black or Black British			
Caribbean		225	13.55
African		139	8.37
Other Black		89	5.36
Chinese or other ethnic group			
Chinese		19	1.14
Other ethnic group	1 0.06%	31	1.87
Not stated		8	0.48
Total	2 0.12%	1658	99.85

Religion	18-20 yr olds	21 and over	%
Baptist		3	0.18
Church of England		417	25.12
Roman Catholic		372	22.41
Other Christian denominations		81	4.88
Muslim	1 0.06%	340	20.48
Sikh		15	0.90
Hindu		21	1.27

Buddhist	1 0.06%	37	2.23
Jewish		9	0.54
Other		29	1.75
No religion		334	20.12
Total	2 0.12%	1658	99.88

Sentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			212	22.29
1 month to 3 months			148	15.56
3 months to 6 months			185	19.45
6 months to 1 year			164	17.25
1 year to 2 years			147	15.46
2 years to 4 years			79	8.31
4 years or more			15	1.58
Total			950	57.3

Unsentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	0.06	245	34.51
1 month to 3 months	1	0.06	226	31.83
3 months to 6 months			138	19.44
6 months to 1 year			82	11.55
1 year to 2 years			15	2.11
2 years to 4 years			2	0.28
4 years or more			0	0.00
Total	2	0.12	708	42.57

Main offence	18-20-year-olds	21 and over	%
Violence against the person	2 0.12%	229	13.8
Sexual offences		322	19.4
Burglary		110	6.63
Robbery		148	8.92
Theft and handling		147	8.86
Fraud and forgery		135	8.13
Drugs offences		219	13.19
Other offences		249	15.00
Civil offences		0	0
Offence not recorded / holding warrant		99	5.96
Total	2 0.12%	1658	99.89

Appendix III: Summary of prisoner questionnaires

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 5 May 2009, the prisoner population at HMP Wandsworth was 1,529. The sample size was 145. Overall, this represented 9% of the prisoner population.

Selecting the sample

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. Five respondents refused to complete a questionnaire.

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

Methodology

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

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

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

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

Response rates

In total, 135 respondents completed and returned their questionnaires. This represented 9% of the prison population. The response rate was 93%. In addition to the five respondents who refused to complete a questionnaire, four questionnaires were not returned and one was returned blank.

Comparisons

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

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

The following analyses have been conducted:

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

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.

Summary

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

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

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

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% |
| <i>21 - 29</i> | 34% |
| <i>30 - 39</i> | 26% |
| <i>40 - 49</i> | 23% |
| <i>50 - 59</i> | 10% |
| <i>60 - 69</i> | 4% |
| <i>70 and over</i> | 3% |
- Q1.3 Are you sentenced?**
- | | |
|----------------------------------------|-----|
| <i>Yes</i> | 56% |
| <i>Yes - on recall</i> | 7% |
| <i>No - awaiting trial</i> | 21% |
| <i>No - awaiting sentence</i> | 17% |
| <i>No - awaiting deportation</i> | 0% |
- Q1.4 How long is your sentence?**
- | | |
|-----------------------------------------------------------------|-----|
| Not sentenced | 38% |
| <i>Less than 6 months</i> | 4% |
| <i>6 months to less than 1 year</i> | 2% |
| <i>1 year to less than 2 years</i> | 7% |
| <i>2 years to less than 4 years</i> | 14% |
| <i>4 years to less than 10 years</i> | 20% |
| <i>10 years or more</i> | 7% |
| <i>IPP (Indeterminate Sentence for Public Protection)</i> | 5% |
| <i>Life</i> | 4% |
- Q1.5 Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?**
- | | |
|---------------------------------|-----|
| Not sentenced | 43% |
| <i>6 months or less</i> | 21% |
| <i>More than 6 months</i> | 37% |
- Q1.6 How long have you been in this prison?**
- | | |
|---------------------------------------------|-----|
| <i>Less than 1 month</i> | 18% |
| <i>1 to less than 3 months</i> | 20% |
| <i>3 to less than 6 months</i> | 17% |
| <i>6 to less than 12 months</i> | 17% |
| <i>12 months to less than 2 years</i> | 15% |

2 to less than 4 years..... 11%
 4 years or more..... 3%

Q1.7 Are you a foreign national? (i.e. do not hold UK citizenship)
 Yes..... 27%
 No..... 73%

Q1.8 Is English your first language?
 Yes..... 79%
 No..... 21%

Q1.9 What is your ethnic origin?

White - British..... 41%	Asian or Asian British - Bangladeshi..... 1%
White - Irish..... 5%	Asian or Asian British - Other... 2%
White - Other..... 10%	Mixed Race - White and Black Caribbean..... 0%
Black or Black British - Caribbean..... 14%	Mixed Race - White and Black African..... 1%
Black or Black British - African..... 7%	Mixed Race - White and Asian..... 1%
Black or Black British - Other. 4%	Mixed Race - Other..... 4%
Asian or Asian British - Indian 4%	Chinese..... 1%
Asian or Asian British - Pakistani..... 2%	Other ethnic group..... 5%

Q1.10 What is your religion?

None..... 17%	Hindu..... 2%
Church of England..... 29%	Jewish..... 1%
Catholic..... 23%	Muslim..... 21%
Protestant..... 1%	Sikh..... 2%
Other Christian denomination 2%	Other..... 2%
Buddhist..... 2%	

Q1.11 How would you describe your sexual orientation?

Heterosexual/ Straight..... 94%
Homosexual/Gay..... 1%
Bisexual..... 5%
Other..... 1%

Q1.12 Do you consider yourself to have a disability?
 Yes..... 27%
 No..... 73%

Q1.13 How many times have you been in prison before?

0	1	2 to 5	More than 5
42%	14%	22%	22%

Q1.14 Including this prison, how many prisons have you been in during this sentence/remand time?

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
39%	49%	12%

Q1.15 Do you have any children under the age of 18?

Yes.....	45%
No.....	55%

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	11%	49%	16%	11%	7%	5%	2%
Your personal safety during the journey	12%	52%	10%	14%	6%	3%	2%
The comfort of the van	5%	15%	16%	33%	25%	3%	2%
The attention paid to your health needs	10%	18%	26%	16%	17%	5%	8%
The frequency of toilet breaks	7%	8%	21%	17%	26%	2%	18%

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>
32%	41%	19%	5%	2%

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
11%	50%	21%	13%	5%	0%

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?	69%	29%	2%
Before you arrived here did you receive any written information about what would happen to you?	17%	83%	1%
When you first arrived here did your property arrive at the same time as you?	77%	17%	6%

Section 3: Reception, first night and induction

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

<i>Didn't ask about any of these</i>	13%	<i>Money worries</i>	17%
<i>Loss of property</i>	12%	<i>Feeling depressed or suicidal</i> ..	49%
<i>Housing problems</i>	27%	<i>Health problems</i>	60%
<i>Contacting employers</i>	13%	<i>Needing protection from other prisoners</i>	24%
<i>Contacting family</i>	53%	<i>Accessing phone numbers</i>	40%
<i>Ensuring dependants were being looked after</i>	12%	<i>Other</i>	6%

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

<i>Didn't have any problems</i>	23%	<i>Money worries</i>	23%
<i>Loss of property</i>	18%	<i>Feeling depressed or suicidal</i> ..	22%
<i>Housing problems</i>	26%	<i>Health problems</i>	27%
<i>Contacting employers</i>	6%	<i>Needing protection from other prisoners</i>	9%
<i>Contacting family</i>	38%	<i>Accessing phone numbers</i>	34%
<i>Ensuring dependants were looked after</i>	12%	<i>Other</i>	5%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	73%	24%	3%
When you were searched, was this carried out in a respectful way?	74%	20%	6%

Q3.4 Overall, how well did you feel you were treated in reception?

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
8%	48%	27%	15%	2%	1%

Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply)

<i>Information about what was going to happen to you</i>	34%
<i>Information about what support was available for people feeling depressed or suicidal</i>	38%
<i>Information about how to make routine requests</i>	34%
<i>Information about your entitlement to visits</i>	36%
<i>Information about health services</i>	34%
<i>Information about the chaplaincy</i>	41%
<i>Not offered anything</i>	36%

- Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply)**
- A smokers/non-smokers pack*..... 82%
 - The opportunity to have a shower*..... 26%
 - The opportunity to make a free telephone call*..... 41%
 - Something to eat*..... 83%
 - Did not receive anything***..... 0%
- Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply)**
- Chaplain or religious leader*..... 57%
 - Someone from health services*..... 63%
 - A listener/Samaritans*..... 19%
 - Did not meet any of these people***..... 12%
- Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?**
- Yes*..... 18%
 - No*..... 82%
- Q3.9 Did you feel safe on your first night here?**
- Yes*..... 68%
 - No*..... 26%
 - Don't remember*..... 6%
- Q3.10 How soon after your arrival did you go on an induction course?**
- Have not been on an induction course***..... 25%
 - Within the first week*..... 45%
 - More than a week*..... 23%
 - Don't remember*..... 7%
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
- Have not been on an induction course***..... 25%
 - Yes*..... 41%
 - No*..... 25%
 - Don't remember*..... 8%

Section 4: Legal rights and respectful custody

Q4.1 How easy is to?	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
Communicate with your solicitor or legal representative?	15%	28%	18%	18%	17%	5%
Attend legal visits?	14%	34%	16%	11%	9%	16%
Obtain bail information?	7%	18%	17%	15%	17%	25%

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..... 13%
 Yes..... 43%
 No..... 44%

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

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	60%	39%	1%	1%
Are you normally able to have a shower every day?	79%	20%	1%	0%
Do you normally receive clean sheets every week?	88%	11%	1%	1%
Do you normally get cell cleaning materials every week?	54%	45%	1%	0%
Is your cell call bell normally answered within five minutes?	43%	39%	14%	3%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	70%	28%	1%	1%
Can you normally get your stored property, if you need to?	33%	44%	17%	7%

Q4.4 What is the food like here?

	Very good	Good	Neither	Bad	Very bad
	4%	37%	33%	17%	9%

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?
Have not bought anything yet..... 6%
 Yes..... 54%
 No..... 40%

Q4.6 Is it easy or difficult to get either

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	41%	42%	3%	3%	2%	8%
An application form	41%	40%	7%	8%	2%	1%

Q4.7 Have you made an application?
 Yes..... 86%
 No..... 14%

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?	14%	54%	32%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	14%	43%	42%

Q4.9 Have you made a complaint?

Yes.....	45%
No.....	55%

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

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	56%	16%	28%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	57%	14%	29%
Were you given information about how to make an appeal?	37%	26%	37%

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

Not made a complaint	55%
Yes.....	6%
No.....	39%

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>	Very easy	Easy	Neither	Difficult	Very difficult
36%	7%	21%	20%	12%	4%

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?	54%	21%	25%
Are you able to speak to a religious leader of your faith in private if you want to?	53%	13%	34%

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

Yes	No	Don't know
57%	2%	41%

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?	73%	27%
Do most staff treat you with respect?	68%	32%

Section 5: Safety

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

Yes.....	34%
No.....	66%

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

Yes.....	12%
No.....	88%

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

Never felt unsafe	68%	<i>At meal times</i>	4%
<i>Everywhere</i>	6%	<i>At health services</i>	3%
<i>Segregation unit</i>	4%	<i>Visit's area</i>	2%
<i>Association areas</i>	6%	<i>In wing showers</i>	10%
<i>Reception area</i>	4%	<i>In gym showers</i>	3%
<i>At the gym</i>	2%	<i>In corridors/stairwells</i>	7%
<i>In an exercise yard</i>	7%	<i>On your landing/wing</i>	9%
<i>At work</i>	4%	<i>In your cell</i>	14%
<i>During Movement</i>	7%	<i>At religious services</i>	1%
<i>At education</i>	0%		

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

Yes.....	15%
No.....	85%

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

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

- Q5.6 Have you been victimised by a member of staff or group of staff here?**
 Yes..... 27%
 No..... 73%
- Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**
- | | | | |
|---------------------------------------------------------------------|----|--------------------------------------------------------------------|----|
| <i>Insulting remarks (about you or your family or friends).....</i> | 9% | <i>Because of your sexuality</i> | 2% |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 3% | <i>Because you have a disability.</i> | 0% |
| <i>Sexual abuse.....</i> | 1% | <i>Because of your religion/religious beliefs.....</i> | 7% |
| <i>Because of your race or ethnic origin.....</i> | 9% | <i>Being from a different part of the country than others.....</i> | 2% |
| <i>Because of drugs.....</i> | 2% | <i>Because of your offence/ crime.....</i> | 8% |
| <i>Because you were new here... ..</i> | 7% | | |
- Q5.8 If you have been victimised by prisoners or staff, did you report it?**
Not been victimised..... 70%
 Yes..... 9%
 No..... 21%
- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**
 Yes..... 22%
 No..... 78%
- Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**
 Yes..... 22%
 No..... 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> |
| 11% | 8% | 9% | 3% | 2% | 68% |

Section 6: Health services

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

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	14%	5%	20%	10%	33%	18%
The nurse	15%	17%	35%	15%	14%	5%
The dentist	23%	3%	5%	8%	22%	39%
The optician	30%	3%	5%	11%	20%	31%

- Q6.2 Are you able to see a pharmacist?**
 Yes..... 50%
 No..... 50%
- 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 | 29% | 9% | 25% | 10% | 18% | 8% |
| The nurse | 25% | 21% | 35% | 6% | 8% | 4% |
| The dentist | 47% | 9% | 14% | 10% | 6% | 14% |
| The optician | 50% | 6% | 15% | 12% | 6% | 11% |
- 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> |
|--|-----------------|------------------|-------------|----------------|------------|-----------------|
| | 22% | 7% | 31% | 13% | 20% | 7% |
- Q6.5 Are you currently taking medication?**
 Yes..... 46%
 No..... 54%
- Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**
Not taking medication 55%
 Yes..... 31%
 No..... 15%
- Q6.7 Do you feel you have any emotional well being/ mental health issues?**
 Yes..... 30%
 No..... 70%
- Q6.8 Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)**
- | | |
|--------------------------------------------------------------|-----|
| <i>Do not have any issues / Not receiving any help</i> | 85% |
| <i>Doctor</i> | 6% |
| <i>Nurse</i> | 2% |
| <i>Psychiatrist</i> | 5% |
| <i>Mental Health In Reach team</i> | 4% |
| <i>Counsellor</i> | 6% |
| <i>Other</i> | 4% |
- Q6.9 Did you have a problem with either of the following when you came into this prison?**
- | | <i>Yes</i> | <i>No</i> |
|---------|------------|-----------|
| Drugs | 30% | 70% |
| Alcohol | 25% | 75% |

Q6.10	Have you developed a problem with either of the following since you have been in this prison?			
		Yes	No	
	Drugs	6%	94%	
	Alcohol	3%	97%	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes.....			31%
	No.....			3%
	Did not / do not have a drug or alcohol problem			65%
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?			
	Yes.....			28%
	No.....			6%
	Did not / do not have a drug or alcohol problem			65%
Q6.13	Was the intervention or help you received, whilst in this prison, helpful?			
	Yes.....			25%
	No.....			3%
	Did not have a problem/Have not received help			72%
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	Don't know
	Drugs	11%	77%	12%
	Alcohol	7%	78%	16%
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes.....			23%
	No.....			6%
	N/A.....			71%

Section 7: Purposeful Activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply)	
	Prison job.....	51%
	Vocational or skills training	18%
	Education (including basic skills)	22%
	Offending behaviour programmes.....	15%
	Not involved in any of these	29%

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

	Not been involved	Yes	No	Don't know
Prison job	27%	35%	27%	11%
Vocational or skills training	33%	41%	14%	12%
Education (including basic skills)	33%	46%	13%	9%
Offending behaviour programmes	36%	42%	12%	11%

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

Don't want to go	5%
Never.....	20%
Less than once a week.....	25%
About once a week.....	35%
More than once a week.....	12%
Don't know.....	3%

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

Don't want to go	0	1	2	3 to 5	More than 5	Don't know
					5	
21%	34%	21%	6%	9%	2%	7%

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
12%	7%	27%	21%	28%	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)

Less than 2 hours.....	25%
2 to less than 4 hours.....	17%
4 to less than 6 hours.....	23%
6 to less than 8 hours.....	14%
8 to less than 10 hours.....	5%
10 hours or more.....	9%
Don't know.....	7%

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
2%	1%	44%	21%	25%	7%

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

Do not go on association	13%
Never.....	16%
Rarely.....	25%
Some of the time.....	28%
Most of the time.....	13%
All of the time.....	5%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	48%
	<i>In the first week</i>	20%
	<i>More than a week</i>	18%
	<i>Don't remember</i>	14%
Q8.2	How helpful do you think your personal officer is?	
	<i>Do not have a personal officer</i>	47%
	<i>Very helpful</i>	9%
	<i>Helpful</i>	24%
	<i>Neither</i>	6%
	<i>Not very helpful</i>	9%
	<i>Not at all helpful</i>	5%
Q8.3	Do you have a sentence plan/OASys?	
	<i>Not sentenced</i>	39%
	<i>Yes</i>	27%
	<i>No</i>	35%
Q8.4	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/OASys</i>	73%
	<i>Very involved</i>	7%
	<i>Involved</i>	6%
	<i>Neither</i>	5%
	<i>Not very involved</i>	3%
	<i>Not at all involved</i>	6%
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/OASys</i>	75%
	<i>Yes</i>	16%
	<i>No</i>	9%
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/OASys</i>	76%
	<i>Yes</i>	9%
	<i>No</i>	15%
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	
	<i>Not sentenced</i>	40%
	<i>Yes</i>	20%
	<i>No</i>	39%
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	17%
	<i>No</i>	83%

- Q8.9 Have you had any problems with sending or receiving mail?**
 Yes..... 36%
 No..... 55%
 Don't know 9%
- Q8.10 Have you had any problems getting access to the telephones?**
 Yes..... 40%
 No..... 58%
 Don't know 2%
- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet..... 8%
 Yes..... 35%
 No..... 52%
 Don't remember 5%
- Q8.12 Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)**
Don't know what my entitlement is 18%
 Yes..... 64%
 No..... 17%
- Q8.13 How many visits did you receive in the last week?**
- | <i>Not been in a week</i> | <i>0</i> | <i>1 to 2</i> | <i>3 to 4</i> | <i>5 or more</i> |
|---------------------------|----------|---------------|---------------|------------------|
| 8% | 48% | 43% | 1% | 0% |
- Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**
 Yes..... 50%
 No..... 50%
- Q8.15 Do you know who to contact to get help with the following within this prison: (please tick all that apply)**
- | | |
|---------------------------------------------------|-------------------------------------------------------------------------------|
| <i>Don't know who to contact</i> 47% | <i>Help with your finances in preparation for release</i> 20% |
| <i>Maintaining good relationships</i> 18% | <i>Claiming benefits on release</i> ... 34% |
| <i>Avoiding bad relationships</i> 9% | <i>Arranging a place at college/continuing education on release</i> 16% |
| <i>Finding a job on release</i> 29% | <i>Continuity of health services on release</i> 22% |
| <i>Finding accommodation on release</i> 35% | <i>Opening a bank account</i> 19% |

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

<i>No problems</i>	32%	<i>Help with your finances in preparation for release</i>	28%
<i>Maintaining good relationships</i>	9%	<i>Claiming benefits on release</i> ...	32%
<i>Avoiding bad relationships</i>	9%	<i>Arranging a place at college/continuing education on release</i>	20%
<i>Finding a job on release</i>	49%	<i>Continuity of health services on release</i>	19%
<i>Finding accommodation on release</i>	40%	<i>Opening a bank account</i>	25%

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

<i>Not sentenced</i>	39%
<i>Yes</i>	39%
<i>No</i>	22%



Prisoner Survey Responses HMP Wandsworth 2009

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

Key to tables

		HMP Wandsworth	Local prisons comparator
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		135	4033
SECTION 1: General Information			
2	Are you under 21 years of age?	1%	5%
3a	Are you sentenced?	62%	69%
3b	Are you on recall?	7%	9%
4a	Is your sentence less than 12 months?	5%	19%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	3%
5	Do you have six months or less to serve?	21%	36%
6	Have you been in this prison less than a month?	18%	25%
7	Are you a foreign national?	27%	14%
8	Is English your first language?	79%	89%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	44%	23%
10	Are you Muslim?	21%	11%
11	Are you homosexual/gay or bisexual?	6%	5%
12	Do you consider yourself to have a disability?	27%	18%
13	Is this your first time in prison?	42%	31%
14	Have you been in more than 5 prisons this time?	12%	7%
15	Do you have any children under the age of 18?	45%	54%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	60%	48%
1b	Was your personal safety during the journey good/very good?	65%	60%
1c	Was the comfort of the van good/very good?	20%	14%
1d	Was the attention paid to your health needs good/very good?	29%	30%
1e	Was the frequency of toilet breaks good/very good?	15%	12%
2	Did you spend more than four hours in the van?	5%	6%
3	Were you treated well/very well by the escort staff?	60%	66%
4a	Did you know where you were going when you left court or when transferred from another prison?	69%	72%
4b	Before you arrived here did you receive any written information about what would happen to you?	17%	14%
4c	When you first arrived here did your property arrive at the same time as you?	77%	81%

Key to tables

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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	12%	34%
1c	Housing problems?	27%	29%
1d	Problems contacting employers?	13%	14%
1e	Problems contacting family?	53%	40%
1f	Problems ensuring dependants were looked after?	12%	12%
1g	Money problems?	17%	24%
1h	Problems of feeling depressed/suicidal?	49%	41%
1i	Health problems?	60%	49%
1j	Problems in needing protection from other prisoners?	24%	23%
1k	Problems accessing phone numbers?	40%	33%
2	When you first arrived:		
2a	Did you have any problems?	77%	76%
2b	Did you have any problems with loss of property?	18%	11%
2c	Did you have any housing problems?	26%	23%
2d	Did you have any problems contacting employers?	6%	7%
2e	Did you have any problems contacting family?	38%	30%
2f	Did you have any problems ensuring dependants were being looked after?	12%	9%
2g	Did you have any money worries?	23%	26%
2h	Did you have any problems with feeling depressed or suicidal?	22%	23%
2i	Did you have any health problems?	27%	26%
2j	Did you have any problems with needing protection from other prisoners?	9%	10%
2k	Did you have problems accessing phone numbers?	34%	35%
3a	Were you seen by a member of health services in reception?	73%	85%
3b	When you were searched in reception, was this carried out in a respectful way?	74%	70%
4	Were you treated well/very well in reception?	56%	61%
5	On your day of arrival, were you offered any of the following information:		
5a	Information about what was going to happen to you?	34%	44%
5b	Information about what support was available for people feeling depressed or suicidal?	38%	45%
5c	Information about how to make routine requests?	34%	33%
5d	Information about your entitlement to visits?	36%	42%
5e	Information about health services?	34%	46%
5f	Information about the chaplaincy?	41%	52%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	82%	79%
6b	The opportunity to have a shower?	26%	35%
6c	The opportunity to make a free telephone call?	41%	53%
6d	Something to eat?	83%	80%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	57%	48%
7b	Someone from health services?	63%	68%
7c	A listener/Samaritans?	19%	29%
8	Did you have access to the prison shop/canteen within the first 24 hours?	18%	24%
9	Did you feel safe on your first night here?	68%	73%
10	Have you been on an induction course?	75%	74%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	55%	57%
SECTION 4: Legal Rights and Respectful Custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	42%	43%
1b	Attend legal visits?	48%	59%
1c	Obtain bail information?	25%	28%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	42%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	60%	51%
3b	Are you normally able to have a shower every day?	79%	83%
3c	Do you normally receive clean sheets every week?	88%	81%
3d	Do you normally get cell cleaning materials every week?	54%	64%
3e	Is your cell call bell normally answered within five minutes?	43%	39%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	70%	62%
3g	Can you normally get your stored property, if you need to?	33%	30%
4	Is the food in this prison good/very good?	41%	25%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	43%
6a	Is it easy/very easy to get a complaints form?	83%	80%
6b	Is it easy/very easy to get an application form?	81%	84%
7	Have you made an application?	86%	80%

Key to tables

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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	63%	53%
8b	Do you feel applications are dealt with promptly? (within 7 days)	51%	50%
9	Have you made a complaint?	45%	47%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	37%	34%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	33%	37%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	14%	26%
10c	Were you given information about how to make an appeal?	26%	27%
12	Is it easy/very easy to see the Independent Monitoring Board?	28%	32%
13a	Do you feel your religious beliefs are respected?	54%	52%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	53%	54%
14	Are you able to speak to a Listener at any time, if you want to?	57%	62%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	67%
15b	Do most staff, in this prison, treat you with respect?	68%	69%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	34%	39%
2	Do you feel unsafe in this prison at the moment?	12%	22%
4	Have you been victimised by another prisoner?	15%	23%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	5%	12%
5b	Hit, kicked or assaulted you?	5%	8%
5c	Sexually abused you?	2%	1%
5d	Victimised you because of your race or ethnic origin?	4%	4%
5e	Victimised you because of drugs?	4%	3%
5f	Taken your canteen/property?	3%	4%
5g	Victimised you because you were new here?	4%	5%
5h	Victimised you because of your sexuality?	2%	1%
5i	Victimised you because you have a disability?	2%	2%
5j	Victimised you because of your religion/religious beliefs?	4%	3%
5k	Victimised you because you were from a different part of the country?	2%	5%
5l	Victimised you because of your offence/crime?	3%	17%

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SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	27%	26%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	9%	13%
7b	Hit, kicked or assaulted you?	3%	4%
7c	Sexually abused you?	1%	2%
7d	Victimised you because of your race or ethnic origin?	9%	4%
7e	Victimised you because of drugs?	2%	5%
7f	Victimised you because you were new here?	7%	5%
7g	Victimised you because of your sexuality?	2%	1%
7h	Victimised you because you have a disability?	0%	3%
7i	Victimised you because of your religion/religious beliefs?	7%	3%
7j	Victimised you because you were from a different part of the country?	2%	7%
7k	Victimised you because of your offence/crime?	8%	15%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	31%	38%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	22%	25%
10	Have you ever felt threatened or intimidated by a member of staff in here?	22%	24%
11	Is it easy/very easy to get illegal drugs in this prison?	19%	32%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	25%	30%
1b	Is it easy/very easy to see the nurse?	52%	41%
1c	Is it easy/very easy to see the dentist?	8%	10%
1d	Is it easy/very easy to see the optician?	8%	13%
2	Are you able to see a pharmacist?	50%	46%
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?	49%	47%
3b	The nurse?	76%	59%
3c	The dentist?	44%	34%
3d	The optician?	43%	36%
4	The overall quality of health services?	49%	44%

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Healthcare continued			
5	Are you currently taking medication?	46%	46%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	68%	59%
7	Do you feel you have any emotional well being/mental health issues?	30%	41%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	44%	61%
8b	A doctor?	24%	57%
8c	A nurse?	9%	46%
8d	A psychiatrist?	18%	29%
8e	The Mental Health In-Reach Team?	15%	54%
8f	A counsellor?	24%	26%
9a	Did you have a drug problem when you came into this prison?	30%	27%
9b	Did you have an alcohol problem when you came into this prison?	25%	22%
10a	Have you developed a drug problem since you have been in this prison?	6%	10%
10b	Have you developed an alcohol problem since you have been in this prison?	3%	22%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	91%	82%
12	Have you received any help or intervention whilst in this prison?	82%	68%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	89%	84%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	23%	32%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	23%	30%
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?	78%	60%
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	51%	57%
1b	Vocational or skills training?	18%	33%
1c	Education (including basic skills)?	22%	47%
1d	Offending Behaviour Programmes?	15%	31%

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Purposeful Activity continued			
2ai	Have you had a job whilst in prison?	73%	65%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	48%	41%
2bi	Have you been involved in vocational or skills training whilst in prison?	67%	56%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	61%	51%
2ci	Have you been involved in education whilst in prison?	67%	67%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	68%	55%
2di	Have you been involved in offending behaviour programmes whilst in prison?	64%	54%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	65%	49%
3	Do you go to the library at least once a week?	47%	33%
4	On average, do you go to the gym at least twice a week?	17%	41%
5	On average, do you go outside for exercise three or more times a week?	49%	38%
6	On average, do you spend ten or more hours out of your cell on a weekday?	9%	9%
7	On average, do you go on association more than five times each week?	25%	49%
8	Do staff normally speak to you most of the time/all of the time during association?	17%	17%
SECTION 8: Resettlement			
1	Do you have a personal officer?	52%	40%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	64%	67%
For those who are sentenced:			
3	Do you have a sentence plan?	43%	40%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	49%	66%
5	Can you achieve some/all of your sentence plan targets in this prison?	63%	67%
6	Are there plans for you to achieve some/all your targets in another prison?	37%	58%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	34%	32%
8	Do you feel that any member of staff has helped you to prepare for release?	17%	16%
9	Have you had any problems with sending or receiving mail?	36%	42%
10	Have you had any problems getting access to the telephones?	40%	30%
11	Did you have a visit in the first week that you were here?	35%	38%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	64%	65%

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Resettlement continued			
13	Did you receive one or more visits in the last week?	44%	37%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	50%	43%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	18%	16%
15c	Avoiding bad relationships?	10%	11%
15d	Finding a job on release?	29%	39%
15e	Finding accommodation on release?	35%	42%
15f	With money/finances on release?	20%	29%
15g	Claiming benefits on release?	35%	44%
15h	Arranging a place at college/continuing education on release?	16%	29%
15i	Accessing health services on release?	22%	35%
15j	Opening a bank account on release?	19%	28%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	9%	17%
16c	Avoiding bad relationships?	9%	16%
16d	Finding a job?	49%	56%
16e	Finding accommodation?	40%	49%
16f	Money/finances?	28%	55%
16g	Claiming benefits?	32%	39%
16h	Arranging a place at college/continuing education?	20%	35%
16i	Accessing health services?	19%	25%
16j	Opening a bank account?	25%	42%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	65%	48%



Prisoner Survey Responses HMP Wandsworth 2009

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

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Number of completed questionnaires returned		135	4033
SECTION 1: General Information			
2	Are you under 21 years of age?	1%	5%
3a	Are you sentenced?	62%	69%
3b	Are you on recall?	7%	9%
4a	Is your sentence less than 12 months?	5%	19%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	3%
5	Do you have six months or less to serve?	21%	36%
6	Have you been in this prison less than a month?	18%	25%
7	Are you a foreign national?	27%	14%
8	Is English your first language?	79%	89%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	44%	23%
10	Are you Muslim?	21%	11%
11	Are you homosexual/gay or bisexual?	6%	5%
12	Do you consider yourself to have a disability?	27%	18%
13	Is this your first time in prison?	42%	31%
14	Have you been in more than 5 prisons this time?	12%	7%
15	Do you have any children under the age of 18?	45%	54%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	60%	48%
1b	Was your personal safety during the journey good/very good?	65%	60%
1c	Was the comfort of the van good/very good?	20%	14%
1d	Was the attention paid to your health needs good/very good?	29%	30%
1e	Was the frequency of toilet breaks good/very good?	15%	12%
2	Did you spend more than four hours in the van?	5%	6%
3	Were you treated well/very well by the escort staff?	60%	66%
4a	Did you know where you were going when you left court or when transferred from another prison?	69%	72%
4b	Before you arrived here did you receive any written information about what would happen to you?	17%	14%
4c	When you first arrived here did your property arrive at the same time as you?	77%	81%

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SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	12%	34%
1c	Housing problems?	27%	29%
1d	Problems contacting employers?	13%	14%
1e	Problems contacting family?	53%	40%
1f	Problems ensuring dependants were looked after?	12%	12%
1g	Money problems?	17%	24%
1h	Problems of feeling depressed/suicidal?	49%	41%
1i	Health problems?	60%	49%
1j	Problems in needing protection from other prisoners?	24%	23%
1k	Problems accessing phone numbers?	40%	33%
2	When you first arrived:		
2a	Did you have any problems?	77%	76%
2b	Did you have any problems with loss of property?	18%	11%
2c	Did you have any housing problems?	26%	23%
2d	Did you have any problems contacting employers?	6%	7%
2e	Did you have any problems contacting family?	38%	30%
2f	Did you have any problems ensuring dependants were being looked after?	12%	9%
2g	Did you have any money worries?	23%	26%
2h	Did you have any problems with feeling depressed or suicidal?	22%	23%
2i	Did you have any health problems?	27%	26%
2j	Did you have any problems with needing protection from other prisoners?	9%	10%
2k	Did you have problems accessing phone numbers?	34%	35%
3a	Were you seen by a member of health services in reception?	73%	85%
3b	When you were searched in reception, was this carried out in a respectful way?	74%	70%
4	Were you treated well/very well in reception?	56%	61%
5	On your day of arrival, were you offered any of the following information:		
5a	Information about what was going to happen to you?	34%	44%
5b	Information about what support was available for people feeling depressed or suicidal?	38%	45%
5c	Information about how to make routine requests?	34%	33%
5d	Information about your entitlement to visits?	36%	42%
5e	Information about health services?	34%	46%
5f	Information about the chaplaincy?	41%	52%

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		HMP Wandsworth	Local prisons comparator
SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	82%	79%
6b	The opportunity to have a shower?	26%	35%
6c	The opportunity to make a free telephone call?	41%	53%
6d	Something to eat?	83%	80%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	57%	48%
7b	Someone from health services?	63%	68%
7c	A listener/Samaritans?	19%	29%
8	Did you have access to the prison shop/canteen within the first 24 hours?	18%	24%
9	Did you feel safe on your first night here?	68%	73%
10	Have you been on an induction course?	75%	74%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	55%	57%
SECTION 4: Legal Rights and Respectful Custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	42%	43%
1b	Attend legal visits?	48%	59%
1c	Obtain bail information?	25%	28%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	42%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	60%	51%
3b	Are you normally able to have a shower every day?	79%	83%
3c	Do you normally receive clean sheets every week?	88%	81%
3d	Do you normally get cell cleaning materials every week?	54%	64%
3e	Is your cell call bell normally answered within five minutes?	43%	39%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	70%	62%
3g	Can you normally get your stored property, if you need to?	33%	30%
4	Is the food in this prison good/very good?	41%	25%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	43%
6a	Is it easy/very easy to get a complaints form?	83%	80%
6b	Is it easy/very easy to get an application form?	81%	84%
7	Have you made an application?	86%	80%

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SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	63%	53%
8b	Do you feel applications are dealt with promptly? (within 7 days)	51%	50%
9	Have you made a complaint?	45%	47%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	37%	34%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	33%	37%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	14%	26%
10c	Were you given information about how to make an appeal?	26%	27%
12	Is it easy/very easy to see the Independent Monitoring Board?	28%	32%
13a	Do you feel your religious beliefs are respected?	54%	52%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	53%	54%
14	Are you able to speak to a Listener at any time, if you want to?	57%	62%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	67%
15b	Do most staff, in this prison, treat you with respect?	68%	69%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	34%	39%
2	Do you feel unsafe in this prison at the moment?	12%	22%
4	Have you been victimised by another prisoner?	15%	23%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	5%	12%
5b	Hit, kicked or assaulted you?	5%	8%
5c	Sexually abused you?	2%	1%
5d	Victimised you because of your race or ethnic origin?	4%	4%
5e	Victimised you because of drugs?	4%	3%
5f	Taken your canteen/property?	3%	4%
5g	Victimised you because you were new here?	4%	5%
5h	Victimised you because of your sexuality?	2%	1%
5i	Victimised you because you have a disability?	2%	2%
5j	Victimised you because of your religion/religious beliefs?	4%	3%
5k	Victimised you because you were from a different part of the country?	2%	5%
5l	Victimised you because of your offence/crime?	3%	17%

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SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	27%	26%
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7a	Made insulting remarks made about you, your family or friends?	9%	13%
7b	Hit, kicked or assaulted you?	3%	4%
7c	Sexually abused you?	1%	2%
7d	Victimised you because of your race or ethnic origin?	9%	4%
7e	Victimised you because of drugs?	2%	5%
7f	Victimised you because you were new here?	7%	5%
7g	Victimised you because of your sexuality?	2%	1%
7h	Victimised you because you have a disability?	0%	3%
7i	Victimised you because of your religion/religious beliefs?	7%	3%
7j	Victimised you because you were from a different part of the country?	2%	7%
7k	Victimised you because of your offence/crime?	8%	15%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	31%	38%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	22%	25%
10	Have you ever felt threatened or intimidated by a member of staff in here?	22%	24%
11	Is it easy/very easy to get illegal drugs in this prison?	19%	32%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	25%	30%
1b	Is it easy/very easy to see the nurse?	52%	41%
1c	Is it easy/very easy to see the dentist?	8%	10%
1d	Is it easy/very easy to see the optician?	8%	13%
2	Are you able to see a pharmacist?	50%	46%
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?	49%	47%
3b	The nurse?	76%	59%
3c	The dentist?	44%	34%
3d	The optician?	43%	36%
4	The overall quality of health services?	49%	44%

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Healthcare continued			
5	Are you currently taking medication?	46%	46%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	68%	59%
7	Do you feel you have any emotional well being/mental health issues?	30%	41%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	44%	61%
8b	A doctor?	24%	57%
8c	A nurse?	9%	46%
8d	A psychiatrist?	18%	29%
8e	The Mental Health In-Reach Team?	15%	54%
8f	A counsellor?	24%	26%
9a	Did you have a drug problem when you came into this prison?	30%	27%
9b	Did you have an alcohol problem when you came into this prison?	25%	22%
10a	Have you developed a drug problem since you have been in this prison?	6%	10%
10b	Have you developed an alcohol problem since you have been in this prison?	3%	22%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	91%	82%
12	Have you received any help or intervention whilst in this prison?	82%	68%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	89%	84%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	23%	32%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	23%	30%
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?	78%	60%
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	51%	57%
1b	Vocational or skills training?	18%	33%
1c	Education (including basic skills)?	22%	47%
1d	Offending Behaviour Programmes?	15%	31%

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Purposeful Activity continued			
2ai	Have you had a job whilst in prison?	73%	65%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	48%	41%
2bi	Have you been involved in vocational or skills training whilst in prison?	67%	56%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	61%	51%
2ci	Have you been involved in education whilst in prison?	67%	67%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	68%	55%
2di	Have you been involved in offending behaviour programmes whilst in prison?	64%	54%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	65%	49%
3	Do you go to the library at least once a week?	47%	33%
4	On average, do you go to the gym at least twice a week?	17%	41%
5	On average, do you go outside for exercise three or more times a week?	49%	38%
6	On average, do you spend ten or more hours out of your cell on a weekday?	9%	9%
7	On average, do you go on association more than five times each week?	25%	49%
8	Do staff normally speak to you most of the time/all of the time during association?	17%	17%
SECTION 8: Resettlement			
1	Do you have a personal officer?	52%	40%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	64%	67%
For those who are sentenced:			
3	Do you have a sentence plan?	43%	40%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	49%	66%
5	Can you achieve some/all of your sentence plan targets in this prison?	63%	67%
6	Are there plans for you to achieve some/all your targets in another prison?	37%	58%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	34%	32%
8	Do you feel that any member of staff has helped you to prepare for release?	17%	16%
9	Have you had any problems with sending or receiving mail?	36%	42%
10	Have you had any problems getting access to the telephones?	40%	30%
11	Did you have a visit in the first week that you were here?	35%	38%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	64%	65%

Key to tables

	Any percent highlighted in green is significantly better	HMP Wandsworth	Local prisons comparator
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Resettlement continued			
13	Did you receive one or more visits in the last week?	44%	37%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	50%	43%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	18%	16%
15c	Avoiding bad relationships?	10%	11%
15d	Finding a job on release?	29%	39%
15e	Finding accommodation on release?	35%	42%
15f	With money/finances on release?	20%	29%
15g	Claiming benefits on release?	35%	44%
15h	Arranging a place at college/continuing education on release?	16%	29%
15i	Accessing health services on release?	22%	35%
15j	Opening a bank account on release?	19%	28%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	9%	17%
16c	Avoiding bad relationships?	9%	16%
16d	Finding a job?	49%	56%
16e	Finding accommodation?	40%	49%
16f	Money/finances?	28%	55%
16g	Claiming benefits?	32%	39%
16h	Arranging a place at college/continuing education?	20%	35%
16i	Accessing health services?	19%	25%
16j	Opening a bank account?	25%	42%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	65%	48%



Key questions (Disability Analysis) HMP Wandsworth 2009

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

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		36	98
1.3	Are you sentenced?	72%	58%
1.7	Are you a foreign national?	11%	33%
1.8	Is English your first language?	92%	74%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.	33%	47%
1.10	Are you Muslim?	20%	21%
1.12	Do you consider yourself to have a disability?	-	-
1.13	Is this your first time in prison?	29%	47%
2.1d	Was the attention paid to your health needs good/very good?	34%	27%
2.3	Were you treated well/very well by the escort staff?	56%	63%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	61%	73%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	43%	57%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	54%	47%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	69%	56%
3.2a	Did you have any problems when you first arrived?	79%	77%
3.3a	Were you seen by a member of healthcare staff in reception?	70%	75%
3.3b	When you were searched in reception, was this carried out in a respectful way?	78%	74%
3.4	Were you treated well/very well in reception?	57%	56%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	59%	64%
3.9	Did you feel safe on your first night here?	63%	71%
3.10	Have you been on an induction course?	72%	76%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	37%	44%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	68%	56%
4.3b	Are you normally able to have a shower every day?	68%	83%
4.3e	Is your cell call bell normally answered within five minutes?	31%	48%
4.4	Is the food in this prison good/very good?	28%	46%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	47%	57%
4.6a	Is it easy/very easy to get a complaints form?	75%	86%
4.6b	Is it easy/very easy to get an application form?	76%	83%
4.9	Have you made a complaint?	50%	43%
4.13a	Do you feel your religious beliefs are respected?	67%	50%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	72%	45%
4.14	Are you able to speak to a Listener at any time, if you want to?	72%	53%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	75%
4.15b	Do most staff, in this prison, treat you with respect?	63%	70%
5.1	Have you ever felt unsafe in this prison?	41%	31%
5.2	Do you feel unsafe in this prison at the moment?	18%	9%
5.4	Have you been victimised by another prisoner?	26%	12%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	3%
5.5i	Victimised you because you have a disability?	6%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	4%
5.6	Have you been victimised by a member of staff?	34%	25%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	14%	7%
5.7h	Victimised you because you have a disability?	0%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	11%	5%

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	28%	19%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	32%	19%
5.11	Is it easy/very easy to get illegal drugs in this prison?	21%	18%
6.1a	Is it easy/very easy to see the doctor?	26%	24%
6.1b	Is it easy/ very easy to see the nurse?	50%	53%
6.2	Are you able to see a pharmacist?	43%	54%
6.5	Are you currently taking medication?	85%	31%
6.7	Do you feel you have any emotional well being/mental health issues?	50%	22%
7.1a	Are you currently working in the prison?	50%	51%
7.1b	Are you currently undertaking vocational or skills training?	16%	19%
7.1c	Are you currently in education (including basic skills)?	31%	19%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	12%	15%
7.3	Do you go to the library at least once a week?	43%	49%
7.4	On average, do you go to the gym at least twice a week?	12%	19%
7.5	On average, do you go outside for exercise three or more times a week?	41%	52%
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)	3%	11%
7.7	On average, do you go on association more than five times each week?	12%	31%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	15%	17%
8.1	Do you have a personal officer?	50%	53%
8.9	Have you had any problems sending or receiving mail?	41%	35%
8.10	Have you had any problems getting access to the telephones?	41%	40%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	68%	63%



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

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

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		58	74	35	97	28	104
1.3	Are you sentenced?	52%	73%	49%	67%	47%	67%
1.7	Are you a foreign national?	30%	23%			25%	27%
1.8	Is English your first language?	77%	82%	34%	95%	67%	82%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.			50%	42%	89%	31%
1.10	Are you Muslim?	43%	4%	20%	22%		
1.12	Do you consider yourself to have a disability?	21%	32%	11%	33%	26%	28%
1.13	Is this your first time in prison?	34%	47%	53%	39%	23%	46%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	26%	30%	21%	32%	12%	32%
2.3	Were you treated well/very well by the escort staff?	62%	59%	52%	64%	48%	63%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	75%	66%	65%	72%	67%	71%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	52%	54%	59%	50%	46%	54%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	37%	57%	56%	46%	27%	55%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	50%	67%	59%	60%	42%	65%
3.2a	Did you have any problems when you first arrived?	87%	70%	85%	74%	88%	74%
3.3a	Were you seen by a member of healthcare staff in reception?	77%	71%	79%	71%	59%	76%
3.3b	When you were searched in reception, was this carried out in a respectful way?	58%	86%	69%	76%	40%	85%
3.4	Were you treated well/very well in reception?	52%	58%	56%	55%	26%	64%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	67%	59%	62%	62%	52%	65%
3.9	Did you feel safe on your first night here?	54%	78%	66%	70%	50%	74%
3.10	Have you been on an induction course?	78%	72%	82%	73%	81%	74%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	44%	43%	35%	45%	40%	43%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	47%	71%	68%	57%	26%	69%
4.3b	Are you normally able to have a shower every day?	80%	78%	81%	78%	82%	79%
4.3e	Is your cell call bell normally answered within five minutes?	33%	49%	61%	36%	22%	49%
4.4	Is the food in this prison good/very good?	30%	48%	49%	37%	19%	47%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	44%	62%	58%	54%	33%	61%
4.6a	Is it easy/very easy to get a complaints form?	88%	80%	81%	83%	85%	82%
4.6b	Is it easy/very easy to get an application form?	79%	84%	79%	82%	70%	84%
4.9	Have you made a complaint?	47%	46%	40%	46%	50%	43%
4.13a	Do you feel your religious beliefs are respected?	55%	54%	49%	57%	36%	60%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	62%	46%	50%	54%	61%	51%
4.14	Are you able to speak to a Listener at any time, if you want to?	54%	63%	43%	65%	46%	61%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	68%	76%	79%	71%	48%	80%
4.15b	Do most staff, in this prison, treat you with respect?	58%	75%	78%	65%	31%	78%
5.1	Have you ever felt unsafe in this prison?	43%	28%	32%	34%	54%	28%
5.2	Do you feel unsafe in this prison at the moment?	22%	4%	6%	13%	29%	7%
5.4	Have you been victimised by another prisoner?	13%	18%	12%	16%	4%	17%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	4%	0%	5%	0%	4%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	3%	0%	2%	0%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	1%	3%	4%	4%	3%
5.6	Have you been victimised by a member of staff?	37%	20%	17%	31%	46%	21%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	8%	3%	12%	11%	8%
5.7h	Have you been victimised because you have a disability? (By staff)	0%	0%	0%	0%	0%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	14%	1%	6%	7%	23%	2%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	14%	26%	18%	23%	29%	19%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	34%	15%	21%	22%	44%	16%
5.11	Is it easy/very easy to get illegal drugs in this prison?	19%	19%	11%	20%	19%	18%
6.1a	Is it easy/very easy to see the doctor?	23%	27%	30%	22%	8%	30%
6.1b	Is it easy/ very easy to see the nurse?	54%	54%	68%	48%	48%	55%
6.2	Are you able to see a pharmacist?	48%	53%	70%	46%	41%	53%
6.5	Are you currently taking medication?	38%	53%	34%	50%	38%	48%
6.7	Do you feel you have any emotional well being/mental health issues?	28%	31%	19%	33%	32%	29%
7.1a	Are you currently working in the prison?	50%	54%	38%	56%	50%	52%
7.1b	Are you currently undertaking vocational or skills training?	23%	16%	19%	19%	25%	17%
7.1c	Are you currently in education (including basic skills)?	17%	27%	25%	22%	0%	28%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	14%	17%	12%	15%	12%	15%
7.3	Do you go to the library at least once a week?	31%	58%	49%	46%	32%	51%
7.4	On average, do you go to the gym at least twice a week?	21%	16%	15%	19%	21%	17%
7.5	On average, do you go outside for exercise three or more times a week?	46%	51%	50%	50%	56%	48%
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)	6%	11%	6%	10%	4%	10%
7.7	On average, do you go on association more than five times each week?	21%	26%	30%	22%	28%	24%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	22%	15%	14%	19%	12%	19%
8.1	Do you have a personal officer?	50%	56%	50%	54%	46%	55%
8.9	Have you had any problems sending or receiving mail?	39%	36%	16%	43%	46%	34%
8.10	Have you had any problems getting access to the telephones?	41%	38%	36%	40%	46%	37%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	59%	70%	52%	70%	46%	70%