

Report on an unannounced full follow-up
inspection of

HMP Wellingborough

14–18 June 2010

by HM Chief Inspector of Prisons

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Printed and published by:
Her Majesty's Inspectorate of Prisons
1st Floor, Ashley House
Monck Street
London SW1P 2BQ
England

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Introduction

The full unannounced follow-up inspection of HMP Wellingborough took place from 14 to 18 June this year during the tenure of my predecessor, Dame Anne Owers, and before I formally took up my appointment. I attended the inspection as an observer.

HMP Wellingborough is a Category C male training prison. At the time of the inspection, Wellingborough was operating just under its full operational capacity of 548 prisoners. The prison is currently run by the Prison Service but a tendering exercise is in progress.

At the last inspection in 2008, inspectors expressed significant concerns. The prison was assessed as performing reasonably well against the healthy prison test of safety but it was not performing sufficiently well against the test of respect and performing poorly against the tests of purposeful activity and resettlement. In this inspection, inspectors found there had been some overall improvement – but too little and too late.

Prisoners generally felt safer than at the time of our last inspection and this is to be welcomed. The care for those at risk of self-harm and suicide was reasonable and the use of segregation and force had reduced. However, there remained significant areas where the safety of prisoners was compromised. The induction programme had recently been hurriedly relocated and at the time of the inspection, induction arrangements were chaotic: staff had little ownership of the process, and first night cells were in a poor state of cleanliness and repair.

Drugs were a problem at the prison. In our survey, 43% of prisoners said drugs were easy to get hold of compared with 34% in similar prisons. Drug testing was too predictable and often not carried out with the required frequency. Unsurprisingly, positive drug testing results were relatively high. Drug treatment staff struggled to keep up with their workload. Facilities for the administration of methadone were inadequate and unsafe.

The lack of good order when methadone was being dispensed was also reflected at other times prisoners congregated. One prisoner told us:

'You feel less safe in your cell during association – if someone wants to hurt you it's easy to do in your cell. During movements it's easier to assault someone – officers never see it, nobody gets nicked and nobody asks questions. It looks like the officers have given up.'

These comments reflected the survey results as a whole. We also saw pushing and shoving at mealtimes and a failure to intervene or challenge by staff.

Staff were generally respectful towards prisoners but this was not always reciprocated. Inspectors saw verbal abuse and racist language directed against both staff and prisoners go unchallenged. There was insufficient engagement with prisoners and managers were not visible. Standards were low in other areas too – food waste and spillages were not cleared overnight and the kitchen was left dirty, clothes were lost or returned wet from the laundry, fire equipment was not unlocked and checked overnight. Despite these concerns, there was also evidence of some good and effective relationships. The personal officer scheme was well understood, race equality was well managed, chaplaincy support was good but overstretched. Reasonable health care was provided despite overcrowded and shabby facilities and waiting times that were too long.

Wellingborough was a designated training prison so the provision of purposeful activity should have been a priority. The quantity of activity had increased since the last inspection. The

quality of provision in education, PE and the library was good. However, much of the work on offer was mundane and repetitive. Too many prisoners were employed as wing cleaners and painters. Participants in one workshop we observed appeared to have little to do and sat about or played cards.

Wellingborough is a prison with a diverse population and resettlement activity fell down because it did not adequately address those diverse needs. Some prisoners and some issues were well covered. Offender management operated effectively for half the population. Provision for families, accommodation and alcohol-dependency was good. Too many prisoners were unsupported in progression through their sentence because so many of them were not covered by offender management arrangements. Support for prisoners to obtain work or training on release was inadequate.

We were told at Wellingborough that the timing of the inspection was bad – there were a number of improvements in the pipeline and had we come a few weeks later we would have seen evidence of this. We have reported what we found. The prison had had two years to make improvements since our last inspection. There had been insufficient grip on what was required to improve the prison and deliver acceptable outcomes for prisoners and the wider public. No doubt the current tendering exercise is a big challenge for the prison but, whatever the result, I hope it provides the impetus for change the prison obviously needs.

Nick Hardwick
HM Chief Inspector of Prisons

October 2010

Fact page

Task of the establishment

HMP Wellingborough is a category C training prison for adult male sentenced prisoners.

Region

East Midlands

Number held

542

Certified normal accommodation

638

Operational capacity

548 (currently reduced by 98 from 646)

Last full inspection

4–8 August 2008

Brief history

Wellingborough was opened as a borstal in 1963 and held young offenders until 1990, when it assumed its current role.

Short description of residential units

There are nine residential wings, of varying styles and ages. A–D wings are the original 1960s build; E wing, which is currently closed for fire protection work, was built in 1970; F and G wings opened in 2000 and H and I wings opened in 2006. G wing is the voluntary drug testing unit; all the other wings carry out a generic residential function.

Healthy prison summary

Introduction

- HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:
- | | |
|----------------------------|---|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- **outcomes for prisoners are good against this healthy prison test.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
 - **outcomes for prisoners are reasonably good against this healthy prison test.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
 - **outcomes for prisoners are not sufficiently good against this healthy prison test.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
 - **outcomes for prisoners are poor against this healthy prison test.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.
- HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner

focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

- HP4 At the last inspection in 2008 we found that Wellingborough was performing reasonably well against the healthy prison test of safety. We made 42 recommendations, of which 10 had been achieved, six had been partially achieved, 25 were not achieved and one was no longer relevant. We have made 51 further recommendations.
- HP5 In 2008 we found that Wellingborough was not performing sufficiently well against the healthy prison test of respect. We made 96 recommendations, of which 38 had been achieved, 24 had been partially achieved, 30 were not achieved and four were no longer relevant. We have made 77 further recommendations.
- HP6 In 2008 we found that Wellingborough was performing poorly against the healthy prison test of purposeful activity. We made 21 recommendations, of which six had been achieved, 13 had been partially achieved, one was not achieved and one was no longer relevant. We have made 11 further recommendations.
- HP7 In 2008 we found that Wellingborough was performing poorly against the healthy prison test of resettlement. We made 37 recommendations, of which 20 had been achieved, four had been partially achieved, 12 were not achieved and one was no longer relevant. We have made 23 further recommendations.

Safety

- HP8 Prisoners waited too long in reception before moving to an unsuitable first night environment. The induction process was chaotic. While more prisoners felt safe than at the previous inspection, there were identified areas where poor supervision left some prisoners feeling vulnerable. The care for those at risk of self-harm and suicide was reasonable. Use of segregation and force had continued to reduce. There were staffing challenges around the developing integrated drug treatment system, and drug use appeared to be relatively high. On the basis of this full follow-up inspection, we considered that the outcomes for prisoners were reasonably good against this healthy prison test.
- HP9 Most prisoners had relatively short journeys to the prison. Despite having been strip-searched before their journey, all prisoners were stripped again on arrival. Staff in reception were courteous and respectful. Cell sharing risk assessments were not completed in private. Procedures were inefficient and resulted in waits in reception of over three and a half hours. Prisoners did not always receive their property until the following day.
- HP10 First night and induction arrangements were in transition with the closure of E wing. Cells were not prepared for new arrivals. Dedicated induction unit staff were generally sensitive to the needs of newly arrived prisoners but not always allocated to the temporary first night unit on A wing. An Insider was available. Prisoners had a one-to-one interview but could only shower if they arrived before lock-up and make a telephone call on arrival on the wing if they had PIN telephone credit. A wing was

unsuitable as a first night unit. Some prisoners could not be located there and were consequently more isolated.

- HP11 Induction arrangements were chaotic, with no designated area from which to run the programme and little evidence of ownership by A wing staff. Induction did not start on the next working day following reception for all prisoners and the programme included long periods of inactivity. Induction paperwork was incomplete and staff did not ensure that prisoners attended.
- HP12 Violence reduction, anti-bullying and self-harm and suicide prevention were combined effectively under one multidisciplinary safer custody committee. Significantly fewer prisoners than at the previous inspection said that they felt unsafe. A prison survey, completed in January 2010, was consistent with our findings about prisoners' safety concerns but this had not yet been reflected in the strategy and only 25% of frontline staff were trained in violence reduction. The level of reported incidents had reduced, as had the number of assaults on prisoners. An appropriate level of investigation was carried out by wing senior officers, with bullying and threats forming the highest percentage of incidents.
- HP13 Levels of self-harm and use of assessment, care in custody and teamwork (ACCT) procedures were similar to those at the previous inspection. Daily entries in ACCT documents were appropriate and demonstrated engagement with the prisoner but night entries were often repetitive and predictable. ACCT reviews were mostly conducted on time but were not always multidisciplinary. Listeners' cells were inappropriately used as care suites. Initial action had been taken against the draft Prisons and Probation Ombudsman report on the death in custody that had occurred since the previous inspection but there was no ongoing monitoring of progress at the safer custody meeting.
- HP14 The security committee and weekly tasking meetings were effective in identifying and targeting prisoners engaged in illicit activities. There were weaknesses in completing targeted actions arising from security information reports, and links with external partners to support security measures were underdeveloped. Closed visits were not overused but always lasted for three months and were sometimes imposed for non-visits-related activity.
- HP15 The segregation unit was clean and prisoners did not spend excessive time there. There was formal care planning for prisoners who were resident in the unit for more than 30 days. Staff demonstrated high levels of care and knowledge of individual prisoners but this was not reflected in individual history sheets. The regime was limited and few prisoners had accessed religious services and offending behaviour programmes.
- HP16 Adjudication procedures were sound and prisoners were able to participate fully in hearings. Quarterly adjudication meetings took place, at which adjudication statistics were analysed and the quality of documentation checked.
- HP17 Use of force was lower than at the time of the previous inspection and comparable with that at other category C prisons. There were good governance arrangements and evidence that lessons had been learned from incidents. Documentation was completed in detail and gave a full account of events but planned use of force was not routinely video-recorded. Use of the special accommodation had increased since the

previous inspection and had been inappropriately used as segregation accommodation and for a constant watch.

- HP18 Facilities for the administration of methadone were inadequate and unsafe. Inappropriate behaviour among waiting prisoners went largely unchallenged. The clinical and psychosocial teams were stretched but the team was well thought of by prisoners, and the integration of clinical and psychosocial services was good. Positive random mandatory drug testing rates were high. Approximately 30% of suspicion test requests fell outside the required timescale. More prisoners than at comparator prisons said that it was easy to obtain illegal drugs.

Respect

HP19 The state of the external environment had improved but communal areas on residential units remained dirty. Cells were mostly clean and well painted. The central laundry arrangements were poor. Boundaries between staff and prisoners were not confidently enforced and the good incentives and earned privileges scheme was not consistently applied. The personal officer scheme was well understood but basic. Race equality was well managed but wider diversity provision underdeveloped. There were some gaps in services for foreign national prisoners. Chaplaincy support was good but stretched. Food hygiene and supervision of meals was poor. Primary health services had improved. On the basis of this full follow-up inspection, we considered that outcomes for prisoners were not sufficiently good against this healthy prison test.

- HP20 Progress had been made in improving the cleanliness of outside areas. Main communal routes were relatively clean and tidy but residential communal areas remained unkempt and dirty. Prisoners' cells were mostly clean, relatively free of graffiti and well decorated. Access to showers was good but their state of decoration poor. Prisoners had no confidence in the central laundry facility.
- HP21 Staff and prisoners were familiar with the comprehensive incentives and earned privileges (IEP) scheme. Personal officers did not always complete monthly reviews of IEP status and the scheme was not always applied consistently. Prisoners on the basic regime were set meaningful improvement targets and given incremental incentives to improve their behaviour.
- HP22 While staff were generally respectful towards prisoners, this was not always reciprocated. Prisoners often disregarded rules and were rarely challenged by staff. Boundaries between staff and prisoners were not maintained consistently, and prisoners lacked confidence in staff. There was generally little interaction between staff and prisoners on association.
- HP23 The role of the personal officer was well understood by staff and prisoners. Relationships varied but wing file entries showed a high engagement with family and personal issues. The move to P-Nomis had resulted in a three-month gap in recording significant issues.
- HP24 The basic menu did not adequately reflect the diversity of the population, although efforts were made to provide cultural meals and events. Prisoners complained about portion size and there was poor supervision at mealtimes on some of the older wings.

The kitchen and serveries were left dirty overnight and few of those working on the wing serveries held a basic food hygiene qualification.

- HP25 The diversity and race equality policy was not comprehensive. Strategic oversight of diversity other than race equality and foreign nationals was poor. There was no clear support system following identification of disability and no care planning. The disability liaison officer had insufficient time to undertake his role and did not systematically see those with disabilities, and these prisoners reported negatively on levels of safety.
- HP26 Consultation mechanisms were limited to monthly prisoner representative meetings but these representatives also played an active role at the diversity and race equality action team (DREAT) meetings. There was little evidence of racism and prisoners knew how to report such incidents. Racist incident report forms were mostly well investigated. There was no support offered to prisoners from Gypsy, Romany or Traveller backgrounds or ethnic monitoring in key areas for them.
- HP27 An adequate policy covered the main issues for foreign national prisoners, although this was available only in English. The foreign nationals coordinator had links with the UK Border Agency, which held monthly surgeries at the prison. More foreign national than British national prisoners reported feeling unsafe. Many had legitimate concerns about their lack of progression to category D establishments because of their involvement with the immigration services. There was insufficient use of professional interpreting services for the small number who did not speak English.
- HP28 The understaffed chaplaincy team ensured that all prisoners had the opportunity to worship, albeit not always weekly, and offered good pastoral support. The team provided a much-valued range of services and activities, including counselling.
- HP29 The system to follow up applications, introduced in response to a death in custody, was not used properly. In our survey, prisoners were more negative than at comparator prisons about the promptness and fairness of responses to applications. Complaint forms were not readily available on wings but there was a good quality assurance system.
- HP30 There was no specialist legal rights officer and legal matters were dealt with by offender supervisors or personal officers. Legal visits were more readily available than at the previous inspection but there were still no private interview rooms, compromising confidentiality.
- HP31 The health centre was congested. Clinical governance and primary health services had improved and daily clinics provided primary care and support for life-long conditions. Waiting lists and waiting times to see the optometrist and dentist were too long but dental services had improved. Prisoners often waited for excessive periods to be escorted after their health appointments. Medicines management was good but prisoners had no access to pharmacy-led clinics. Prisoners had good access to external specialists and, although there had been improvement, the prison still cancelled some appointments at short notice and 50% of prisoners arrived late for their hospital appointments. Services for prisoners with mild-to-moderate mental health problems were underdeveloped but a contract had been signed with the in-reach team to provide primary care mental health services and a nurse therapist had been appointed to provide cognitive behavioural therapy. Services for prisoners with serious and enduring mental illnesses were good.

Purposeful activity

HP32 Time out of cell was reasonable but affected by delays in locking up and unlocking, as well as over-restrictive supervised movement to and from activities. Levels of purposeful activity had improved and the number of work places had increased from 507 to 540 full-time equivalents. All prisoners had the opportunity to be engaged in some form of work, vocational training or education, but a large proportion of the work was mundane and not appropriate for a category C training prison. There was insufficient accreditation of skills gained through work and vocational training opportunities although increased, were still too limited in range. The quality of the learning and skills provision was satisfactory, as was the library. Access to recreational and accredited PE was good and managed well. On the basis of this full follow-up inspection, we considered that outcomes for prisoners were not sufficiently good against this healthy prison test.

HP33 The published core day allowed nine hours 45 minutes out of cell for a full-time employed prisoner but delays in unlocking in the morning and evenings reduced this by up to 30 minutes. Over-restrictive supervised movement to and from activities twice a day added further delays. Few prisoners were locked up during the day. Exercise had been limited to half an hour on weekdays but an additional half hour of evening exercise was introduced during the inspection.

HP34 Initiatives to improve the learning and skills provision had been managed effectively. There was an adequate strategy for the development of learning and skills, although it was not based on a needs analysis. Punctuality was good, as was attendance in education classes. Allocation to activity places was equitable and transparent. Quality assurance arrangements were satisfactory. The use of data was better than at the previous inspection but links between learning and skills functions and sentence plans were weak. Wider links with employers and external organisations were insufficiently developed.

HP35 The careers information and advice support (CIAS) service conducted an adequate screening of prisoners' literacy, numeracy and language needs. The range of education courses was satisfactory and most offered progression to level 2. Teaching was effective and achievements in education qualifications had improved and were satisfactory overall. Peer mentors provided good support and were able to complete recognised support qualifications.

HP36 Vocationally-related programmes were available for about 30% of prisoners, and most of those taking qualifications achieved them, but the range of provision remained narrow. Courses were well managed and standards of work generally good. Many of the accredited programmes did not lead to industry-standard qualifications.

HP37 Allocation to activity places was fair. There was enough work to meet the needs of the population, but it was not always purposeful. There was insufficient accreditation of skills gained through work.

HP38 Access to the library was satisfactory and provision adequate to meet the needs and interests of prisoners of different abilities and cultures. Use of the library during the day had declined and there was no weekend provision.

HP39 Recreational and accredited PE provision was good and managed well, with a high proportion of the population participating. Access was fair. A range of accredited programmes had high achievement rates. Regime interruptions were minimised by evening and weekend sessions. Indoor facilities were satisfactory but there were none outdoors.

Resettlement

HP40 The resettlement policy was up to date and based on a needs analysis but did not articulate how the needs of the diverse groups in the prison would be met. Offender management did not operate effectively for about half the population. There was a limited service for those who were not in scope for offender management. There was good pathway provision for accommodation and children and families, but not for education, training and employment. There were innovative services for alcohol-dependent prisoners. On the basis of this full follow-up inspection, we considered that outcomes for prisoners were not sufficiently good against this healthy prison test.

HP41 An up-to-date resettlement policy addressed the resettlement pathways and was supported by an action plan. Governance of the policy was comprehensive. A needs analysis informed resettlement strategy and provision of interventions had been developed in response to the findings but the needs of the diverse groups in the prison had yet to be identified. Interventions were being expanded in partnership with the local probation trust.

HP42 Around half the population was in scope for offender management. There was a significant backlog of offender managers' OASys (offender assessment system) assessments and sentence plans for this group and a fifth did not have a current and relevant sentence plan. All but three of the remaining prisoners were subject to OASys assessment by prison-based offender supervisors but were out of scope for offender management; there was a smaller backlog of OASys assessments for this group. Ongoing responsibility for implementing sentence planning targets lay with personal officers but this arrangement was not effective.

HP43 Release on temporary licence was underused, with just one in 10 applications approved in the previous six months. Its use was predominantly for compassionate reasons and supporting family ties. There were long delays in completing recategorisation reviews and there was a backlog of 85 at the time of the inspection. Home detention curfew procedures were managed proactively but too many decisions were made after the eligibility date.

HP44 Public protection processes were robust and prisoners subject to restrictions were fully informed of the reasons and how they could challenge the decision.

HP45 Indeterminate-sentenced prisoners were integrated across the residential units and offender supervisor caseloads. Several parole dossiers were overdue because of late offender supervisor reports. There had been delays in town visits taking place.

HP46 A weekly pre-release case conference was held for prisoners due for release, four to six weeks before discharge. Comprehensive accommodation services were provided by Nacro. More than 92% of prisoners were released to settled accommodation but there was no ongoing link to help sustain these arrangements. A good tenant course

was provided bi-monthly and trained peer workers supported Nacro staff to offer surgeries and drop-in sessions.

- HP47 Citizens Advice staff had started to provide a debt counselling and advice service once a week, and demand was high and growing. Jobcentre Plus provided a daily benefits service but the absence of access to the Jobcentre Plus computer information system hindered this work. Nacro provided a bi-monthly money management course.
- HP48 Prisoners received poor support in applying for training, education and employment before release. There was no Jobcentre Plus support in this area. Resources had only recently been devoted to developing links with local employers. Some support for particularly hard-to-help local prisoners was available and a pre-release course for this group was about to start. CIAS provided information, advice and guidance at the beginning, during and the end of sentence but links with sentence planning, allocation and resettlement were weak.
- HP49 Health care support for prisoners before discharge was good and throughcare for those with severe and enduring mental health issues was comprehensive.
- HP50 A new drug strategy coordinator had been appointed and was revamping the drug and alcohol strategies and updating the needs analysis. The counselling, assessment, referral, advice and throughcare (CARAT) service was under pressure and prisoners waited 12 weeks to be seen. Links with community agencies were good. The prison addressing substance related offending (P-ASRO) programme was well run but there were few referrals because of the reduction in new arrivals and the CARAT service backlog. There were innovative arrangements for those with alcohol problems.
- HP51 There was good provision to support contact with families, including family visits. The visitors' centre provided a welcoming environment. Centre staff offered a signposting service to many different advice organisations and provided a drop-in service for families seeking additional support. The visits hall had a supervised area for children. Visits were relaxed and visitors felt well treated. The closed visits area was dirty and contained graffiti. There was also a support service provided by a family support link worker.
- HP52 Accredited programmes were provided by prison-based and community staff. The range of programmes was appropriate for the population and waiting lists were short. Prisoners could also be assessed for courses not provided in the prison to help with transfer to other establishments. There were no non-accredited programmes.

Main recommendations

- HP53 **Key reception and first night procedures should be completed in full for all newly received prisoners before they are allocated a cell.**
- HP54 **There should be clear policies on what constitutes acceptable behaviour. Managers should be highly visible in residential areas at key times and support staff in enforcing rules through informal challenge and formal warnings whenever behaviour falls below the standard laid down.**

- HP55 All staff should be trained in the violence reduction strategy and feel confident about their role in implementing it and in ensuring appropriate standards of behaviour in all areas of the prison.
- HP56 The quality and range of work provision should be improved to provide skills and training to meet prisoners' resettlement employment needs.
- HP57 Duty governors should visit wing serveries at mealtimes to ensure that good quality food is being provided, the environment is clean and effective supervision is in place.
- HP58 All prisoners should have a sentence or custody plan which includes achievable reintegration, training and offending behaviour targets, related to individual need, and implemented in a timely fashion during their time at the prison.

Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report)

Main recommendations

- MR1 **Key reception and first night procedures should be completed in full for all newly received prisoners before they are allocated a cell. (HP46)**

Not achieved. Three of the six prisoners we observed arriving at the establishment had first night procedures completed in reception. Procedures for the remainder were carried out on the wings during the association period by the wing senior officer. Staff told us that, although most prisoners received the first night information on their day of arrival, there were occasions when this was delivered the next day. The first night talk consisted mainly of signing compacts that stated that the prisoner had read and understood the rules, regulations and prison policies that affected him. We found one record where a prisoner had arrived six days previously and had not yet had his first night talk – he had, however, started induction.

See main recommendation HP53.

- MR2 **The first night accommodation on E wing should be refurbished and appropriately furnished. (HP47)**

Not achieved. E wing was closed at the time of the inspection, pending fire safety work. There was no evidence of any recent refurbishment. Most of the wing had been left in a clean state but the cells required modernisation. Alternative arrangements on A wing were inadequate (see section on first days in custody).

- MR3 **All communal areas in the prison, including the serveries and outside areas, should be kept clean and litter free. (HP48)**

Partially achieved. Considerable progress had been made in keeping the outside areas clean and tidy. Although we saw some litter, the grounds were generally clean and debris was noticed and removed. The communal areas between resettlement rooms and the older residential accommodation were much cleaner than at the previous inspection. Wing communal areas, however, remained dirty and neglected (see section on residential units), and the kitchen and serveries remained unacceptably dirty (see section on catering).

- MR4 **All staff should be trained in the violence reduction strategy and feel confident about their role in implementing it and in ensuring appropriate standards of behaviour in all areas of the prison. (HP49)**

Not achieved. At the time of the inspection, only 25% of staff had completed violence reduction strategy training. There had been no such training during the previous six months but, following the reinstatement of a staff training day, it was planned to take place monthly.

See main recommendation HP55.

- MR5 **The quality and range of work provision should be improved to provide skills and training to meet prisoners' resettlement employment needs. (HP56)**

Partially achieved. Since the previous inspection, the prison had introduced a broader range of work for which skills and training could be accredited. However, the number of prisoners gaining accreditation through work remained low (see recommendations 6.2 and 6.5). The quality of non-accredited provision was satisfactory, with the exception of the two packaging workshops, where work was mundane and repetitive. Some prisoners were not engaged in any meaningful work activity while attending the workshops.
See main recommendation HP56.

MR6 There should be enough purposeful activity for all prisoners. (HP51)

Achieved. There were an appropriate number of purposeful activity places to meet the needs of the prison population. However, a significant number of places were mundane (see paragraph 6.25), working in an environment that did not replicate commercial work pressures (see recommendation 6.2). There were plans to provide a further 70 places by introducing commercial work in two workshops (see recommendation 6.3).

MR7 A resettlement strategy should be developed, based on an up to date needs assessment of the prison's population, and there should be clear management structures and accountability for implementing it. (HP52)

Achieved. The resettlement policy for 2009/10 addressed all the resettlement pathways and contained clear targets for each one. A needs analysis provided a guide to the interventions required but did not differentiate between the specific needs of diverse groups (see section on strategic management of resettlement).

MR8 There should be support for prisoners across all resettlement pathways, with a clear management lead for each pathway. (HP53)

Achieved. There was support for prisoners under each resettlement pathway. Each pathway had a nominated lead officer who had bi-monthly meetings with the responsible manager. Minutes of these meetings showed that progress was monitored and that objectives were set.

MR9 All prisoners should have a sentence or custody plan which includes achievable reintegration, training and offending behaviour targets, related to individual need, and implemented in a timely fashion during their time at the prison. (HP54)

Not achieved. The small number of prisoners serving less than 12 months (three at the time of the inspection) did not have a custody plan, but there were well-developed plans to introduce a pathways portfolio for every prisoner, based on an assessment of their resettlement needs made during induction. Although, in our survey, 75% of prisoners (against the 65% comparator¹) said that they had a sentence plan, we found that 20% of OASys (offender assessment system) assessments and custody plans by community-based offender managers were out of date or not in place. There was also a backlog of 20 assessments of prisoners out of scope for offender management, which meant that they spent at least a month at the prison without sentence plan targets being set.
See main recommendation HP58.

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

Progress on recommendations since the last report

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

1.1 Reception should be open to receive and process prisoners during lunchtime. (1.5)

Partially achieved. Reception was kept open over lunchtime but there were not always reception-trained staff on duty to process new prisoners, sometimes adding to the already long waits in reception for new arrivals.

Housekeeping point

1.2 Trained reception staff should be on duty in reception to receive prisoners during lunchtime.

Additional information

- 1.3 Global Solutions Limited was the escort contractor. There had been few new receptions recently, due to the reduction in the prison roll to accommodate fire safety work. Most prisoners had relatively short journeys to the prison. The cellular vehicle we looked at was clean and prisoners had been given a drink and a packed lunch en route. The interaction between escort staff and the prisoners was cordial. It took over 50 minutes for all the prisoners to be disembarked.
- 1.4 Prisoners at the establishment made few court appearances but, when this occurred, such prisoners were prioritised for discharge. There was no video link facility at the establishment. Prisoners' money was transferred with them through the P-Nomis computer system but this was not available for those transferring in from privately run prisons.
- 1.5 In our survey, 91% of prisoners, against the 82% comparator, said that they had known where they were going 24 hours before transfer. However, three of the six who arrived on the Monday of the inspection said that they had been informed about their destination only 15 minutes before transfer. Prisoners were not handcuffed in the vehicles or when moved into the reception area. Prisoner escort records were fully completed and paperwork was checked thoroughly by reception staff and escort staff before prisoners were accepted.

Further recommendation

- 1.6 Prisoners should be given at least 24 hours' notice of transfer to category C prisons.

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.

- 1.7 The amount of time that prisoners spend in reception should be reduced. (1.18)

Partially achieved. Procedures were inefficient and resulted in waits in reception. The waiting time we observed between prisoners arriving at the prison and being moved to the residential units was in excess of three and a half hours. Although this was less than the five hours observed during the previous inspection, it remained too long.

We repeat the recommendation.

- 1.8 All prisoners should receive their property and be able to have a shower and make a free telephone call on their first night. (1.19)

Not achieved. Only three of the prisoners received on the first day of the inspection were able to have their property on the day of arrival. The remaining three were collected by reception staff the next morning and given their property. The ability to take a shower depended on the time of arrival on the wings, and prisoners could only make telephone calls using their PIN credit. We were told that telephone calls at public expense were offered for those with no PIN credit, although there was no available record of this.

We repeat the recommendation.

- 1.9 Information provided to prisoners in reception should be in a variety of formats and languages. (1.20)

Not achieved. With the exception of instructions on how to make a complaint about racism, all information was in English. Reception staff told us that they did not have access to material in other languages, other than by using professional translation services.

We repeat the recommendation.

- 1.10 All prisoners should be offered clean clothes and basic toiletries on their first night. (1.21)

Achieved. All the prisoners we observed arriving were offered clean clothes from a stock of civilian clothes held in the reception area if required. The bedding pack contained a range of toiletries.

- 1.11 All cells should be cleaned and prepared for occupation by new arrivals. (1.22)

Not achieved. With the exception of one cell on H wing, all the cells where new arrivals were located were dirty and contained broken furniture. During the inspection, some of these cells

were cleaned but still remained in a poor decorative state.
We repeat the recommendation.

Housekeeping point

1.12 All broken furniture should be repaired or replaced.

1.13 **The induction programme should be delivered according to the published timetable and should commence on the next working day following reception. (1.23)**

Not achieved. Induction did not start on the next working day following reception. During the inspection, two prisoners who had missed a session of the induction programme were added to a list to commence the remainder of the induction programme in the following week.
We repeat the recommendation.

1.14 **Prisoners should be fully occupied during induction, and moved off the induction unit as soon as the programme has finished. (1.24)**

Not achieved. There were long periods of inactivity during the induction programme. Prisoners who had recently completed the induction process said that they had spent most of this period on the wing, with little to do. The published programme contained large gaps; we observed prisoners leaving the unit for a morning's induction activity and returning within an hour, having completed it.
We repeat the recommendation.

Additional information

Reception

1.15 Reception was open from 8am to 5.30pm. It was staffed by two officers and an operational support grade, who were courteous and respectful. There was a reception orderly, who was also an Insider, but no Listeners in reception. The holding room in which prisoners were initially located was bleak and dirty, with nothing for them to do while they waited to complete the reception process. All the prisoners we observed were strip-searched (including the use of a body orifice security scanner (BOSS) chair) despite having been strip-searched before their journey. The cell sharing risk assessment was completed at a counter, in view and hearing of the reception orderly.

1.16 Once the initial reception process had been completed, prisoners were placed in a second holding room, which was reasonably comfortable, and contained a range of information and a television, although there was some graffiti on the walls. The reception orderly made contact through the locked gate and conducted an initial briefing about the establishment.

1.17 The initial health care screening was conducted in reception. New arrivals were offered either a smoker's pack or PIN telephone credit. Those who missed the weekly prison shop order were offered double the usual amount, to compensate for not being able to place an order until the following Monday (see section on prison shop).

1.18 Although prisoners had the opportunity for a one-to-one discussion with staff in private on arrival, this did not cover key potential areas of concern. In our survey, prisoners were significantly more negative than the comparator about being asked if they needed help on

arrival in eight out of 10 areas, including loss of property, housing problems, family contact and needing protection from other prisoners. Reception staff were unclear about what would happen if a prisoner presented as vulnerable, now that I wing was no longer a “supported prisoner” unit. The only option offered was location in the segregation unit pending further transfer. In our survey, only 79% of respondents, against the 84% comparator, said that they had felt safe on their first night.

Further recommendations

- 1.19 Listeners should be available in reception.
- 1.20 The level and frequency of searching should be proportionate to the risk posed.
- 1.21 Cell sharing risk assessment interviews should be conducted in private and in appropriate conditions.
- 1.22 First night interviews should ensure that an appropriate range of personal issues are explored.
- 1.23 There should be a published vulnerable prisoner policy.

Housekeeping points

- 1.24 There should be an appropriate area for the reception orderly to speak to prisoners.
- 1.25 The initial holding room should be redecorated and cleaned, and contain material for passing the time and information about the prison.
- 1.26 Graffiti should be identified and removed daily.

First night

- 1.27 The relocation of first night and induction from E to A wing had been hurried, and cells on A wing were in a poor state of cleanliness and repair (see recommendation 1.11).
- 1.28 Dedicated induction staff were allocated around the prison to fill shortfalls in staffing, and A wing staff did not have the appropriate level of understanding of the needs of new arrivals undergoing induction. Induction arrangements were chaotic, with no designated area in which to run the programme and little evidence of ownership by A wing staff. A wing was unsuitable as a first night unit and some prisoners (those who needed to be located on the flat) could not be located there and were consequently more isolated.
- 1.29 Many prisoners had not been listed on the prisoner activity movement system (PAMS) in time to be able to attend induction sessions. We observed one of the new prisoners wandering the corridors, unsure of where he was supposed to be. Two others were unable to attend the counselling, assessment, referral, advice and throughcare (CARAT) induction session because they were attending the medicine dispensary for drug maintenance prescriptions, and were not subsequently allowed to join the session.
- 1.30 The initial induction talk was carried out on A wing and an information booklet was issued. This was a poor photocopy and in English only. Information in the document was in some cases illegible and some of the text was out of date. The survey at the back of the document had not

been completed in any of the 20 documents we reviewed. Over half the booklets highlighted that prisoners had four or more sessions outstanding. We were unable to ascertain if this was the case or if they had been completed but not accurately recorded.

Further recommendation

- 1.31 Appropriately trained staff should manage the induction process and ensure that the needs of new arrivals are met.

Housekeeping points

- 1.32 Induction should be sufficiently flexible to allow for medication collection.
- 1.33 Information given out on induction should be legible.
- 1.34 Induction records should be fully completed and signed off by a manager.

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 Damaged flooring should be replaced. (2.14)

Not achieved. There was still damaged flooring in both old and newer residential accommodation.

We repeat the recommendation.

2.2 A major cell refurbishment programme should be undertaken on A to E wings. (2.15)

Not achieved. Although E wing had been closed for fire safety work (and it was hoped that a small amount of refurbishment would be realisable from the closure), the old accommodation was unchanged and in need of major refurbishment, but none was planned.

We repeat the recommendation.

2.3 Broken and missing furniture should be replaced in cells, including notice boards. (2.16)

Not achieved. Cells were still routinely missing furniture, in both the new and old accommodation, and we saw cupboards without doors and tables with legs missing.

We repeat the recommendation.

2.4 Cells should be free from graffiti and regularly repainted. (2.17)

Partially achieved. Most cells we saw were free of graffiti and there were wing painters available, both routinely to paint accommodation and to respond to requests. There was graffiti caused by cigarette lighters in some cells on A wing (the first night accommodation) and some writing on the walls in the older wing corridors.

Housekeeping point

2.5 Staff should specifically look for graffiti when conducting cell fabric checks and ensure that it is removed.

2.6 Prisoners should have access to adequate supplies of cleaning materials. (2.18)

Partially achieved. In our survey, 81% of respondents said that they received cell cleaning materials every week, against the 75% comparator and the response of 73% at the previous inspection. However, during the inspection, residential officers and prisoners described shortages of cleaning materials, including mop wringers and detergents. Staff said that monthly supplies often ran out in the third week. Senior managers told us that they would never turn down a requisition for cleaning materials.

Housekeeping point

2.7 Wing staff should be told how to requisition cleaning materials.

2.8 Toilets should be descaled. (2.19)

Achieved. The state of the toilets varied but all those viewed were relatively clear of limescale. Sterilising tablets were available for prisoners to use and staff had access to descaler.

2.9 Cupboards and posters should be removed from external cell walls. (2.20)

Partially achieved. We did not observe any posters stuck to external cell walls. There were still some cupboards attached to outside walls in the small cells in the older residential wings but it was not clear where else they could be sited.

2.10 Cell call bells should always be answered within five minutes. (2.21)

Achieved. In our survey, 46% respondents against the comparator of 41% said that their cell bell was normally answered within five minutes. Prisoners in our groups were also positive about the speed with which cell bells were answered and we observed staff answering bells promptly during the inspection. On nights, one patrol covered A and C and another B and D wings. There was no repeater from one wing to another and consequently it could take a while for an emergency call to be heard and responded to. While there was an automated cell call bell system for the newer accommodation, managers did not print off the reports, losing potentially helpful management information. There was no automated cell call bell system for the older accommodation (see recommendation 3.19).

Housekeeping point

2.11 Residential managers should monitor the automated cell call bell system to ensure timely responses to cell call bells and to assess any patterns or trends in speed of response. Alternative checks should be introduced for the older accommodation.

2.12 All communal shower recesses should be maintained in a reasonable condition. (2.22)

Not achieved. Although most of the showers we saw were clean, none was in good condition. Even in the newer wings, mould was forming on ceilings, paint was coming off the shower walls and ceilings, and foot wells were scratched and damaged. In the older accommodation, tiles had fallen off the walls and window sills and ceilings were green with underlying mould, despite the efforts of cleaners to keep surface mould away. Some privacy cubicles had been fitted in the older accommodation, although doors were missing, but showers on F and G wings were wholly communal.

We repeat the recommendation.

Further recommendation

2.13 Prisoners on all wings should be able to shower in privacy.

2.14 Prisoners should be issued with kettles. (2.23)

Not achieved. No prisoners had kettles. Even personal-issue kettles from other prisons were taken from prisoners on arrival. We were told that the prison had issued kettles but had recalled them because their use put too great a demand on overburdened wiring. Prisoners' only access to hot water was through flasks and these did not keep water hot, especially during the long periods of lock up from Friday to Sunday.

Further recommendation

2.15 Prisoners should have access to hot water at night.

2.16 **At least one telephone should be available on all residential wings for each 20 prisoners. (2.24)**

Not achieved. Although three additional telephones had been installed since the previous inspection, there were still insufficient to meet our expectation of one telephone per 20 prisoners.

We repeat the recommendation.

Additional information

Accommodation and facilities

- 2.17 As at our previous inspection, there was a considerable difference between the standard of the accommodation in the older and newer parts of the prison. The four older wings, A, B, C and D (E wing was temporarily closed), comprised two separate residential landings with three spurs. C and D wings had a dormitory on the ground floor. Cells were small and cramped and had stainless steel toilets and sinks. The landings were dark and difficult to maintain to a high standard but routine cleaning was not being carried out. Rubbish was piled between windows and grilles at the end of landings, and windows in some cells were hanging off. There were also broken windows in communal areas such as on the stairs to the chapel. F and G wings were of a newer design, with three open landings enabling good supervision, and cells were pleasantly configured with ceramic toilets. H and I wings were similar but with two rather than three storeys. Most cells were single occupancy.
- 2.18 Wing communal areas were dirty (see recommendation MR3). Communal areas contained a reasonable amount of equipment, although D wing did not have a table tennis table. Many of the pool tables had ripped baize. Association areas were large enough to accommodate the number of prisoners on the wings. Information displayed in residential areas was inconsistent; comprehensive for some areas but sparse and out of date for others and some noticeboard covers were broken. Policy statements dated back to 2007 and everything on display was in English only.
- 2.19 Prisoners had access to drinking water and toilets in the residential areas at all times. All prisoners on the standard or enhanced levels of the incentives and earned privileges (IEP) scheme had televisions in their cells. Only prisoners in the newer accommodation had privacy keys to their cells, so staff were often needed to lock and unlock cells on the older wings to ensure that personal items were secure. The offensive display policy was understood by staff and prisoners and we saw little inappropriate material on display. In all the cell doors that we saw, the observation panels were free from obstruction. We saw clearly into the cells we checked during the night visit. There was some evidence of wedges being used to secure

doors against staff but this was appropriately dealt with through the adjudication process when discovered.

- 2.20 There were no restrictions on the amount of mail that prisoners could send or receive. Incoming mail was received in the prison in the late morning and sorted by operational support grades on the same day, including Saturdays. Five per cent of mail was checked. A register was kept of Rule 39 privileged mail received, and any opened in error (a small number) were recorded. Post boxes were emptied daily when staff delivered mail to the wings and outgoing mail was sent out on the next working day. Prisoners in our groups complained that they were issued with recorded and special delivery mail at least one day after receipt.
- 2.21 Telephones on the wings offered privacy, with some fitted with privacy hoods and others located in booths. There was daily access to telephones for all prisoners, except those who had self-certificated as sick. The governor had recently issued a notice to prisoners advising them of a reduction in call charges which had come into effect some weeks previously, with further reductions to come.

Housekeeping points

- 2.22 Wing cleaners should be selected and trained and high standards of wing cleanliness set, checked and enforced by cleaning officers. They should prioritise the cleaning of wing communal areas.
- 2.23 Damaged or missing association equipment should be repaired or replaced.
- 2.24 The range of notices displayed should be expanded, brought up to date and include information for those who do not have English as their first language.
- 2.25 Prisoners who have self-certificated as sick should be able to use the telephone.

Clothes and possessions

- 2.26 Prisoners were able to wear their own clothes but expressed dissatisfaction with the arrangements for laundering these. In our survey, only 44% of prisoners, against the 61% comparator, said that they were offered clean, suitable clothes for the week. Prisoners had no confidence in the central laundry facility. Clothes were returned damp because bags were packed tightly with the clothes needing to be washed. Governance arrangements were poor and clothes were often returned to the wrong wings and were mislaid or stolen. Prisoners therefore washed and dried their clothes in their cells, and there were washing lines in cells and on landings. While this breached wing rules, and staff told prisoners to take them down, they did not enforce this. All prisoners had access to irons and ironing boards on the units.
- 2.27 There was no generic list detailing the possessions allowed for category C prisons. Prisoners complained that items allowed elsewhere, and specifically at higher security category prisons, were not allowed at Wellingborough. Arrangements regulating the volume of property that a prisoner could keep with him were used proportionately.
- 2.28 Holdalls were available on discharge for those needing them, although we saw one prisoner being released with his belongings in a black plastic bin liner. Prisoners could apply to have clothes laundered in preparation for court or release, as long as they were clothes that they were allowed to have in possession.

Further recommendation

- 2.29 Action should be taken to improve laundry arrangements and governance, and prisoner confidence in the laundry should be monitored.

Housekeeping point

- 2.30 The list of items allowed in possession should be amended to ensure consistency with sending establishments and other category C prisons.

Hygiene

- 2.31 Prisoners were positive about their access to showers, with 97% versus 94% at comparator prisons saying that they could shower daily. All prisoners were issued with freshly laundered bedding on their first night unit and sheets were cleaned weekly thereafter. Prisoners were allowed to have their own bedding and curtains. In many cells, particularly in the older accommodation, sheets or blankets were used as curtains at the windows.

Further recommendation

- 2.32 Prison-issue curtains should be provided in all cells.

Staff–prisoner relationships

Expected outcomes:

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

- 2.33 Wing staff should be aware of any prisoners on their wing who are subject to particular monitoring, including violence reduction strategy; basic; or assessment, care in custody and teamwork (ACCT). (2.29)

Achieved. Staff showed a good awareness of prisoners subject to violence reduction measures or who were on open ACCT documentation. All staff we spoke to knew which prisoners on their wing were on the basic level of the IEP scheme, and the personal officers knew whether the prisoners they were responsible for were on the enhanced or standard level.

- 2.34 Wing staff should routinely patrol landings and engage with prisoners, both to challenge inappropriate behaviour and to provide support and motivation. (2.30)

Partially achieved. Staff were much more visible on the stairwells of the older accommodation than was the case at the previous inspection, although they still did not patrol the spurs routinely. We observed staff on the newer wings remaining in and around the offices during association, with little engagement with prisoners during these times. We saw some good examples of staff challenging inappropriate behaviour, patiently explaining what was expected and why, and only resorting to giving formal warnings under the IEP scheme when this was

ignored. However, we also saw poor behaviour towards staff and prisoners alike, including verbal abuse and racist language, being neither informally raised with the individual nor more formally dealt with through IEP warnings or adjudications. Many prisoners disregarded wing rules and were rarely challenged by staff. Some staff were motivational in the support and advice they gave prisoners, including encouragement to attend offending behaviour courses and work, while other staff did not see this as their responsibility.

We repeat the recommendation.

- 2.35 Prisoners should be referred to using the title 'Mr...' or by a preferred name. This should be reflected on prisoners' files and outside cells. (2.31)**

Partially achieved. Use of titles and preferred names was mixed. We heard some staff and prisoners refer to each other by first names but use of surnames only was common. Some wing files and cell cards used prisoners' titles, some used first names and surnames and some used surnames only.

We repeat the recommendation.

Additional information

- 2.36** Most staff were respectful toward prisoners. Those we spoke to described their role as complex, involving responding to prisoners' problems and helping them to resolve them, while holding to clear boundaries and ensuring that security was maintained. This was not always evident in practice, as some bad behaviour went unchecked (see recommendation 2.34 and main recommendation HP54) and boundaries between staff and prisoners were not maintained consistently. Prisoners in our survey reported similarly to comparator prisons about being treated with respect and having someone they could approach but our safety and respect interviews highlighted a lack of confidence in staff. Low-level breaching of rules was common; prisoners wore towels and dressing gowns around the landings, smoked on landings and played music loudly. In our survey, fewer than at comparator prisons (62% compared with 70%) said that it was quiet enough to relax or sleep at night. Prisoners told us that staff did not always intervene when intimidating or bullying behaviour occurred, citing meal queues and old accommodation landings as places where the level of supervision was inadequate (see section on catering and Appendix IV). Middle and senior managers were not highly visible on residential units and staff clearly felt vulnerable at certain key times, particularly the serving of meals. Issues concerning engagement of prisoners in work and education were tackled through the IEP scheme (see section on IEP).

- 2.37** The use of peer orderlies was developing. The Insider scheme had recently been introduced and there was a growing number of peer supporters in work places and resettlement. Prisoner consultative arrangements were proactive. As well as meetings with representatives, a wider consultation exercise had been carried out and the outcomes communicated via posters on the wings.

Further recommendation

- 2.38** There should be a clear policy on noise levels and this should be enforced by staff.

Personal officers

Expected outcomes:

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

- 2.39 Prisoners who move cell on a wing should retain the same personal officer, to retain continuity of care. (2.36)

Partially achieved. The system for allocating personal officers varied from wing to wing. On some, personal officers were allocated according to caseload and then remained in the role during the prisoner's stay on that unit. On others, they were allocated by cell but if the prisoner moved cell, they retained the same personal officer. A wing was the only wing on which a prisoner would change personal officer if he changed cell. Wing files did not reveal an excessive level of change in personal officer allocation.

Housekeeping point

- 2.40 The allocation of designated personal officers should be standardised across the residential units and ensure continuity of personnel.

- 2.41 Wing history sheets should contain at least weekly entries from personal officers which demonstrate an engagement with the prisoner and familiarity with his circumstances. (2.37)

Not achieved. Wing history sheets contained an average of two entries a month (see Appendix III). However, there had been a gap between the introduction of the P-Nomis IT system and regular entries on the system. Most written entries in paper files ceased at the end of December 2009 but no electronic entries had been added before March 2010, so there had been no record for two months for most prisoners. The entries varied in quality; in only one in 10 of the files we sampled did the entries demonstrate constructive and positive interaction with the prisoner concerned, but in almost two-thirds there were references to families or family contact.

We repeat the recommendation.

- 2.42 Staff should have a clear idea of the respective responsibilities of the personal officer and offender supervisor, and these roles should complement each other. (2.38)

Partially achieved. Staff we spoke to were clear about the role of the offender supervisor, as distinct from that of the personal officer. Wing staff were not formally involved in encouraging prisoners to take advantage of resettlement opportunities, although they were invited to attend programme reviews. On a one-to-one basis, some staff encouraged prisoners to seek the help they needed and around a third of files sampled made reference to this. Staff could access prisoners' offender assessment system (OASys) assessments, when they had one, but there was no evidence that personal officers took responsibility for sentence plans for the substantial part of the population who did not have offender supervisors. Personal officers completed relevant reports and contributions as requested.

Further recommendations

- 2.43 Wing staff should be more involved in encouraging prisoners to take advantage of resettlement opportunities.
- 2.44 The responsibilities of the personal officer in carrying out the offender supervisor role for prisoners not in scope for offender management should be made explicit and personal officers supported and supervised in carrying out this role.

Additional information

- 2.45 The role of the personal officer was well understood by staff and prisoners, and most prisoners knew who their personal officer was. In our survey, 88% of prisoners (against the comparator of 73%) said that they had a personal officer, which was also better than the 69% response at the previous inspection. However, significantly fewer than the comparator said that they found them helpful.
- 2.46 Personal officers we spoke to showed a good level of knowledge about the prisoners in their charge, as well as the wider population on the unit. They could describe issues relating to sentence and release and concerns which had been raised with them.
- 2.47 Regular checks on wing files were carried out by managers and comments made when personal officer entries were inadequate, although these were more often about frequency than quality. In common with management checks elsewhere (see sections on applications and complaints and IEP), the biggest issue was that management comments did not seem to prompt staff to respond. It was unclear whether the staff whose failings had been highlighted were aware of the manager's comments.

Further recommendation

- 2.48 All management checks of prisoner personal files should address the quality of the entries made and ensure that improvements are made.

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 The violence reduction strategy (VRS) should include findings from surveys, audits and staff and prisoner consultation. (3.20)

Not achieved. The comprehensive violence reduction strategy included details of how violence would be measured using a wide range of indicators, such as adjudications, complaints, racist incident report forms, assaults and uses of force. However, the strategy document, although dated 2009, contained no reference to prisoner consultation, only brief mention of a survey completed in 2007 and still identified I wing as a vulnerable prisoner unit. There were no data or analysis in the document to support the strategic management of violence reduction. The prison had conducted a safety survey in January 2010, and its findings were consistent with ours about prisoners' safety concerns. No action had been taken on this information, however, and it was not reflected in the strategy.

Further recommendation

- 3.2 The violence reduction strategy document should be updated to reflect current practice, contain the findings from the prisoner safety surveys and detail the actions to be taken to address concerns raised by prisoners.

- 3.3 A record should be kept of prisoners being managed under stage three of the VRS. (3.22)

Achieved. There was a comprehensive log that contained a wide range of data involving prisoners on all stages of the violence reduction strategy, including any prisoner identified as a victim or a potential victim. The log was updated regularly and corresponding hand-written data and investigative reports were maintained in the safer custody office.

- 3.4 The quality of VRS dossiers should be improved, making clear why the prisoner is being monitored, with detailed and frequent entries that demonstrate an engagement with the prisoner. Management checks should ensure quality and challenge any inappropriate comments. (3.23)

Partially achieved. The four dossiers we examined were completed to a satisfactory standard, with clear explanations why the prisoner was on a violence reduction strategy. There was one dossier with a gap of seven days between comments; this had been picked up on a management check.

- 3.5 Wing managers engaging in mediation should have training to carry out this role. (3.24)

Not achieved. At the time of the inspection, there had been no recorded training of managers in mediation techniques.

We repeat the recommendation.

3.6 Prisoner care liaison officers should have a job specification and facility time. (3.25)

Not achieved. There were six officers on five wings (including two on A wing) who had been identified as care officers. There was a published job description, but they were afforded no facility time and there was no mention of the role on the current staffing profile. Anecdotal information from the safer custody manager indicated that they were not available to offer support.

Further recommendation

3.7 The prisoner care liaison officers should have dedicated time to complete their work.

3.8 Mental health staff should flag up to the prisoner care team any potential vulnerability issues or risk issues relating to prisoners they are engaged with. (3.26)

Achieved. There was a weekly meeting between the mental health lead nurse and the safer custody manager to identify potential risk.

3.9 The role of I wing should be reviewed and clarified, to ensure that supported prisoners are assessed and assisted to progress, and to establish a role for non-supported prisoners. This revised policy should then be implemented. (3.27)

No longer relevant. I wing was no longer designated as a “supported prisoner” unit.

Additional information

3.10 Violence reduction, anti-bullying and suicide and self-harm prevention were combined effectively under one multidisciplinary safer custody committee. Significantly fewer prisoners than at the time of the previous inspection said that they felt unsafe. However, prisoners we spoke to said that there were insufficient officers, particularly in the evenings and at weekends, and that many incidents went unnoticed and unreported.

3.11 In our safety interviews (see Appendix IV) with 20 prisoners (a cross-section of ages, sentences and ethnic backgrounds), the main concerns were lack of confidence in staff responding to incidents, the physical layout of the prison and the way that meals were served, the availability of drugs and the number of staff on duty – particularly during association periods.

3.12 The safer custody manager presented a comprehensive report at the monthly violence reduction meeting. The report included the names of the prisoners involved in incidents of bullying or violence, the location, a description of the incident, if any weapons were used and the action taken. The month’s statistics were also compared with those from each of the previous 12 months. The number of assaults on prisoners had fallen, from 80 in 2009 to 22 in 2010 to date. Assaults on staff had risen from eight in 2009 to seven in 2010 to date.

3.13 Prisoners were included in the violence reduction meetings, although the prisoners attending were primarily there as Listener representatives. There were no violence reduction prisoner

representatives, although two prisoners who had held this post in other prisons had been identified and there were plans to introduce the role at Wellingborough.

- 3.14 A comprehensive briefing booklet issued to prisoners during induction included clear definitions of what constituted unacceptable behaviour, the support and interventions available, how to report bullying and antisocial behaviour, and the three levels of the anti-bullying process. This process consisted of informing the suspected bully that he was being monitored and why; demotion to the basic regime and continued close observation; and relocation to the segregation unit, usually pending transfer to another establishment. Between January and June 2010 there had been 250 investigated incidents (an average of 42 per month), mostly involving bullying and threats, which had resulted in 33 prisoners being subject to one of the three stages of the scheme. This compared favourably with an average of 66 investigated incidents per month at the previous inspection. An appropriate level of investigation had been carried out by wing senior officers. There were no interventions to support either victims or perpetrators of bullying, violence or any other antisocial behaviour.
- 3.15 The wing files we observed identified a process to review the cell sharing risk assessments of all prisoners identified as being medium or high risk. Review intervals were supposed to take place three-monthly but one wing file we checked had not been reviewed for over seven months.

Further recommendation

- 3.16 There should be an appropriate range of interventions for perpetrators of antisocial behaviour and victims.

Housekeeping point

- 3.17 Cell sharing risk assessment forms should be reviewed on time.

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.

- 3.18 During night shifts, at least one member of staff should cover each residential area, to allow cell call bells/emergencies to be promptly responded to. (3.21)

Not achieved. During our night visit, only one member of staff was on duty to patrol and respond to cell call bells on A and C wings, and one member of staff for B and D wings (see paragraph 2.10).

Further recommendation

3.19 Staffing and cell call bell arrangements should be sufficient to allow emergencies to be responded to promptly.

3.20 The suicide and self-harm document should be specific to Wellingborough, highlighting any particular issues or concerns for prisoners there, and how the prison intends to address them (3.44).

Achieved. The suicide and self-harm policy had been relaunched in 2009. It identified particular risk areas, such as key anniversaries, in order to inform staff of actions to take to reduce the level of risk, including procedures for placing prisoners on assessment, care in custody and teamwork (ACCT) documents, use of care suites and Samaritans support. It also included sections on the risks associated with the early days in custody, the nature of some offences, changes of status and appeal court and immigration refusals.

3.21 There should be sufficient Listeners to meet need. (3.45)

Achieved. There were 11 Listeners at the time of the inspection, with a further 11 prisoners to be interviewed, to increase the number of Listeners and as succession planning for those due to be discharged in the coming months.

3.22 Segregated prisoners should have access to Listeners. (3.46)

Not achieved. Although there was a policy that outlined the procedure for using Listeners in the segregation unit, the night staff we spoke to were adamant that they could not deploy Listeners to the segregation unit but would use the Samaritans telephone.
We repeat the recommendation.

3.23 The E wing care suite facility should be refurbished and provide an environment that is supportive to prisoners in crisis. (3.47)

Not achieved. E wing was closed at the time of the inspection (see recommendation 2.2). There had been no refurbishment of the care suite and the temporary care suite on A wing was not an appropriate environment to support prisoners in crisis.
We repeat the recommendation.

3.24 Listener rotas should be adhered to, except in extreme circumstances. (3.48)

Not achieved. Listeners told us that staff did not always follow the rota, often using whichever suite was nearest during night states. There was no recording of the use of Listeners (see below), so we were unable to identify which Listeners had been used.
We repeat the recommendation.

3.25 There should be routine logging, monitoring and analysis of the use of Listeners, Samaritans telephones, the care suites and the family liaison officer. (3.49)

Not achieved. There was no system to monitor the use of any of the support mechanisms for prisoners in crisis. One of the Listeners had previously been given the responsibility of maintaining a log of Listener use but this had ceased nearly a year before the inspection.
We repeat the recommendation

3.26 Prisoners using the care suite during the night should be able to return to their cell when the session has come to an end. (3.50)

Not achieved. Listeners said that prisoners were not always returned to their cells during the night but were expected to sleep on a fold-up bed. When prisoners using the care suite were returned to their cells, they had to wait for long periods for escorts after the Listening session had concluded.

We repeat the recommendation

3.27 A cell should be identified that is suitable for constant observations, and a protocol should be developed for its use. (3.51)

Not achieved. At the time of the inspection, there was no constant observation cell. The minutes of the safer custody committee reflected that a cell on H wing had been identified for this purpose and that a gate was to be installed but this had not yet happened. There was a protocol, dated June 2009, which provided a comprehensive range of instructions on the use of constant supervision, including a section stipulating that 'constant observations must always be carried out using the dedicated constant observation cell'.

We repeat the recommendation.

3.28 All residential staff should carry anti-ligature knives. (3.52)

Achieved All residential, operations and night staff we observed during the inspection carried anti-ligature knives.

3.29 All inundation points should open easily. (3.53)

Partially achieved. All inundation points tested during the night visit opened easily but the officer had to retrieve a key from the wing key safe to be able to unlock the tool shadow board in order to obtain the inundation key.

Further recommendation

3.30 Keys to the inundation points should be immediately available to night staff to use in the event of an emergency.

3.31 There should be clear and well-understood arrangements about access to cells in an emergency at night. (3.54)

Not achieved. There were conflicting views from night staff on when a cell could be opened in the event of an emergency. At least one of the night staff was adamant that cells would not be opened without at least three staff being present. There were no written instructions available at the time of the inspection.

We repeat the recommendation

3.32 Assessment, care in custody and teamwork (ACCT) reviews should be multidisciplinary, demonstrate continuity of staff between reviews, have targets that address need, and identify specific staff to assist with targets. (3.55)

Not achieved. Although reviews were conducted on time they were not all multidisciplinary. Some involved just the wing manager and the prisoner. Some wing staff told us that reviews

would normally be completed by the wing senior officer.
We repeat the recommendation.

3.33 Observations in ACCT documentation should not be predictable, and should show engagement with the prisoner. (3.56)

Partially achieved. Daily entries in ACCT documents had improved, were appropriate and usually demonstrated engagement with the prisoner. Night observations were still predictable and repetitive, usually consisting of one line stating on which side the prisoner lay.

Further recommendation

3.34 Night-time observations in ACCT documentation should not be at predictable times and should demonstrate at least some engagement with the prisoner during the shift.

3.35 Prisoners should be aware that a friend or family member can take part in their ACCT review. (3.57)

Achieved. Although there were no records of the attendance of family or friends at reviews, all of the prisoners on open ACCT documents at the time of the inspection were aware that a friend or family member could take part.

Additional information

3.36 The safer custody committee was chaired by the governor and attended by representatives from a wide range of departments from across the prison as well as the escort contractor, the Samaritans and the Independent Monitoring Board (IMB). The meetings were also attended regularly by some of the Listeners and on a few occasions by an Insider. The day-to-day running of the safer custody team was managed by a safer custody manager at senior officer grade, who was supported by a part-time administrative officer. There were no cover arrangements and the senior officer was regularly redeployed to cover shortfalls in other areas. The safer custody manager produced a comprehensive report each month which included comments on the quality of ACCT procedures, the number of ACCT documents that had been opened and a thorough analysis of incidents and subsequent investigations, in addition to comparisons and analysis of data from previous years.

3.37 There had been one death in custody since the previous inspection. Initial action had been taken from the draft Prisons and Probation Ombudsman (PPO) report on this death but there was no ongoing monitoring of progress at the safer custody meeting. The clinical review had been undertaken a month after the death and, on receipt, the health care provider had also carried out a review. The establishment had accepted all the recommendations and responded to all the points raised which were within their remit.

3.38 Levels of self-harm and use of ACCT procedures were similar to those at the time of the previous inspection. There had been 180 acts of self-harm in 2009 and 47 between January and May 2010. There had been 58 ACCT documents opened in the year to date and six were open during the inspection. This compared with 115 opened in 2008 and 153 during 2009. Staff were clear that they would open an ACCT document if they felt that a prisoner was in need, and not only as a response to an incident of self-harm.

- 3.39 The quality of care for those on open ACCT documents was generally good and assessments identified relevant concerns. One of the ACCT documents that we reviewed was incomplete; there was no care plan and the prisoner was located a large distance from the staff office. The most recent review, which had been completed at 4pm on the day we inspected it, recommended that the prisoner be moved off A wing as soon as possible. When we revisited the wing at around 8pm, the prisoner was still there, with no plans to move him that day.
- 3.40 Regular quality checks were made of open and closed ACCT documents and action taken to address identified shortfalls. There were 12 ACCT assessors, who were mostly discipline officers. Only 70% of first-line managers had been trained as case managers. All new staff received ACCT foundation training; at the time of the inspection, over 93% of contact staff had received this training. Only one member of the permanent night staff was currently certified in first-aid procedures.
- 3.41 There had been no near-death incidents recorded. There had been no recorded use of constant supervision in 2010. In 2009, there had been 14 uses of constant supervision, involving nine prisoners; seven of these had taken place in a cell covered by closed-circuit television (CCTV) on I wing. The monitor for this cell was in the main wing office and was in full view of all staff who used that office. Staff told us that the constant observation would take place by a member of staff watching the monitor and then following the prisoner around if he went out on association.
- 3.42 The Listeners met representatives from the Samaritans weekly. They told us that they felt well supported and taken seriously by the prison. Not all Listeners were used for night callouts. The three designated Listener suites were each occupied by two Listeners, one of whom would conduct the 'Listen', with the other in attendance. Callouts during the day took place in the caller's cell. The suite on A wing was a two-man dormitory; there was no facility for an additional bed and it contained only an old wooden chair for the caller to sit on. No refreshments were provided and Listeners told us that they used their own provisions to provide drinks for callers. The suites on the new wings consisted of two cells, connected by an adjoining door.
- 3.43 Listeners could speak to non-English-speaking prisoners using a telephone interpreting service or a prisoner interpreter, if one was available, but they were reluctant to do this, as they considered it a breach of confidentiality. It was unclear how such prisoners would be supported.
- 3.44 A safer prisons telephone reporting line for families, visitors and prisoners was publicised; this was checked daily and calls logged by the control room staff and checked by the safer custody manager. In the previous 12 months, 16 messages had been left on the system; a message that we left on the answerphone was replied to within three hours.
- 3.45 Fire hose reels were not unlocked during the night and were not regularly checked for damage as part of the daily accommodation fabric checks. During our night visit, one of the hose reel cupboards could not be opened owing to a damaged lock; this was reported and repaired the next day.

Further recommendations

- 3.46 Cover arrangements should be introduced for the safer custody manager and she should not be redeployed.

- 3.47 Monitoring of actions taken following deaths in custody should form part of the core business of the safer custody meeting.
- 3.48 Actions identified in case reviews should be expedited.
- 3.49 Sufficient night staff should be first-aid trained to deal with medical emergencies occurring at night.
- 3.50 All senior officers should be trained as case managers.
- 3.51 Closed-circuit television should not be used as a substitute for one-to-one interactive constant supervision.
- 3.52 The use of prisoners' cells as Listener suites should cease, and there should be discrete, properly equipped Listener suites to cater for all residential areas.
- 3.53 Managers should ensure that non-English-speaking prisoners are able fully to access the support of Listeners.

Housekeeping points

- 3.54 There should be a wide representation of departments with prisoner contact among the ACCT assessors.
- 3.55 Fire hose reels should be checked for damage as part of the accommodation fabric check process and left unlocked at night.

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.

- 3.56 **The quality and range of information about applications and complaints available to prisoners on the induction wing should be extended to all residential wings. (3.116)**

Not achieved. There was little information on any of the wings about the types and locations of application and complaint forms available. There was a notice explaining the role of the PPO on some wings but not on others. This notice was designed to be posted showing both sides, with the reverse side containing information in a range of languages, but only one side was in view, so prisoners who could not speak and/or read English could not access this information.
We repeat the recommendation

Housekeeping point

- 3.57 Both sides of the notice explaining the role of the Prisons and Probation Ombudsman should be displayed in all residential areas.

3.58 The application process should be reviewed to optimise the effectiveness of the triplicate form system and improve accountability. (3.117)

Not achieved. The system to follow up applications, introduced in response to a death in custody, had not been universally adopted across the prison. The segregation unit continued to record applications in a 'Governor's Applications' book, which had no capacity for tracking responses or outcomes. The new recording system was also not utilised fully on the residential wings, with only a small number of recorded entries demonstrating the outcome of applications. There was evidence of managers' comments in the monitoring logs, instructing staff to complete all columns, but these had had no effect. In our survey, prisoners were more negative than at comparator prisons about the promptness and fairness of responses to applications.

Further recommendation

3.59 The monitoring system for applications should be fully utilised and should include a brief record of outcomes.

3.60 Managers should analyse complaints each month by criteria such as ethnicity, disability, wing and prisoner type and, if necessary, take remedial action when patterns or trends emerge. (3.118)

Achieved. There was a good system for analysing complaints each month by diversity, location, complaint type and also a comparison against previous years. The wide range of data was reviewed monthly at the senior management team meeting and actions were taken to investigate and address trends and repeat issues.

3.61 Responses to prisoners' applications and complaints should be legible, respectful, address the issues raised and give advice as to possible further action where appropriate. (3.119)

Achieved. In all but one of the complaints reviewed, the responses were of a good standard. The one inadequate response had failed to answer the complaint; the management check had identified the shortfall and remedial action had been taken to ensure that the complainant received an appropriate response.

3.62 Incomplete or deferred responses to complaints should be tracked and the timing and nature of the final outcome recorded. (3.120)

Achieved. There was a good tracking system which ensured that all complaints were fully answered within the designated timescale. The key performance indicator score demonstrated close to 100% compliance with response times for the 12 months before the inspection. The tracking log highlighted the final outcome of any deferred complaints.

3.63 Reasons for prisoners' perceptions of difficulty in accessing the Independent Monitoring Board should be investigated and any necessary action or reassurance provided. (3.121)

Achieved. Although no formal investigation had been carried out, in our survey prisoner perceptions of ease of access to the IMB had improved since the previous inspections (23% compared with 16% said that it was easy to see the IMB). This was, however, below the comparator of 39%. Application forms to contact the IMB were available on all wings and in the

segregation unit. Representatives from the IMB attended the prison, conducting rota visits at least four days out of seven, and were involved in many of the prison's committees.

Additional information

- 3.64 In our survey and in our groups, prisoners said that application forms were easy to obtain, with 95% of respondents in the survey having made an application.
- 3.65 Complaint forms were not freely available on residential units and where they were available were in English only. In our survey, 81% of respondents against the comparator of 86% felt that it was easy to obtain a complaint form and only 28%, against 35%, said that complaints were dealt with fairly.
- 3.66 There were yellow boxes on each wing for prisoners to post complaint forms. These were emptied each night by the night orderly officer and delivered to the complaints clerk for action the following morning or on the next working day if complaints were received over the weekend.
- 3.67 The monthly monitoring of complaints identified a wide range of issues, with loss of property on transfer and delays in prisoners' monies being transferred from private sector prisons being the primary causes for complaint.
- 3.68 A quality check was completed on 10% of all complaints each month, using pre-printed criteria to ensure continuity of standards. When issues had been raised, the follow-up action had been appropriate and ensured that any identified shortfall in the quality of responses had been rectified.
- 3.69 There were some complaints outstanding that involved other prisons. Requests had been made for further action from these prisons.

Housekeeping point

- 3.70 The full range of complaint forms should be freely available on all wings, in a range of languages.

Legal rights

Expected outcomes:

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

- 3.71 A legal services officer should be appointed with sufficient facility time to provide such support to prisoners. (3.125)

Not achieved. There was no member of staff designated as the legal services officer. Legal matters raised by prisoners were the responsibility of their offender supervisor or their personal officer. Prisoners did not know where they could obtain specialist legal advice.

We repeat the recommendation.

3.72 Legal visits facilities should be improved and private rooms provided. (3.126)

Partially achieved. Legal visits were held in the social visits area, which was more comfortable and better decorated than the prefabricated building used at the time of the previous inspection. There were no private visits rooms and the screens used to provide privacy were not adequate, compromising confidentiality.

We repeat the recommendation.

3.73 The number of legal visits available should be increased to meet the needs of the prisoner population. (3.127)

Achieved. With the move to the main visits room, the number of legal visit slots had increased to 15. The next available slot was in less than a week after the inspection, and half the slots were still available on that day. This improvement was reflected in our survey, with 51% of respondents saying that it was easy to attend legal visits, compared with 35% at the previous inspection.

Additional information

3.74 Offender supervisors and personal officers took responsibility for providing prisoners with information about their sentences and informing recalled prisoners about the reasons for recall. Licence conditions were explained in reception, before release.

3.75 There was a folder of legal and Prison Service guidance and a number of legal textbooks available in the library. The library also held Prison Service Orders and instructions but prisoners complained that these were partially withheld for security reasons and that they were not up to date. The librarian was concerned that the absence of a specialist legal services officer meant that the information held in the library was not adequately checked and updated.

Housekeeping point

3.76 The stock of legal and Prison Service information held in the library should be regularly checked and updated by a trained legal services officer.

Faith and religious activity

Expected outcomes:

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

3.77 Prison managers should ensure that there is no impediment to prisoners attending Christian corporate worship at the weekends. (5.56)

Achieved. All prisoners had access to Christian corporate worship at the weekend, without any impediment. On arrival at the establishment, prisoners were asked their religion and placed on the prisoner activity movements list, so that they could freely attend weekend worship if they so wished.

3.78 Chaplaincy staff should be routinely asked to contribute to sentence plans and other matters of progression, such as lifer reviews, home detention curfew and release on temporary licence. (5.57)

Achieved. Members of the chaplaincy team contributed to sentence plans, including life sentence plans for indeterminate-sentenced prisoners, home detention curfew decisions and release on temporary licence for all prisoners with whom they had contact. Requests for contributions were distributed to the most relevant member of the chaplaincy team to complete. The coordinating chaplain was also responsible for the counsellors who attended the establishment. He had devised a contact log, which the counsellors were required to complete (without breaching confidentiality), so that the chaplaincy team could use the information when preparing contributions for prisoners.

Additional information

- 3.79** The Muslim chaplain, who was also the coordinating chaplain, was the only contracted member of staff. There was a vacancy for an Anglican chaplain which the prison was finding difficult to fill. The understaffed chaplaincy team made efforts to ensure that all prisoners had the opportunity to worship, albeit not always weekly. At the time of the inspection, 20% of the population was registered as Muslim, 20% as Anglican and 18% as Roman Catholics.
- 3.80** In our groups, Sikh prisoners told us that they were able to worship only fortnightly. It was similar for the other minority faiths, for which sessional chaplains were available but rarely weekly (the Hindu chaplain attending fortnightly, the Pagan chaplain monthly and the Buddhist chaplain fortnightly) owing to their commitments in other establishments or parishes.
- 3.81** There were always at least two members of the chaplaincy team available each day, which enabled them to conduct their statutory duties. The team was well integrated into the establishment, attending key committee meetings. They visited all areas of the prison, including the segregation unit and prisoners who were seriously ill. All prisoners placed on ACCT documents were visited by a member of the team and they attended ACCT reviews on request. The Muslim chaplain worked with catering and residential staff to prepare for religious festivals. The facilities list included all religious artefacts that prisoners could have in their possession.
- 3.82** Although only 26% of respondents to our survey, against the 48% comparator, said that they had met the chaplain or a religious leader within their first 24 hours at the establishment, the Muslim chaplain told us that a member of the team saw all prisoners the day after arrival. This was followed up a few days later with a one-to-one discussion about the chaplaincy team, any pastoral concerns, whether the prisoner required a pen friend or visitor, and the chaplaincy activities available. In our groups, prisoners were mainly positive about the chaplaincy team.
- 3.83** Prisoners were able to attend any of the weekend services. If they were not registered under a particular faith, they could submit an application requesting to be included on the weekly list. Gym sessions took place at the same time as weekend services but the coordinating chaplain had worked with the gym staff to facilitate prisoners wishing to attend services to participate in an alternative weekday gym session instead.
- 3.84** There were about 80 Muslim prisoners attending Friday prayers, 25 attending mass and another 20 prisoners attending Sunday worship. Good pastoral support was offered; prisoners could request to see a member of the team and have communion or a small service conducted

with them on the wings if they were unable to attend services. Evening Bible classes were available and major religious festivals were promoted and celebrated.

- 3.85 Facilities were good, with a large chapel above the main corridor and a chaplaincy centre that contained a multi-faith room and large spaces for activities. The chaplaincy provided a range of services and activities, including counselling. One paid counsellor and two trainees attended the establishment for two days a week in total. They provided counselling for a range of issues, including anxiety and depression, bereavement and abuse. They saw around 12 prisoners each week and there was a waiting list for the service. A further counsellor was due to join in September 2010.
- 3.86 The coordinating chaplain had links with resettlement chaplains at HMP Belmarsh, HMYOI Feltham and Futures Unlocked, at HMP Leicester, to forge connections between prisoners and faith groups within the communities they were to be discharged to.
- 3.87 Some Roman Catholic prisoners told us that, although they were able to attend mass at weekends, there were six sessional Roman Catholic priests, who attended on a rota basis, and prisoners did not feel able to develop a relationship with any particular one.

Further recommendations

- 3.88 The vacant chaplaincy post should be filled as soon as possible.
- 3.89 Prisoners should be able to worship or practise their faith at least weekly.

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.

- 3.90 **The prison, in partnership with the primary care trust, should develop secondary detoxification provision. (3.137)**

Achieved. Secondary detoxification provision was in place as part of the integrated drug treatment system (IDTS), which had gone live in September 2009. Approximately half of the 22 prisoners on IDTS at the time of the inspection were secondary presentations.

- 3.91 **Current policies and procedures for preventing drugs entering the prison should be maintained and developed. (3.138)**

Achieved. Current policies and procedures for preventing drugs entering the prison were being maintained and developed. The drug supply reduction strategy was under review following the appointment of the new drug strategy manager.

- 3.92 **The establishment should ensure that the mandatory drug testing (MDT) programme is adequately resourced to undertake the required level of suspicion testing. (3.139)**

Not achieved. Of the 37 suspicion test requests issued in the previous six months, 30% had

not been completed because they had fallen outside the required timescale (72 hours). Staff were often deployed to duties other than MDT during the week. The coordination and tracking of suspicion tests and the collation of all MDT results was also hampered by the absence of computer access in the MDT suite (see further recommendation 3.101).

Additional information

- 3.93** In our survey, 43% of prisoners, against a comparator of 34%, said that it was easy or very easy to get drugs in the establishment. The positive random MDT rate, quoted at the time of the inspection, for the six months between November 2009 and April 2010 was 13.32%, against a key performance target of 13.0%.
- 3.94** The correct level of weekend testing was being achieved, although the weekend tests were often completed in the first weekend of the month, which made the tests predictable. Due to staff redeployment, it was often difficult to complete the total number of required monthly random tests.
- 3.95** There was a frequent testing programme. At the time of the inspection we were told that 32 tests had been conducted in the six months from November 2009 to April 2010, resulting in nine positive results, giving a rate of 24.6%.
- 3.96** The MDT suite was clean, tidy and appropriately equipped. The holding room was grubby and had a broken noticeboard, on which no leaflets or posters were displayed. Drug awareness information and counselling, assessment, referral, advice and throughcare (CARAT) referral forms were, however, available in the main MDT room.
- 3.97** Anabolic steroids were cited by staff as becoming an increasing problem. Targeted tests for steroids were planned for the near future.
- 3.98** In line with the latest National Treatment Agency guidelines, prisoners were encouraged to aim at reduction rather than stay on maintenance doses of methadone. Naltrexone was available but not Subutex, but the latter had not been deemed clinically suitable for any prisoners so far.
- 3.99** The treatment team consisted of a single IDTS substance misuse nurse, with health care nurses assisting in medication administration. The GP worked closely with clinical staff and was involved in all initial and 13-week reviews. The IDTS nurse met mental health nurses and the CARAT service weekly to review every IDTS case. Despite IDTS work forming only part of her total workload, the nurse had to work many extra hours to keep up with her workload. This was a rapidly developing issue, as the number of prisoners on IDTS increased by three during the inspection and was expected to reach 28 by the end of June 2010.
- 3.100** Facilities for the administration of methadone were inadequate and unsafe. We observed a general lack of discipline at the medication administration hatch. Although an officer stood at the hatch with each prisoner as they took their medication, the prisoners were not required to finish the biscuits given with methadone to minimise the risk of diversion, and neither the nurses nor the officer checked that medication had been properly swallowed. Prisoners waiting for medication in the corridor outside the hatch area were noisy and frequently pushed past the individual being given medication to talk to the nurses. This behaviour was not challenged by the attending officer. The prisoners who were pushed past complained to us about the lack of privacy when receiving methadone and that waiting in the corridor often resulted in other prisoners calling them names. We were told that this arrangement was to be changed, so that there would be a new, more secluded waiting room and administration hatch.

Further recommendations

- 3.101 Mandatory drug testing (MDT) should be appropriately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision.
- 3.102 Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance.
- 3.103 The primary care trust should ensure that the integrated drug treatment system (IDTS) clinical team is adequately staffed to cope with the projected increase in the number of prisoners requiring clinical management for substance dependence.
- 3.104 Medication should be administered in a safe and suitable environment. Discipline should be consistently enforced by supervising officers and medication administration procedures should be reviewed to ensure the prevention of medication diversion.

Housekeeping point

- 3.105 The MDT holding room should be kept clean and display information on drugs and available drug services.

Section 4: Diversity

Expected outcomes:

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

- 4.1 A prisoner diversity survey should be conducted and the results used to develop an up to date prisoner diversity policy. This should reflect what the prison can offer to disabled, older and gay prisoners, including making links with social care services. (3.65)

Not achieved. There had been no prisoner diversity survey and the establishment's diversity and race equality policy was not based on any consultation with prisoners. The policy did not reflect what was available for older or gay prisoners or those with disabilities, and links had not been established with social care services. There was a separate policy for older prisoners and those with disabilities, but this was only in a draft format and the policy for older prisoners did not reflect current practice.

We repeat the recommendation.

- 4.2 A regular diversity regime meeting, chaired by a senior manager, should be run to take forward this agenda. Monitoring of trends in accessing services should be ongoing and relevant information discussed at the meeting. (3.66)

Not achieved. There was no established forum to discuss access to regime activities for older or gay/bisexual prisoners, those with disabilities or according to prisoners' religion. The labour allocation meetings were attended by the diversity manager and he told us that access to regime activities for older prisoners and those with disabilities was discussed, although this was not minuted. We were told by some older prisoners that, although they were left unlocked during the core day, there was nothing for them to do on the wing. When we fed this back to the diversity manager, he told us that pottery classes and art classes were available but that there needed to be more work to ensure that these minority groups had regime activities to meet their needs.

We repeat the recommendation.

Further recommendation

- 4.3 There should be wing-based activities for older prisoners and those with disabilities to access if they do not wish to participate in more formal classes.

- 4.4 The disability liaison officer should have sufficient time to carry out the role, and also to lead in coordinating and developing services for older and gay prisoners. (3.67)

Not achieved. The disability liaison officer (DLO) also worked on one of the residential wings. Although he was supposed to be detailed four hours each week to undertake his DLO work, he had only received a total of eight hours in 2010 to date. We were told by the diversity manager that the DLO also led on developing services for older prisoners but the DLO said that this was not his role and that in fact he did not have any time to do so; consequently, there was no named person developing services for older prisoners or a named lead for gay prisoners.

Further recommendations

- 4.5 The disability officer should have sufficient time to carry out the role.
- 4.6 There should be a named member of staff to lead in coordinating and developing services for older and gay prisoners, and they should have sufficient time to do so.

- 4.7 **Prisoner diversity representatives should be identified and peer support buddies for those prisoners with particular needs provided. (3.68)**

Partially achieved. Although there were prisoner diversity representatives, they focused mainly on issues concerning foreign national prisoners and race equality. They had not received any training in the other strands of diversity. There were no peer support buddies for prisoners with particular needs.

Further recommendation

- 4.8 Prisoner diversity representatives should be trained in all aspects of diversity and supported in their role with older and gay prisoners and those with disabilities. There should be peer support buddies for those with particular needs.

- 4.9 **A peer support scheme should be developed for prisoners who need personal assistance and support in daily life. (3.69)**

Not achieved. There was no formal care planning and no peer support scheme. Prisoners who required personal assistance relied on the goodwill of others.

We repeat the recommendation.

- 4.10 **Personal evacuation plans should be developed for prisoners needing assistance in the event of an emergency, and these should be readily available to residential staff. (3.70)**

Partially achieved. A basic personal emergency and evacuation plan (PEEP) was available for some prisoners. It consisted of a sign displayed in the office that recorded the name of the officer that would provide assistance and a secondary name. There was no detail of the type of assistance that would be required by the prisoner (for example, rousing or support walking). Prisoners who had these PEEPs were not aware of what they were, why they had them or which member of staff would provide the assistance.

We repeat the recommendation.

Housekeeping point

- 4.11 Prisoners who have a personal emergency and evacuation plan should be made aware of this and the assistance they can expect.

- 4.12 **A time-bound action plan should be developed from the results of a prisoner access survey, and all reasonable adjustments made. (3.71)**

Not achieved. No action plan had been developed from the results of a prisoner access survey in 2008. Ad hoc arrangements were made on an individual basis but prisoners were not comprehensively assessed to see what adjustments they needed.

Further recommendation

4.13 Reasonable adjustments should be made to ensure that prisoners with disabilities can access all areas of activity and have residential accommodation suitable for their needs.

4.14 **Impact assessment work should be up to date, reflected in the establishment REAP and reviewed at the REAT meeting. (3.92)**

Partially achieved. There was a timetable for carrying out impact assessments. For the first quarter, cell sharing risk assessments, allocation to work and the drug strategy were being completed; the establishment was on target for completing these by the end of June 2010. The methods of consultation with prisoners were poor and did not reflect the diversity of the prisoner population. Prisoner diversity representatives were used for some of them but there was no coherent system to ensure that a sufficiently diverse group was consulted about important issues. Although the outcome of the impact assessments was reflected in the diversity and race equality action plan (DREAP), this was not reviewed effectively at the diversity and race equality action team (DREAT) meeting (see recommendation 4.19).
We repeat the recommendation.

Housekeeping point

4.15 A diverse group of prisoners should be selected for focus groups during the equality impact assessment process.

Additional information

4.16 Strategic oversight of diversity, other than race equality, was poor. Although the race equality action team (REAT) had been converted to the DREAT, the meeting continued to focus mainly on race and foreign nationals. The DREAT meeting was usually chaired by the governor, or the deputy governor in his absence. Although the meeting held during the inspection was well attended by relevant staff and well chaired, ensuring that the prisoner diversity representatives had an opportunity to contribute, the DREAT did not engage with the needs of older or gay prisoners or those with disabilities. There were no agenda items or action plans pertaining to these diversity strands or discussion about the development of the services for these groups. Diversity and equality prisoner representatives were well supported by the race equality officer (REO) but not sufficiently trained (see further recommendation 4.8).

Further recommendations

4.17 The diversity and race equality action team (DREAT) meeting should discuss all strands of diversity at the meeting and monitor the implementation of the updated diversity and race equality policy.

4.18 There should be action plans covering all diversity strands. These together with the updated diversity and race equality action plan (DREAP) should be monitored and reviewed at the DREAT meeting.

Race equality

- 4.19 **The prison race equality action plan (REAP) should be regularly updated to reflect the current priorities of the race equality action team (REAT) and progress made in achieving key targets. (3.85)**

Not achieved. The REAT/REAP had incorporated diversity since the previous inspection and become the DREAT/DREAP. We were told that the diversity and race equality action plan (DREAP) was discussed at the DREAT meeting. It was an agenda item at the DREAT meeting we attended, and there was a discussion about the current action plan and the lack of progress that had been made to address the targets. We were told by the diversity manager that the action plan was updated regularly and targets removed once completed. The current plan had 10 targets but when we looked at the DREAP over the previous 12 months, we found that many of the actions had not been recorded as completed – for example, those that were derived from the equality impact assessments. The updated DREAP (May 2010) that we looked at did not contain any information about the progress made in achieving key targets or those responsible for achieving them. Some of the completion dates had passed and others were imminent, which suggested that the plan was not regularly discussed or reviewed.

- 4.20 **More regular diversity training should be delivered, including a requirement for all residential wing staff to attend cultural awareness training relevant to the black and minority ethnic prisoner population. (3.86)**

Partially achieved. Regular 'challenge it, change it' training was delivered and 47% of operational staff had received this training. No additional cultural awareness training was delivered, despite the diverse population.

Further recommendation

- 4.21 All residential staff should have opportunities to improve their understanding of issues for black and minority ethnic prisoners.

- 4.22 **The race equality officer (REO) should be provided with administrative support. (3.87)**

Achieved. The REO had sufficient administrative support, provided by a member of staff from the business support unit.

- 4.23 **The deputy REO should have sufficient facility time to support the work of the REO, and for both to be more visible to staff and prisoners on the wings. (3.88)**

No longer relevant. There was no deputy REO; the original post holder was now the full-time REO. Located on the main corridor, he operated an open-door policy for prisoners. He attended the wings, and his work, and that of the DREAT, was well publicised on the wings.

- 4.24 **Interventions should be developed to address racially motivated behaviour. (3.89)**

Not achieved. No interventions had been developed to address racially motivated behaviour. **We repeat the recommendation.**

4.25 The personal protection plans already developed for the victims of racist bullying and incidents should be used. (3.90)

Achieved. Personal protection plans were used by the REO for prisoners who had reported racist bullying incidents. This ensured that prisoners who made complaints, particularly about members of staff, had the opportunity to discuss their concerns and possible relocation to another wing if necessary.

4.26 The REAT should explore the poor perceptions of black and minority ethnic prisoners and take appropriate action. (3.91)

Achieved. The DREAT had conducted a range of focus groups with black and minority ethnic prisoners. Many of the concerns of this group appeared to be similar to those of white prisoners, but black and minority ethnic prisoners perceived that white prisoners were more likely to be released on temporary licence and be recategorised for open conditions. This was not borne out by ethnic monitoring data. This information had been shared with black and minority ethnic prisoners to allay some of their concerns. The focus groups no longer took place and ethnic monitoring data was not regularly shared with prisoners (see additional information). The perceptions of black and minority ethnic prisoners were more positive at the time of the inspection but the absence of consultation with this group of prisoners risked a deterioration in their perceptions.

Further recommendation

4.27 Focus groups should be held regularly with black and minority ethnic prisoners. The work of the DREAT, particularly ethnic monitoring, should be shared at these meetings and subsequently published to promote the establishment's commitment to race equality.

Additional information

4.28 Approximately 42% of the population were from black and minority ethnic backgrounds. In our survey, black and minority ethnic prisoners responded similarly to white prisoners about having a member of staff that they could turn to and whether most staff treated them with respect. Prisoners told us that there was little racism at the establishment and they were aware of the mechanism for reporting any such incidents.

4.29 About 5% of prisoners self-reported as being from Gypsy/Romany/Traveller backgrounds but there was no support offered to this group or ethnic monitoring of key areas for them. Staff told us that they were aware of who these prisoners were, and that there had been some incidents among this group of prisoners and against them by other prisoners.

4.30 The REO led on race equality work and also provided support to foreign national prisoners when required. Prisoners were aware of his role and responsibilities. Nine prisoner diversity representatives provided assistance to the REO and prisoners. All had job descriptions and met the REO monthly to discuss any issues raised by prisoners on their respective wings. They also participated in the induction programme, informing new arrivals of the racist incident report form (RIRF) process and race equality arrangements at the establishment.

4.31 The DREAT reviewed ethnic monitoring data and any disparities were investigated and appropriate action taken when necessary. During the meeting we attended, it was highlighted that there had been an increase in the number of complaints submitted by Asian prisoners.

The REO was tasked with investigating this further to identify if there were any issues that needed to be resolved for this group of prisoners. The REO had previously published ethnic monitoring results but no longer did so, as he was unsure of the value of the publishing them or of prisoners' understanding of the information. There was no external community representative at the meetings.

- 4.32 RIRFs were readily available on the wings and collected from the secure boxes on the wings by the REO. The number of RIRFs and any identified trends were discussed at the DREAT meeting. There had been 24 RIRFs submitted in the year to date, compared with 155 in 2009 and 169 in 2008. This decrease had been discussed by the DREAT but it was felt that the work of the prisoner representatives and accessibility of the REO had encouraged prisoners to resolve issues rather than submitting a complaint. The diversity manager and REO told us that a large proportion of RIRFs had been submitted because complaint forms had the racist box ticked. Staff and prisoner representatives alike had worked hard to inform prisoners that RIRFs should be used for complaints with a racist element. Further exploration of this decrease in RIRF submission was necessary to ensure that prisoners were confident in the racist complaint system.
- 4.33 The RIRFs had recently started being evaluated externally by a lecturer at de Montfort University. The RIRFs we reviewed had been mostly well investigated, although in a few cases the response had not always focused sufficiently on resolving prisoner concerns and had concentrated too heavily on whether the complaint was racially motivated. The governor saw all complaints before a response was sent to the complainant but this meant that replies were delayed when he was absent. Prisoners were given the opportunity to comment on their experience of the process and outcome but rarely did so.
- 4.34 There was a list of prisoners who had been convicted of a current or previous racially aggravated offence or of an incident of racist bullying. The REO told us that that this list was managed by staff in the offender management unit. However, we found this list included some prisoners who had been released, some of whom would have been transferred, and there was no indication of how many such prisoners were at the establishment at the time of the inspection.
- 4.35 There was a further diversity meeting, the promoting diversity meeting, which planned a range of diversity related events for the year. It was chaired by the diversity manager and attended by the REO and a prisoner representative. A range of staff were invited, including gym, chaplaincy and library staff, but it was poorly attended. A diversity day event was planned for October 2010 and a World Culture Day. The establishment was working with a charitable organisation towards a performance on National Respect Day that would include prisoners and their families and friends.

Further recommendations

- 4.36 Prisoners from Gypsy, Romany or Traveller background should be identified in the establishment, their needs assessed and appropriate support provided. Ethnic monitoring of key areas should be undertaken for this minority group.
- 4.37 There should be representation from external community groups at the DREAT meeting.
- 4.38 The decrease in racist incident report form (RIRF) submission by prisoners should be investigated to explore prisoners' understanding and experience of the system and appropriate action taken where necessary.

- 4.39 The responses to complaints should also seek to address the problems or concerns raised in the complaint.

Housekeeping points

- 4.40 Prisoners should receive a response to their RIRF within 28 days. If the investigation is likely to take longer, they should be advised of this and when they can expect a response.
- 4.41 The list identifying potentially racist prisoners should be properly maintained and include only prisoners currently at the establishment.
- 4.42 Attendance at the promoting diversity meeting should be improved.

Religion

No recommendations were made under this heading at the previous inspection.

Additional information

- 4.43 There was no specific action plan or policy in relation to how the religious needs of prisoners would be met but the chaplaincy team and the DREAT monitored the religious faiths of the population and took appropriate action to ensure that they were responded to adequately as part of the regular chaplaincy meeting. A member of the chaplaincy team attended the DREAT meeting but religion was not a specific agenda item and there was no overall system for ensuring that all faith groups were treated equitably.

Further recommendations

- 4.44 A policy outlining how prisoners' religious needs will be met should be developed and monitored at the DREAT meeting.
- 4.45 Equality of access and treatment according to prisoners' faiths should be monitored.

Foreign nationals

- 4.46 **The foreign nationals policy should be developed in response to a consultation exercise with foreign national prisoners and the monthly REAT meeting should ensure that all aspects are delivered. (3.101)**

Partially achieved. There was a foreign national policy, which was updated in consultation with a small number of foreign national prisoners rather than a broader consultation with all foreign national prisoners. It was available only in English. A questionnaire about the current provision for foreign nationals and their needs had been devised but had not yet been distributed. The policy was supported by a range of information available to foreign national prisoners concerning the deportation process and their entitlements as foreign national prisoners at the establishment. The foreign nationals coordinator prepared a report for the DREAT meeting which was discussed, but the minutes we saw mainly concerned how many such prisoners were being held, how many had been deported and any issues concerning detainees, with no reflective discussions about how the needs of foreign national prisoners could be better met and current services developed.

Further recommendations

4.47 The responses to the survey of foreign national prisoner needs and evaluation of the current provision should be used to update the foreign national prisoner policy.

4.48 The DREAT meeting should address how the services for foreign national prisoners could be better met to ensure that they meet the needs of the population.

4.49 **The foreign nationals coordinator should have sufficient time to carry out the duties required. (3.102)**

Not achieved. The foreign nationals coordinator had changed roles and was now the head of operations. During the inspection, he handed over the post to a senior officer, who would take on the role of coordinator in addition to his role as orderly officer. The time to be given to the senior officer for this work not yet been finalised but the previous coordinator told us that he had rarely been detailed sufficient hours for the role.

We repeat the recommendation.

4.50 **Designated staff foreign national wing liaison officers should be trained and given time to carry out the work involved. (3.103)**

No longer relevant. There were no longer designated staff foreign national wing liaison officers in place.

4.51 **Material translated into languages relevant to the prisoner population should be made readily available, including at reception and during induction. (3.104)**

Not achieved. There was insufficient material translated into foreign languages; forms and notices were displayed mainly in English. In our survey, 11% of prisoners said that English was not their first language. We reviewed the induction material for a Vietnamese prisoner which recorded that he had not been given a formal induction because he did not speak English. The foreign nationals coordinator had a computer program that translated text but he was concerned that it covered too few languages to meet the needs of prisoners with no English.

We repeat the recommendation.

4.52 **More frequent use should be made of professional interpreting services, especially when dealing with confidential matters. (3.105)**

Not achieved. Although professional interpreting services had been used in the previous two years, we were aware that a prisoner had been used to interpret during an adjudication meeting instead of using these services. We met two prisoners who did not speak English; although professional interpreting services had been used with one of them when he had been placed on an open ACCT document, they had not been used during his previous three months at the prison. This was particularly concerning, as he told us that he felt isolated as a result of not being able to communicate with others. The second prisoner had only limited English and confirmed that no staff had used interpreting services with him.

We repeat the recommendation.

4.53 **There should be regularly updated lists of staff and prisoners who can speak languages other than English (3.106)**

Achieved. Although there was a list of staff and prisoners who could speak languages other

than English, and all staff had access to this, it contained the names of only two prisoners and three members of staff.

Housekeeping point

4.54 The list of staff and prisoners who can speak foreign languages should be expanded significantly.

4.55 Efforts should be made to engage with community-based independent immigration advisory services. (3.107)

Partially achieved. Efforts had been made by the foreign nationals coordinator to engage with community-based independent immigration advisory services but he had not been successful. Many were based in London and not able to provide assistance owing to the distance. This issue had not been addressed by the DREAT.

Further recommendation

4.56 The DREAT should engage with community-based independent immigration advisory services to secure their assistance.

4.57 Foreign nationals with family abroad should retain a free five-minute telephone call, even when they receive a visit from a UK visitor. (3.108)

Not achieved. Foreign nationals could only retain a free five-minute telephone call if they had not received a domestic visit from a friend or family member.
We repeat the recommendation.

4.58 Regular formal and informal consultation should be undertaken with foreign national prisoners. (3.109)

Not achieved. There was no regular formal consultation with foreign national prisoners. The foreign nationals coordinator made himself available at the monthly UK Border Agency (UKBA) surgeries. Foreign national prisoners could also request to meet him by application.
We repeat the recommendation.

Additional information

4.59 Just over 16% of the population were foreign national prisoners. They did not meet the foreign nationals coordinator routinely on arrival and some were unclear of who the coordinator was, although they were aware that the REO could be approached about foreign national issues. The coordinator had developed and maintained links with the UKBA and facilitated their attendance at the establishment monthly, alongside a representative from the facilitated returns scheme.

4.60 Prisoner diversity representatives were given useful information relating to foreign national prisoners so that they could respond to their questions. In our survey, more foreign national than British national prisoners reported feeling unsafe at the moment. In our safety interviews, foreign national prisoners said that they had safety concerns about feelings of isolation, lack of confidence in staff and in the way that meals were served (see section on catering).

- 4.61 Foreign national prisoners we spoke to had legitimate concerns about their lack of progression to category D establishments because of their involvement with the immigration services. In the recategorisation paperwork we reviewed, too many foreign national prisoners had had their decision deferred until information from the UKBA had been received. Of the 85 cases for which recategorisation paperwork was outstanding, a quarter concerned foreign national prisoners (see section on offender management and planning).

Further recommendation

- 4.62 Recategorisation decisions for foreign national prisoners should be based on a thorough risk assessment and not on their involvement with immigration services.

Housekeeping point

- 4.63 Foreign national prisoners should be informed of all relevant staff who provide specific assistance to this group, and be made aware of the surgeries and points of contact as part of their induction.

Older prisoners and disability

No recommendations were made under this heading at the previous inspection.

Additional information

- 4.64 The establishment defined older prisoners as those over 55. At the time of the inspection, 6% (32 prisoners) of the population were over 50, and in our survey 11% (60 prisoners) of the population considered themselves to have a disability. During reception, health services staff identified those with age-related needs and maintained a list of prisoners who declared a disability on arrival; this was lower than the number identifying themselves as having a disability in our survey (approximately 42 prisoners). The DLO maintained a separate list, which did not correlate with the information held by the health care department. The DLO attempted to see all new arrivals but, due to the limited time that he had available, there was a backlog of prisoners that he needed to see, and of information that he needed to enter into this database. Prisoners were not told how they could declare a disability, or the need for extra support, after the reception process.
- 4.65 Health services staff provided support and assistance to older prisoners and those with disabilities but this was not coordinated with the work of the DLO or the diversity manager. There was no support system following identification of disability, and these prisoners reported negatively in our survey on feelings of safety. The DLO was not sufficiently trained or aware of how prisoners might be assessed to ensure that they could access all areas of the establishment and regime, or of the process for requesting and obtaining reasonable adjustments.
- 4.66 There were three adapted cells – two on H wing and one on I wing. These were large cells containing grab rails, with cell bells above the bed. There were also two adapted showers with shower seats, and telephones were located at the appropriate height for those using a wheelchair. Although most of the establishment was accessible to those with restricted mobility, the chapel was up a flight of stairs and as the education department was on two floors, only the ground floor was accessible for mobility impaired individuals. Ramps were needed to access the newer wings. Staff had received a letter from the Prison Officers'

Association advising them not to push any wheelchairs unless they had received training to do so.

- 4.67 There was insufficient provision for older prisoners. The diversity manager was unaware of any older prisoners who required support. An over-50s gym session was available and retirement pay was £7.50 a week. Prisoners of retirement age were still required to pay for their television.

Further recommendations

- 4.68 The disability liaison officer should received sufficient training to undertake the role and ensure that the establishment complies with the Disability Discrimination Act 2005.
- 4.69 An assessment should be completed for all prisoners who have declared a disability. Where appropriate, care plans should be devised for all prisoners needing extra support and these should be monitored and reviewed regularly.
- 4.70 Arrangements should be put in place to assist prisoners in wheelchairs to move safely around the prison.
- 4.71 Prisoners of retirement age should not be required to pay for their television.

Housekeeping points

- 4.72 A single, comprehensive and up-to-date list should be kept of prisoners declaring a disability.
- 4.73 Prisoners should be able to declare a disability or a need for extra support at any time during their stay at the establishment.

Gender and sexual orientation

No recommendations were made under this heading at the previous inspection.

Additional information

- 4.74 The needs of gay and transgender prisoners were not discussed at the DREAT meeting and there was no action plan to develop this area of diversity work (see further recommendations 4.17 and 4.18). There was no mechanism for preventing and dealing with discrimination on the basis of sexual orientation except a diversity incident report form that had been recently devised. There was no policy for transgender or gay prisoners, and no services were provided.

Section 5: Health services

Expected outcomes:

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

- 5.1 The contract between the primary care trust (PCT) and the health service provider should be specific to the establishment and based on a comprehensive and up to date health needs assessment. (4.44)

Achieved. The contract was specific to the establishment and was based on a comprehensive health needs analysis, which had recently been updated (April 2010). There was an agreed health delivery plan 2009–2011. Key performance indicators were used as the basis for regular contract review meetings.

- 5.2 The health care department should be sufficiently large to contain enough clinical rooms and office accommodation for the size of the population. (4.45)

Not achieved. Although the health care department had been allocated additional space in rooms opposite the treatment room on the A/C corridor, it remained congested and had insufficient space to meet the growing clinical requirements placed on it.
We repeat the recommendation.

- 5.3 All clinical areas should be suitable for their role and meet infection control guidance, and staff using them should have access to the electronic clinical information system. (4.46)

Achieved. Clinical areas were utilised appropriately. There had been an infection control audit in November, 2009 and a compliance action plan had been drawn up. The SystemOne computer system was available in all clinical and treatment rooms.

- 5.4 The health services information booklet should be available in a variety of languages. (4.47)

Achieved. The health services information booklet had recently been updated (2010) and was available in a variety of languages. The booklet was given to prisoners during the weekly health care induction slot.

- 5.5 The health care complaints procedure should be clarified, both for prisoners and for staff. (4.48)

Achieved. Instructions on how to make a health care complaint were displayed on each wing next to the complaints forms and post box. Prisoners we spoke to knew how to make a complaint about health care. Complaints management was good and all complainants received prompt written responses. Aggregated complaints data were made available to the governance committee.

- 5.6 All actions identified in the clinical governance plan should be reviewed and realistic timescales set and adhered to. (4.49)

Achieved. Clinical governance issues requiring action were listed in the clinical governance plan, with realistic timescales. The clinical governance committee monitored compliance and the committee minutes recorded when actions had been completed. The committee also received data on clinical audit, and untoward and serious incidents.

5.7 All clinical staff should have security awareness training. (4.50)

Achieved. All clinical staff had received security awareness training and new staff members were trained during induction.

5.8 All staff should have access to clinical supervision. (4.51)

Achieved. All staff had access to one-to-one clinical supervision. Peer group supervision was also available.

5.9 There should be a lead nurse or manager, with sufficient seniority and knowledge, who has responsibility for the overall care of older prisoners. (4.52)

Achieved. The primary care team leader was responsible for the care of older prisoners and had received appropriate training for the role.

5.10 A full audit of resuscitation equipment should be undertaken by a professional with the relevant skills and competencies to undertake the task. Any recommendations made as a result of the audit, such as the need for specific equipment in 'grab bags' or the siting of automated external defibrillators, should be implemented without delay. (4.53)

Achieved. A full audit of resuscitation equipment had been completed in February 2009. There were three sets of resuscitation and defibrillation equipment, strategically placed around the prison. Each had a record of regular checking. All clinical staff were in-date with mandatory life support and defibrillator training.

5.11 There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment, and specialist nursing advice should be provided to ensure that prisoners are able to access appropriate mobility and health aids. (4.54)

Achieved. Referrals for assessment were made to the local community occupational health team. The team loaned equipment as appropriate and gave advice on mobility and health aids.

5.12 Protocols should be in place with appropriate agencies, both internal and external to the prison, to ensure efficient sharing of relevant health and social care information. (4.55)

Achieved. An information-sharing policy had been agreed with external partner agencies. There was an internal information-sharing protocol between the health services and integrated drug treatment system (IDTS) staff.

5.13 All policies should be specific to the establishment, and not generic. (4.56)

Achieved. An appropriate range of establishment-specific health care policies and procedures was available. Policies were standardised with those of the PCT where appropriate, such as the prevention of communicable diseases and the contingency plan for the management of an outbreak of pandemic influenza.

- 5.14 **Following an initial reception screen, a more comprehensive health assessment should be carried out no later than 72 hours after a prisoner's arrival, but not at the same time as the initial screen, so as not to hinder other reception processes. (4.57)**

Achieved. A comprehensive health assessment was undertaken in the 72 hours following the reception health screen.

- 5.15 **Health care application forms should be submitted in a confidential manner. (4.58)**

Partially achieved. A new system had been introduced to ensure confidentiality, and health care applications forms could be submitted in sealed envelopes. However, on some wings, prisoners had to ask discipline officers for health application forms and envelopes, and so not every stage of the process was confidential.

We repeat the recommendation.

- 5.16 **Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (4.59)**

Achieved. Triage algorithms were available in treatment areas.

- 5.17 **It should be made clear to prisoners why they are being asked to attend the healthcare department, to reduce the number of missed appointments. (4.60)**

Achieved. Reasons for attendance at the health care department were given to prisoners at the time of booking appointments. Clinical records on SystemOne contained prompts for staff to discuss 'did not attend' (DNA) occurrences with prisoners. Attention had been given to reducing DNA rates, with some success. The GP DNA rate in April 2010 had been 9.6%, compared with an average rate of 16.1% in 2009/10.

- 5.18 **A review of access to and use of controlled drugs should be undertaken. (4.61)**

Achieved. A review had been undertaken and a standard operating procedure introduced, indicating who had access to controlled drugs and their authority to do so.

- 5.19 **Care should be taken to make full and complete records of the administration of medicines, including diagnoses. This should include records of all occasions when the patient has refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate. (4.62)**

Not achieved. The health centre manager told us that all staff had undergone medicines management training and that medicine administration charts were audited monthly. Despite this, on the charts we reviewed, diagnoses were missing from some prescriptions and it was not always recorded if a patient did not attend to receive medication.

We repeat the recommendation.

- 5.20 **Prisoners should only have one prescription chart, or, when more than one is required, they should be kept together. (4.63)**

Not achieved. We saw separate prescription charts (for not-in-possession medicines) and prescriptions (for in-possession medicines). However all information was recorded on SystemOne.

We repeat the recommendation.

- 5.21 Medicines and therapeutics committee (M&TC) should review and update all pharmacy standard operating procedures. (4.64)

Achieved. Pharmacy standard operating procedures were up to date and subject to periodic review by the M&TC.

- 5.22 The M&TC should ensure that all prescribing is evidence based, and medications are prescribed to be given at times of greatest therapeutic effect, rather than at times to suit the prison regime. (4.65)

Achieved. There were medical and pharmacy reviews of prescribing for individual prisoners. Medications were prescribed appropriately. Prisoners requiring medication at night were given in-possession supplies for one, two or three nights, depending on the risk assessment.

- 5.23 There should be a formal system of documented risk assessment for all patients, to ensure consistency when determining suitability for in-possession medication and whether daily, weekly or monthly supply is appropriate. (4.66)

Achieved. A formal procedure had been introduced. Risk assessments were recorded on SystemOne and were reviewed when circumstances changed but not regularly. We came across one patient who was on daily in-possession medicine, even though this was not part of the in-possession policy.

Housekeeping points

- 5.24 Risk assessments should be regularly reviewed.

- 5.25 The procedure of supplying daily in-possession medicine should be reviewed and either formally adopted into the in-possession policy or stopped.

- 5.26 The M&TC should develop and introduce patient group directions, in particular for vaccinations. (4.67)

Partially achieved. Patient group directions (PGDs) had been signed off for swine flu and hepatitis B vaccines. The PGDs had not been clinically deployed at the time of the inspection.

Further recommendation

- 5.27 Signed-off patient group directions (PGDs) should be put to clinical use and further PGDs should be developed.

- 5.28 The M&TC should collect aggregated prescribing data to inform effective medicines management, particularly with regard to the prescribing of opiate-based analgesia. (4.68)

Achieved. The M&TC received aggregated financial and usage prescribing data on all medications, including opiate-based analgesia.

- 5.29 The dental surgery should be completely re-equipped, including cabinetry and new flooring. A washer-disinfector should be fitted in the sterilising area. (4.69)

Partially achieved. The dental surgery had been re-equipped and the flooring replaced, although the flooring had not been sealed at the edges. A washer-disinfector had arrived but had not yet been fitted.

Further recommendation

5.30 The dental surgery flooring should be adequately sealed at all edges.

Housekeeping point

5.31 The washer-disinfector should be installed.

5.32 **The arrangements for external escorts should be reviewed by a multidisciplinary team, to ensure that outside hospital appointments are not rearranged or cancelled unnecessarily. (4.70)**

Achieved. The process for arranging external appointments had been reviewed and an administrator was responsible for arranging and monitoring external escorts. Escort and bedwatch trend data were regularly provided for the governance committee. There was a downward trend in cancelled appointments, although 50% of prisoners arrived late for hospital appointments.

Housekeeping point

5.33 Prisoners attending external hospital appointments should arrive for their appointments on time.

5.34 **Discipline staff should have appropriate training to recognise and take appropriate action when a prisoner has mental health problems, and work effectively with health services staff to ensure that the prisoner receives appropriate care. (4.71)**

Partially achieved. Thirty-two per cent of discipline staff had received mental health awareness training in the previous two years and there was evidence of joint working between wing and health services staff to deliver appropriate care. A contract had been let to a specialist NHS mental health services provider to provide more training.

Further recommendation

5.35 All discipline officers should receive mental health awareness training.

5.36 **Day care services should be available for prisoners who need additional therapeutic support for emotional, behavioural and mental health problems. (4.72)**

Not achieved. There were no day care services available to prisoners. A contract had been let to a specialist NHS mental health services provider to provide a variety of group therapies in the prison.

We repeat the recommendation.

5.37 **Primary mental health services should include talking and other appropriate therapies and guided self-help for people with mild-to-moderate mental health problems. (4.73)**

Partially achieved. Counselling was available from the chaplaincy service and some one-to-one work was undertaken by the secondary mental health provider, although there was no systematic provision of primary mental health care. Services for prisoners with mild-to-moderate mental health problems were therefore underdeveloped but a contract had been signed with the in-reach team to provide primary care mental health services in the future. An improving access to psychological therapies (IAPT) nurse therapist had been appointed to provide cognitive behavioural therapy in five prisons, including Wellingborough.

Housekeeping point

- 5.38 Available and soon-to-be available therapy and counselling sessions should be coordinated to provide primary mental health care.

Additional information

General

- 5.39 Health services were commissioned by Northamptonshire PCT and the service provider was CareUK. The service was managed by an operational manager and a senior primary care nurse. The clinical and administrative workforce establishment and its skills mix were sufficient to provide the required daytime and evening services (there was no night-time service). There were no staffing vacancies. Professional registration details for clinical staff were up to date and training records were complete.
- 5.40 Clinical records were electronic, with a well organised process for scanning and archiving paper records. Archives were stored securely. Evidence-based treatment plans for some life-long conditions and serious mental illnesses were evident on SystmOne. There was an annual schedule of clinical audit, which was agreed by the clinical governance committee.
- 5.41 There was one health care consultation room in reception for the initial screening and this was in a poor state of decoration. SystmOne was used to start an electronic clinical record of prisoners' physical and mental wellbeing. There was access to telephone interpreting services.
- 5.42 The health care department had a regular agenda slot at the offenders council meeting, at which current general health issues were discussed with prisoner representatives.

Clinical governance

- 5.43 The senior clinical nurse chaired a monthly multi-departmental health promotion action group meeting. There was a health promotion theme each month; at the time of the inspection, the theme was cancer awareness and there was also activity to support British Heart Week. There was a range of health promotion literature in the health centre. A variety of community-based agencies had been present at a recent health promotion day, which had attracted 250 attendees. Following the event, the attendance at clinics and self-referrals, particularly for smoking cessation, had increased. Health promotion materials on the wings were limited and dated. Barrier protection could be obtained from the triage and treatment rooms but this was not advertised outside of the health care department.

Housekeeping point

- 5.44 Health promotion and health protection initiatives from the health centre should be replicated on the wings.

Primary care

- 5.45 Prisoners requiring health services used a designated health care application form and were seen by nursing staff, who used triage algorithms. There were life-long condition registers and a range of nurse-led and specialist clinics, offering follow-up checks for those with chronic illnesses, wound care and minor illness assistance. Prisoners who needed to be seen by a GP were usually seen within two days. Out-of-hours medical cover was provided by CareUK. Minor surgical procedures were carried out by the GP. Following their health care appointments, prisoners waited for up to 1.5 hours to be escorted to other parts of the prison.

Further recommendation

- 5.46 Following their health appointments, prisoners should immediately move on from the health centre unescorted.

Pharmacy

- 5.47 Pharmacy services were provided by a local pharmacy supplier, and prescription items were supplied in a timely manner. There were no pharmacist-led clinics. There was a full-time registered pharmacy technician, who gave out in-possession medication (see below) and was available to give advice to patients at that time about medicines use, compliance and side effects. She worked unsupported most of the time, and did not carry out the full range of roles that take place in a pharmacy, which meant that it was likely that she would de-skill.
- 5.48 The pharmacy room was adequate in size but congested by the presence of office desks used for general health administration purposes.
- 5.49 Administration of medication was by nursing staff, twice a day, via a screened hatch from the treatment room on the A/C corridor. The treatment room had porous work surfaces and was in a poor state of decoration. The refrigerator temperature in this treatment room was not regularly recorded. Most not-in-possession medicines were supplied on a named patient basis and provided in appropriate containers. A limited list of medication was available to supply for special sick, such as paracetamol, ibuprofen and loratadine.
- 5.50 Most in-possession medication was supplied by the pharmacy technician from the pharmacy room between 8.15am and 8.45am. Prisoners could visit the room at other times of day to collect their medicines, and in-possession medicine was also supplied by nurses in the treatment room in the evening. The administration of buprenorphine patches took place from the pharmacy room at the same time as the supply of in-possession medicines, with a nurse in attendance to witness the administration. The prisoners stood in a group near the pharmacy hatch, so there was little confidentiality for those receiving medication. There was no prison officer present at these times. The level of prescribing of buprenorphine patches was unusually high.

- 5.51 Prescriptions for in-possession medication were issued using SystmOne, with hard copies printed out and signed by the prescriber. Other prescriptions were handwritten on standard prescription and administration charts, which were also used by the nurse to record administration. Controlled drugs were obtained via a signed order using a duplicate book. Special sick supplies were recorded directly onto SystmOne.

Further recommendations

- 5.52 A pharmacist should be available to provide regular pharmacist-led clinics and support to the pharmacy technician. The service level agreement between the provider and the prison should increase the amount of pharmacist time provided.
- 5.53 The pharmacy technician should be enabled to refresh her skills by doing some work at another establishment where the full range of pharmacy services is provided.
- 5.54 The treatment room on the A/C corridor should be refurbished and redecorated.
- 5.55 The level of prescribing of buprenorphine patches should be reduced.

Housekeeping point

- 5.56 The pharmacy room should be used for pharmacy purposes only.

Dentistry

- 5.57 The dental surgery was light, clean, tidy and well ventilated. The waiting area was satisfactory. The surgery did not have a separate decontamination area. The dental equipment was satisfactory, but there was no X-ray warning notice on the outside of the surgery door.
- 5.58 Cross-infection control procedures largely were satisfactory; however, waste bin liners were not used in the dental surgery. Clinical and hazardous waste were appropriately stored but there was no amalgam spillage tray. Start- and end-of-day checks were not provided for the autoclave. Resuscitation equipment and drugs were held in the dental surgery and were satisfactory. Clinical record keeping and radiograph management were satisfactory. Not all documentation relating to the Control of Substances Hazardous to Health and risk assessments was available in the dental surgery.
- 5.59 The dentist provided 10 clinical sessions a month, supported by sessional dental surgery assistants and a hygienist. There was no cover for the dentist's leave.
- 5.60 The dentist saw all new arrivals, and prisoners could submit an application to see the dentist at any time. Applications were triaged by the dental staff. There were several waiting lists, managed by the dental staff, and newly referring patients were allocated to either the urgent or routine waiting list. The arrangements for listing patients for further dental work were over-complicated, with prisoners reaching the top of one waiting list, being seen and then being transferred to another waiting list for the next stage of treatment. The DNA rate was low but waiting times long; these had increased, as the number of dental sessions had decreased. A full range of dental treatment was offered and full courses of treatment were provided. Patients with acute dental problems were seen at the next available dental session or by the GP. The dentist was available for out-of-hours cover. Care and treatment, oral health education and communications with patients were good.

Further recommendations

- 5.61 There should be a dedicated decontamination area in the dental surgery.
- 5.62 There should be cover for the dentist's annual leave and in case of sick leave.
- 5.63 There should be fewer dental waiting lists. Time intervals between appointments for patients undergoing courses of treatment should be reduced and their names should not be returned to the waiting list during courses of treatment.
- 5.64 An extra dentist's session and an additional hygienist session should be provided to reduce the dental waiting list.

Inpatient care

- 5.65 There were no inpatient facilities. A medical hold was put on prisoners when required and arrangements were made for those arriving with outstanding appointments to retain or book alternative dates.

Mental health

- 5.66 Northamptonshire Healthcare NHS Foundation Trust provided secondary mental health care to patients with serious mental illness, one-to-one sessions for patients with mild to moderate mental health problems, and dual diagnosis conjoint work with the IDTS team. Mental health care was delivered by mental health nurses and sessional inputs from a psychiatrist. The nurses acted as case managers for prisoners subject to the care programme approach. The team took referrals from any source. There were sufficient consulting rooms but insufficient therapy rooms for the volume of work required. Prisoners requiring NHS inpatient care for serious mental illness were transferred within a reasonable time but those requiring specialist NHS residential care for personality disorder experienced extensive transfer delays.

Further recommendations

- 5.67 There should be dedicated therapy rooms for primary and secondary mental health purposes.
- 5.68 Prisoners requiring specialist assessment and treatment in NHS residential facilities should be transferred expeditiously.

Housekeeping points

- 5.69 The health care consultation room in reception should be redecorated.
- 5.70 Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.
- 5.71 There should be an X-ray warning notice on the outside of the dental surgery door.
- 5.72 Waste bin liners should be used in the dental surgery.

5.73 There should be an aluminium foil-lined amalgam spillage tray.

5.74 Start- and end-of-day checks should be carried out for the dental autoclave.

5.75 Documentation relating to the Control of Substances Hazardous to Health and risk assessments should be available in the dental surgery.

Good practice

5.76 *Community agencies had been involved in the health promotion day.*

Section 6: Activities

Learning and skills and work activities

Expected outcomes:

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

6.1 Data should be used to monitor and enhance provision. (5.19)

Partially achieved. An adequate range of data was considered regularly at quality improvement meetings to inform some management decisions. The establishment monitored attendance well but did not use data effectively to monitor the performance of all learning and skills provision in order to secure timely improvement. Data use to compare the achievement rates of different groups was inadequate.

We repeat the recommendation.

6.2 The range of provision should be increased to meet the needs of employers and reflect commercial pressures. (5.20)

Partially achieved. Although the range of work for which skills and training could be accredited had increased, the range of training provision was still restricted and did not adequately reflect commercial pressures. The establishment had stopped offering some provision identified as not leading to jobs, and further changes were planned. Level 2 provision was available in information technology (IT), the gym instructor course, carpentry and cleaning, but not in painting and decorating, or engineering. Poor working practices were observed in one packing workshop. Commercial standards of hygiene were not adequately monitored in the serveries (see recommendation MR5 and main recommendations HP56 and HP57).

6.3 Links with employers and external organisations should be improved. (5.21)

Not achieved. Plans were well advanced to introduce commercial work in two workshops. However, wider links with employers and organisations remained underdeveloped.

We repeat the recommendation.

6.4 Wing staff should be aware of the benefits of education and training and actively promote them. (5.22)

Partially achieved. Education staff had supported training and awareness-raising sessions for uniformed and non-uniformed staff to increase their understanding of the importance of education, the challenges to learning faced by some prisoners, and how they could support and encourage participation. Further training was planned through the reinstated training days. Although we noted work information displayed on the wings, little was available for education. Many staff on the accommodation wings did not have an adequate understanding of the learning and skills provision on offer.

We repeat the recommendation.

6.5 The range of vocational training in the workshops should be increased. (5.23)

Partially achieved. Improvements had been introduced since the previous inspection. However, the range of provision remained narrow; for example, bricklaying and plumbing were not offered and only basic food hygiene training was available for prisoners working in catering and at the serveries. Opportunities for those with longer sentences or with higher abilities to take level 2 or 3 vocational training qualifications were inadequate. Too few of the qualifications would substantially have improved prisoners' employability on release. **We repeat the recommendation.**

6.6 Opportunities for short-sentenced prisoners and prisoners supported on I wing should be increased. (5.24)

Partially achieved. No prisoners were precluded from work, training or education now that activity places had increased. The model of flexible course attendance and unitised qualifications enabled prisoners to achieve qualifications within short sentences. Some progress had been made toward increasing work opportunities for prisoners on I wing. Limited educational courses were also available, but prisoners had no access to practical or creative learning. Some prisoners had been integrated onto other wings and were beginning to attend work and classes; others received outreach support, but predominantly in Skills for Life.

Further recommendation

6.7 The range of learning opportunities available through outreach work on the wings should be extended.

6.8 There should be accreditation of skills acquired in all areas of work, including gardens, laundry, waste management, kitchens and serveries. (5.25)

Partially achieved. Eighteen prisoners had achieved laundry qualifications in the previous year, but the qualification was no longer offered. Plans to introduce accreditation in gardens and waste management had not been implemented owing to staff shortages. At the time of the inspection, the only accreditation available through work was basic food hygiene, offered in the kitchens and serveries. Although the kitchen provided a good environment for learners to achieve a National Vocational Qualification at level 2, it was not offered. Prisoners developed a range of skills in the gardens but they were not accredited. **We repeat the recommendation.**

6.9 Attendance and punctuality at work, education and the workshops should be improved. (5.26)

Partially achieved. The core day had been restructured, decreasing the amount of time wasted. Sessions started more promptly and in most cases prisoners worked until the end of the session. Attendance patterns in vocational and packaging workshops were erratic.

Further recommendation

6.10 The attendance patterns in vocational and packaging workshops should be improved.

6.11 There should be no regime interruptions to learning sessions. (5.27)

Achieved. No regime interruptions were noted in learning sessions during the inspection, and registers indicated few absences for regime requirements, apart from the accepted areas of health care, offender management unit appointments, offending behaviour programmes and visits. The prison had taken effective action to minimise time out of class as far as possible. However, records showed that a few health care absences had been for full days, for tests that should have been quick to complete.

Housekeeping point

6.12 Prisoners' absences from learning sessions should only be for the time taken to complete the alternative appointment.

6.13 The timely sharing of initial assessment findings among staff should be improved. (5.28)

Achieved. Initial assessments were shared in a timely manner. When prisoners applied for vocational training, staff received their initial assessment records showing literacy and numeracy scores and preferred learning styles. Vocational training staff then carried out further initial assessment of prisoners' aptitude for the vocational area, and in some cases further literacy and numeracy assessments.

6.14 Health and safety requirements in all areas of work, vocational training and education should be rigorously enforced. (5.29)

Partially achieved. The health and safety practices we observed in the workshops were satisfactory. Prison and education staff carried out health and safety risk assessments, which were then audited and checked by prison staff through observations of teaching and learning. A break had been introduced into the sessions and prisoners could access drinking water. Concerns about potential health and safety risks in the art/pottery room had not been resolved since the previous inspection.

Housekeeping point

6.15 Health and safety requirements in the art/pottery room should be enforced.

6.16 There should be effective information, advice and guidance for all prisoners during and close to the end of their sentence. (5.30)

Partially achieved. Structured information, advice and guidance support was provided by the careers information and advisory service (CIAS) team throughout each offender's sentence. The team made effective initial assessments of prisoners' literacy, numeracy and information technology needs and monitored progress well. They were particularly welcoming to prisoners during their sentence and responded readily to specific requests for information. However, levels of information and links with the allocation and sentence planning process were insufficiently clear in planning programmes that prepared prisoners to meet long-term aims (see paragraph 9.48).

6.17 The use of the library and study facilities during the day should be improved. (5.31)

Partially achieved. Although the library had reasonable opening times it was underused for much of the day. Use had improved following the previous inspection, but had reduced again by nearly half since October 2009. For the sampled week in April 2010, there had been a total of 173 evening uses over four evenings, just over 30 more than the combined attendance for the full week's daytime use. Open University (OU) students were the main daytime users. Education staff working in the library block reported relative ease of access for their learners, but those in the new block found access more difficult.

We repeat the recommendation.

6.18 Better library-based computer facilities should be provided. (5.32)

Partially achieved. Prisoners could access up-to-date computers and printers in the computer suite next to the library, when classes were running. However, about half of these classes had been merged with main education provision, reducing access to that facility. There was access to computers in the education department, at some distance from the library. The two computers in the library were outdated, and there were no printers there. Additional space, near the library, for OU students provided a quiet area for study, with satisfactory access to computers and a printer for basic tasks. However, this equipment was also outdated.

We repeat the recommendation.

Additional information

Leadership and management

6.19 The head of learning and skills was responsible for activities in education, the library, work and industries, catering, the chaplaincy, vocational training and the gym. Internal communication was generally good. The introduction of initiatives to improve the provision had been managed effectively. The strategy for the development of learning and skills was adequate and supported prison-wide objectives appropriately, but was not based on a needs analysis of the prison population or main geographical resettlement areas.

6.20 Operational management in education was good. Quality assurance arrangements were satisfactory but the quality improvement group did not evaluate fully all provision to inform an effective action planning process for improvement.

Further recommendations

6.21 A comprehensive needs analysis of the prison population and main geographical resettlement areas should be implemented, to inform decision-making.

6.22 The quality improvement group meeting should refocus on evaluating fully the quality of all provision, to inform an effective action planning process for improvement.

Induction

6.23 All prisoners received a full induction, within two days of arrival, delivered by the Careers Information and Advice Service (CIAS) team and supported by teaching staff when they started courses. The pre-course information for prisoners helped them to understand what they

could expect to achieve and what this could lead to. However, the level of literacy and numeracy required for each course was not always fully explored, leading to some prisoners being allocated to courses that they did not yet have the necessary basic skills to complete.

Further recommendation

- 6.24 Prisoners should not be allocated to courses without having the basic skills qualifications necessary to complete them.

Work

- 6.25 Allocation to activity places was fair. Waiting lists were small and appropriately managed. The amount of work available was sufficient to meet the needs of the population, with 540 full-time equivalent places, compared with 507 at the time of the previous inspection. However, the work was not always purposeful. For example, too many men were employed as wing cleaners (73) and painters (26) and in recycling (28).

Vocational training

- 6.26 Vocational related programmes were available for 169 prisoners. Around 80% of those taking qualifications achieved them. Courses were well managed, particularly in painting and decorating. Prisoners' work was generally of a good standard, and in some areas, such as carpentry, outstanding work was produced. Target setting and monitoring of prisoners' progress was satisfactory overall but not consistently so.
- 6.27 The time taken for prisoners to achieve their qualifications had reduced and was closely monitored. Good use was made of peer mentors in some workshops, such as painting and decorating, to teach and support learners. Facilities and resources were satisfactory to support learning and the level of qualifications offered.

Further recommendation

- 6.28 Best practice should be shared in target setting by tutors, to ensure that clear and measurable targets are consistently set and monitored.

Education

- 6.29 Education offered 40 full-time equivalent places. The range of courses was satisfactory and most offered progression to level 2. Success in qualifications had improved significantly since the previous inspection, particularly for personal development and social integration courses. Overall success in Skills for Life had improved to 79%. In information and communications technology, all prisoners achieved their qualifications on a good proportion of courses, and many progressed well to higher levels. Prisoners concentrated and participated well in their classes and produced work of a good standard. However, too many education classes were undersubscribed.
- 6.30 Teaching was effective and individual coaching good. Tutors planned sessions well to meet differing learning needs. Target setting was satisfactory overall, but practice varied. In better examples, targets were specific and time bound; weaker examples included vague targets,

with no clear date to aim for. Support from peer mentors was effective and well managed in classrooms. Since 2008, 35 peer mentors had completed recognised support qualifications.

Further recommendation

- 6.31 Class sizes should be sufficient to enable a well-balanced range of learning strategies in each class, promoting consistently positive learning experiences.

Library

- 6.32 The library was managed by Northampton County Council. It provided an adequate range of books, newspapers, magazines and other media to meet the needs and interests of prisoners of differing abilities and cultures. Prison Service Orders were available and recently had been checked for completeness and currency by a senior prison governor. Stock was also available by interlibrary loans. Librarians took prisoners' leisure and learning interests into account when ordering new stock each year. The vacancy for the library assistant which we had noted at the time of the previous inspection had since been filled but the facility was not open at weekends.

Physical education and health promotion

Expected outcomes:

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

- 6.33 Access to physical education (PE) for those on the induction wing should be improved. (5.43)

Achieved. A system had been established to ensure that staff and men on the induction wing were made aware of places available on gym sessions the following day. This ensured that those on induction wing could attend PE and that sessions were fully utilised.

- 6.34 The use of individual learning plans should be improved and they should be linked to sentence plans. (5.44)

Partially achieved. The PE department had developed satisfactory learning plans and review documentation to link to sentence plans, where prisoners had them. However, the initial assessments completed by the CIAS team were not shared with the PE staff, leading to duplication of work.

Housekeeping point

- 6.35 The results of initial assessments completed by the careers information and advisory service should be shared with PE staff.

- 6.36 The number of regime interruptions caused by visits to the gym should be reduced. (5.45)

Achieved. Regime interruptions had ceased. Prisoners taking vocational qualifications or attending education no longer attended the gym during the core day, as good provision was made for them to attend at the weekend or in the evening.

- 6.37 Accreditation should be introduced for the skills that prisoners develop through working with children with special needs. (5.46)

No longer relevant. For reasons beyond the prison's control, children no longer attended the gym.

Additional information

- 6.38 Recreational and accredited PE provision was good and managed well. A high proportion (74%) of the population participated in PE at least twice a week. Access to activities was fair and understood by prisoners. The good exercise referral system had been further strengthened and successfully helped to manage and improve a range of medical and mental health conditions. Prisoners who had achieved coaching qualifications were able to provide support. Indoor facilities were satisfactory, but there were no outdoor facilities. A range of accredited programmes at level 1 and level 2 helped prisoners to develop career paths as exercise teachers. A high proportion of prisoners who started the qualifications achieved them, with 50 qualifications achieved in the previous year.

Further recommendation

- 6.39 An external area for sport activities should be provided.

Time out of cell

Expected outcomes:

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

- 6.40 Prisoners who are working on a wing should not be locked in their cells after the main movement to work period. (5.63)

Not achieved. All prisoners not going to activities, including those working on the wing, were locked in their cells after main movements in the morning and afternoon while the roll check and fabric check were carried out. When the roll was correct, all prisoners, except those on the basic regime, were unlocked.

We repeat the recommendation.

- 6.41 All prisoners should have at least 10 hours a day out of their cells. (5.64)

Not achieved. In our survey, only 10% of respondents said that they spent more than 10 hours out of their cell on a weekday. This was consistent with the published core day, which provided a maximum of nine hours 45 minutes for a full-time employed prisoner. Prisoners who were not in employment were unlocked on the residential units during the day and were let out

of their cells after roll checks, which allowed them around six hours 30 minutes a day out of their cells. However, the published core day did not accurately reflect the reality observed during the inspection; there was regime slippage at morning and evening unlocks, when approximately 30 minutes of time out of cell was lost, and delays in accounting for prisoners after movement also led to prisoners on the wing being unlocked late.

We repeat the recommendation.

Additional information

- 6.42 The two checks undertaken during the inspection found just six and four prisoners locked in their cells on each occasion. We found 160 (27%) and 124 (24%) unlocked but on the wings at each of the checks. Of these, around half of them were not employed on the wing but were not in activities for various reasons, including unemployment, cancellation of workshops or classes, and sickness or disability.
- 6.43 Association was available in accordance with the national core day every weekday evening except Friday. It was rarely cancelled but on the older residential units, adequate supervision was difficult to achieve (see also paragraph 2.36). Staff were visible in association areas but engagement with prisoners during association was limited.
- 6.44 Exercise was offered for 30 minutes in the morning, and during the inspection an additional 30 minutes' evening exercise was introduced. The number of prisoners in our survey reporting that they went out for exercise three or more times a week was low, at 29%, compared with the 52% comparator. Prisoners in our groups said that the timing of the morning exercise discouraged them from participating because it coincided with the time that they were getting ready for work or eating breakfast. The exercise yards were furnished with benches and were kept clean. Exercise was appropriately supervised, with staff stationed on the yards rather than outside them.
- 6.45 Movements to work and exercise were at controlled times, which further restricted time out of cell (see section on security and rules).

Further recommendations

- 6.46 Prisoners should be offered at least one hour of exercise in the open air every day.
- 6.47 The prison should trial offering exercise at an alternative time to the current morning session and make the change permanent if it results in more prisoners taking exercise.

Section 7: Good order

Security and rules

Expected outcomes:

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

7.1 A protocol should be introduced for placing prisoners on closed visits. (6.9)

Achieved. A protocol for managing closed and banned visitors was in place and in use.

Additional information

7.2 The security department was overseen by a senior manager, with a senior officer having day-to-day management of security matters. There was a security committee which met monthly and a weekly tasking meeting, where intelligence received from security information reports (SIRs) and other security matters were discussed. Comprehensive minutes came from these meetings and showed appropriate discussion of security and risk management matters and the actions and objectives that resulted. Relationships with other departments were positive, with information being shared where appropriate to maintain prisoners' safety.

7.3 Prisoner free movement around the establishment was restricted during the core day. This resulted in prisoners requiring a staff escort if they had to go to or from appointments outside of the free-flow times. Prisoners in our groups complained that they often had to wait over an hour for a member of staff to collect them from appointments (see also paragraph 5.45 and further recommendation 5.46). This was due to change to a zonal system and was part of a plan to move to free flow. Prisoner's allocation to activities was not over-restricted by security measures. No record was kept of squat-searching, and strip-searching was carried out routinely, rather than by individual risk assessment.

7.4 There had been 1,551 SIRs in 2010 to date, compared with 3,873 for the whole of the previous year. The main subjects of SIRs were items thrown over the fence, mobile telephones and related equipment, alcohol, drugs and drug-related activity. The intelligence was analysed and presented to the weekly and monthly meetings. Target searching and suspicion drug testing were recommended where necessary. However, there were significant delays in carrying out both these measures.

7.5 There were eight prisoners and two visitors on closed visits and seven banned visitors. Some prisoners had been placed on closed visits for reasons other than illicit activity on visits, and in one case the prisoner was placed under this restriction several months after the intelligence came to light, although this was subsequently lifted. Closed and banned visits were reviewed monthly. Letters were sent to prisoners following the first two reviews, stating that they had not completed three months and would therefore remain on closed visits.

7.6 The police intelligence officer was new in post following a period of temporary cover. While some joint work had been done to combat the number of items thrown over the fence, links with external partners to support security measures were underdeveloped.

- 7.7 Prisoners were informed of the rules during induction. They were all required to sign compacts as part of the incentives and earned privileges (IEP) scheme and these set out the required standards of behaviour for each level on the scheme. The absence of regular reporting by personal officers had resulted in inconsistencies in the application of rules in general, and those relating to the IEP scheme (see section on personal officers and IEP).

Further recommendations

- 7.8 A system of free flow should be introduced, to allow prisoners free movement around the prison during the core day.
- 7.9 A log should be kept of all squat searching including the reasons for the search and who has given authority.
- 7.10 Strip-searching should be carried out following individual risk assessments.
- 7.11 Action indicated as needed as a result of security intelligence, such as target searching, should take place as soon as possible after receipt of the intelligence.
- 7.12 Closed visits should be imposed only for confirmed illicit visits-related activity or intelligence and immediately on receipt of that information. The imposition of closed visits should be reconsidered monthly and closed visits rescinded where there is no further related intelligence.
- 7.13 Partnership arrangements should be developed to combat external security threats.

Discipline

Expected outcomes:

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

- 7.14 All planned instances of use of force should be video-recorded. (6.25)

Not achieved. A policy for recording planned incidents had been developed and staff trained, but video recordings were not made.

We repeat the recommendation.

- 7.15 Special cells should not be used as regular segregation unit cells. (6.26)

Not achieved. We came across five instances where the special cells had been used as regular segregation accommodation during 2009.

We repeat the recommendation.

- 7.16 The segregation unit policy should be fully implemented. (6.27)

Partially achieved. Several aspects of the policy had not been implemented, such as daily visits from the residential units where prisoners had previously been located and individual management plans for all prisoners on the unit.

7.17 Staff should receive specialist training for working on the unit. (6.28)

Partially achieved. Some staff had received some specialist training, such as in mental health awareness, but not all staff had yet undertaken the full range of training detailed in the segregation unit policy.

We repeat the recommendation.

7.18 Documentation relating to the segregation of prisoners, and in particular access to regime activities and behaviour targets, should be completed on an individual risk-assessed basis. The use of pre-printed documentation should cease. (6.29)

Not achieved. Pre-printed documentation relating to regime access was still in use. Most behaviour targets were generic for all prisoners, such as obeying the rules and regulations of the unit and being polite to staff.

We repeat the recommendation.

7.19 A protocol to manage prisoners staying on the unit for more than 30 days should be developed and implemented. It should include individual care and management plans to assist relocation. (6.30)

Achieved. There was a protocol for providing individual management plans for prisoners who remained on the unit for more than 30 days, and evidence that such plans had been used. However, a plan that was in place at the time of the inspection did not include any realistic targets for the prisoner concerned, as he was due to be transferred out for security reasons.

Further recommendation

7.20 Management plans for prisoners remaining in the segregation unit for over 30 days should be individually tailored for each prisoner to include realistic and achievable behaviour targets.

Additional information

Disciplinary procedures

7.21 There had been 1,055 adjudications in 2009 and 324 in 2010 to date. The main charges related to fighting and assaults, disobeying lawful orders, drugs and possession of unauthorised articles.

7.22 The independent adjudicator attended twice a month and heard the more serious charges. Adjudications were carried out in the segregation unit in a dedicated room that was well lit and maintained and suitably furnished. Adjudication documentation was issued to prisoners the night before the charges were due to be heard and a receipt obtained to confirm this. Those we observed were carried out respectfully, with the prisoner having the opportunity to present his case, although a pen and paper were not provided. Adjudicators did not check routinely if prisoners were medically fit to attend adjudications.

7.23 We examined records for over 30 adjudications from the previous six months. These showed that most had been carried out to a reasonable standard. We found a small number in which the circumstances had not been fully investigated. Charges were dismissed when they were not substantiated by the evidence, the prisoner had been discharged or had not been issued with the adjudication paperwork within the required time limits. Sixty-three adjudications had

been dismissed or not proceeded with during 2010. We found one case where the independent adjudicator had adjourned a hearing for nine months for a prisoner who had been released on licence, in case he were to be returned to custody during that time.

- 7.24 An adjudications meeting was held quarterly, at which monitoring of adjudication charges and analysis of statistics took place. Quality assurance of adjudications documentation was carried out by the governor and adjudicators were advised of any issues found. The tariff of punishments was updated regularly and was used consistently.

Further recommendations

- 7.25 Adjudicators should check if prisoners are medically fit for adjudication.
- 7.26 All charges should be investigated fully and a detailed record made on the adjudication documentation.

Housekeeping points

- 7.27 Adjourned adjudications should be heard within a reasonable time of the original charge being laid.
- 7.28 Prisoners should be provided with a pen and paper during adjudications.

The use of force

- 7.29 Use of force was lower than at the previous inspection and comparable with that at other category C prisons. There had been an average of 7.5 uses of force per month in 2009 and 5.5 per month in 2010 to date, reflecting a further reduction in incidents, which had been at an average of 9.0 per month at the previous inspection. We checked more than 30 use of force records and found two incidents where force had been used inappropriately against one prisoner within an hour. The individual concerned had been involved in a fight with another prisoner and had received an injury which had been treated by health services staff. When he had been placed in the segregation unit, staff had insisted on removing the dressing on his wound to look beneath it. The prisoner had refused and had been restrained forcibly to enable staff to look at his wound. Approximately 30 minutes later, the same prisoner had been restrained forcibly to enable staff to photograph his injury after he had refused to allow this. Management checks of the use of force documentation had identified these incidents as being inappropriate and some action had been taken, although a full investigation had not been undertaken and the prisoner had not been interviewed about the incident. A further, unrelated, incident, in which a baton had been drawn and used, had not been investigated.
- 7.30 Documentation was completed in detail and gave a full account of events. De-escalation was used regularly. Most uses of force had been certified and approved by staff involved in the incident.
- 7.31 There were two special cells in the segregation unit. Use of the cells had increased since the previous inspection. They had been used 14 times in 2009 and three times so far in 2010. As well as being used as regular segregation accommodation, the cells had been used overnight, to accommodate a prisoner on a constant watch, a prisoner who was self-harming and a prisoner who had been taken ill and requested medical help; at no stage had he been seen by medical staff. The prisoner who was self-harming had blocked all means of observation into the

cell and remained unobserved, with no verbal response for over three hours, as staff had not entered the cell to check on him. Documentation was poorly completed, with little information on why prisoners had been held in the special accommodation and little information to justify the overnight stays.

- 7.32 Use of force was monitored in detail at the monthly segregation monitoring meetings and at the monthly control and restraint meetings. The latter meeting also monitored the number of staff trained, which stood at 94% at the time of the inspection.

Further recommendations

- 7.33 Force should be used only as a last resort.
- 7.34 Incidents of inappropriate use of force or use of batons should be investigated fully and the prisoner interviewed as part of that investigation.
- 7.35 Use of force documentation should be certified by an appropriate manager not involved in the incident.
- 7.36 Special accommodation should not be used for constant watches or to accommodate prisoners who are self-harming, except in exceptional circumstances.
- 7.37 Monitoring of prisoners in special accommodation should take place at frequent and irregular intervals, at a minimum of every 15 minutes, unless more frequent checks are authorised.
- 7.38 Documentation relating to the use of special accommodation should be properly completed and give a full account of why a prisoner is located there. Prisoners should be relocated from special accommodation as soon as its use is no longer justified.

Segregation unit

- 7.39 Apart from the special cells, the segregation unit also provided 11 regular cells. The communal and cell areas were clean and the showers well maintained. The floors in all the cells, including the special cells, had tiles missing. A dedicated staff group had been appointed to work in the unit, all of whom had been approved by the governor. We observed positive and respectful relationships between staff and prisoners on the unit.
- 7.40 Use of the unit had reduced since the previous inspection, with 86 prisoners held there between December 2009 and the time of the inspection. Of these, 12 had remained on the unit for over 30 days. A policy of not transferring prisoners out of the prison from the unit had been in place since the previous inspection but it was difficult to ascertain how many prisoners had been transferred out and how many returned to normal accommodation in the prison, as full records were not kept.
- 7.41 All prisoners were strip-searched on location to the unit. At the time of the inspection, there were seven prisoners resident on the unit, all for reasons of good order or discipline. All had been correctly authorised to remain in segregation and reviews had all been carried out on time. An additional sheet had been added to the segregation documentation, for the purpose of recording reviews fully. Some reviews were better documented on this sheet than others, giving a full account of what had been discussed, while others had been left blank. Written contributions by staff in individual history sheets were mainly observational, despite the in-

depth knowledge they had of the prisoners in their care. Reviews were attended by other agencies, such as counselling, assessment, referral, advice and throughcare (CARAT) and mental health staff, where required. There was evidence to show that prisoners were subject to phased returns to normal residential units in the prison.

- 7.42 The regime on the segregation unit was limited, although a small number of prisoners were able to attend corporate worship and offending behaviour programmes off the unit. Exercise was carried out in association when risk assessments showed this to be appropriate and safe. One cell had been supplied with in-cell electricity but had not been used to provide additional facilities for prisoners, such as access to television, for those not under any form of punishment.
- 7.43 Use of the segregation unit was monitored monthly through the segregation monitoring and review group. Although some trends had been identified, there was no record of action taken or follow-up monitoring.
- 7.44 Until April 2010, I wing had been used to house prisoners seeking protection. Prisoners on this wing had been given individual care plans and additional support, such as escorts to appointments and activities. At the time of the inspection, there were six prisoners on the unit remaining under the supported prisoner policy, three of whom had been located on the wing after the policy had been rescinded. Despite the unit being no longer designated for prisoners needing protection, the segregation unit policy stated that consideration should be given to locating prisoners on I wing, as opposed to the segregation unit, in instances where protection was sought. Staff and prisoners were unclear about the status of I wing and what support could be given to prisoners on the wing.

Further recommendations

- 7.45 Prisoners should only be strip-searched on location to the segregation unit following a risk assessment.
- 7.46 The regime in the segregation unit should be reviewed and access to association and additional facilities such as television implemented where appropriate.
- 7.47 The purpose of I wing should be clearly defined and the segregation unit policy should reflect this.

Housekeeping points

- 7.48 A record of the final outcome for prisoners leaving the segregation unit should be kept and statistics analysed to inform future practice.
- 7.49 Floor tiles in segregation cells should be replaced.
- 7.50 Action taken as a result of trends identified by the segregation monitoring and review group should be minuted.

Incentives and earned privileges

Expected outcomes:

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

- 7.51 All staff working with prisoners should be made aware of the revised incentives and earned privileges (IEP) scheme and their role in it. (6.38)

Achieved. Staff and prisoners had been made aware of the policy, which had been revised again recently. All were aware of how it applied to them and what their responsibilities were.

- 7.52 Paperwork relating to prisoners on basic should be easily accessible to staff coming on duty, should make it clear why the prisoner is on basic, when the last review was and the outcome, when their next review is due, what regime he is on and what targets have been set to encourage an improvement in behaviour. (6.39)

Achieved. Paperwork relating to prisoners on basic was easily accessible to staff. There were records of the reasons for prisoners being on basic, when reviews had been carried out or were due and the targets that had been set to encourage better behaviour.

- 7.53 Prisoners on basic for more than a few days should receive additional support to help them progress. (6.40)

Achieved. There was evidence that prisoners on basic were set realistic and meaningful targets, with incremental incentives to encourage them to improve their behaviour. These incentives were developed to reflect individual prisoners' priorities; some were given additional association, while others were given access to a television. Staff recorded individual meetings with prisoners and what had been done further to encourage them to progress. Prisoners on basic were reviewed every seven days.

- 7.54 Prisoners on basic should still receive a minimum of four visits a month and their visits should last as long as those of other prisoners. (6.41)

Not achieved. Prisoners on basic could receive only two visits a month.
We repeat the recommendation.

- 7.55 Supported prisoners on I wing should be eligible for enhanced status. (6.42)

No longer relevant. I wing had been designated as normal residential accommodation, with supported status removed.

Additional information

- 7.56 The recently revised IEP policy described the expected behaviour at each level of the scheme and how prisoners could be demoted or promoted between the different levels. Prisoners were reviewed after receiving three warnings (one warning if they were on enhanced) or after one serious disciplinary offence.

- 7.57 At the time of the inspection, there were 310 prisoners on enhanced, 224 on standard and eight on basic. The differentials between the three levels were indistinct; the facilities list referred to items that were prohibited or limited, depending on IEP level, and prisoners were confused about their entitlements. The differentials between the regime levels were inadequate. Prisoners were able to stay on the level of the scheme that they were on at their previous establishment. The policy allowed for prisoners to be automatically downgraded from enhanced to basic for some offences, even when they had already received a punishment for a proven adjudication, although we found no evidence that this had happened.
- 7.58 One failure to attend work by a prisoner on enhanced, and three by a prisoner on standard, could trigger an IEP review. There had been a recent drive to ensure that all prisoners were allocated an activity place, and those who refused to attend were reviewed for demotion to basic. Any progression required active engagement in seeking work (if sacked) and attending.
- 7.59 Staff could issue warnings to prisoners for poor, or give commendations for good, behaviour, which were filed in individual wing records. Since the introduction of P-NOMIS, not all personal officers had completed monthly IEP reviews. This had resulted in the scheme not being applied consistently, with some prisoners not being reviewed after receiving numerous warnings. Management checks had identified this but it had not been acted on.
- 7.60 Residential senior officers had responsibility for undertaking IEP reviews. They often took place with no other staff present, despite the policy requiring personal officers to attend. Prisoners were able to attend reviews or provide a written submission. The documentation we examined showed that reviews were recorded in detail and explained why decisions had been made. Suitable targets were set, according to prisoners' behaviour and the improvements that were expected of them. We observed some flexibility in applying the scheme and we noted that prisoners were sometimes given a chance to improve their behaviour before being demoted, depending on the circumstances leading to the review. Management checks on IEP review boards were carried out monthly by residential governors.

Further recommendations

- 7.61 Prisoner's entitlements under the IEP scheme should be clarified, with clear differentials between the three levels.
- 7.62 Prisoners should not face automatic demotion to basic on the IEP scheme for a serious offence without a separate IEP review.
- 7.63 The IEP scheme should be applied consistently and according to the published policy, with personal officers completing monthly reports on prisoners' IEP status.

Section 8: Services

Catering

Expected outcomes:

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

8.1 Broken equipment and trolleys should be repaired. (7.8)

Partially achieved. At the time of the inspection, the trolleys were in working order, but the dishwasher, copper pans and fryer were broken. This had been reported but we were told by the catering manager that it could take some time before they were fully functioning.
We repeat the recommendation.

8.2 All prisoners and staff involved in food preparation and serving should receive the appropriate training. (7.9)

Partially achieved. The seven staff and 25 prisoners that were employed in the kitchen had received the basic food hygiene certificate. Only nine of the 34 servery workers had completed the training.
We repeat the recommendation.

8.3 Halal food should be stored separately. (7.10)

Not achieved. Halal food continued to be stored with vegetarian and vegan meals because of the limited storage space.

Further recommendation

8.4 Vegetarian and vegan food should be stored separately from halal meal products.

8.5 Breakfast should be served on the day it is eaten. (7.11)

Not achieved. Breakfast packs were distributed at lunchtime on the day before consumption.
We repeat the recommendation.

8.6 Published meal times should be adhered to. (7.12)

Not achieved. Meals were served 15 minutes earlier than the published times.
We repeat the recommendation.

8.7 Catering staff should provide written responses to entries in food comments books. (7.13)

Partially achieved. Catering staff provided some written responses to entries in the food comments books. However, too many of them merely stated that they had noted the comment, and some said that they did not agree with the comment. Other comments had not received a response. Some respondents acknowledged the concern that had been raised and stated that

it would be looked into but it was unclear where the outcome of enquiries was recorded and how this was fed back to prisoners.

Further recommendation

8.8 Catering staff should provide written response to entries in food comments books that are not defensive or dismissive, and address the points raised by the prisoners, with possible solutions where necessary.

8.9 **Servery workers should be provided with clean protective clothing as required. (7.14)**

Partially achieved. Protective clothing and footwear were provided but on some wings they were not particularly clean, and on other wings the servery workers did not wear them.
We repeat the recommendation.

8.10 **Waste food should be removed from servery areas immediately following the serving of meals and food trolleys should be properly cleaned after each meal. (7.15)**

Not achieved. During a night visit and early morning visit, we observed that waste food had been left on the wing serveries of the newer wings, and on D wing spillages and waste food had been left overnight. In the main kitchen, the floor had been left in a dirty state and food containers had not been washed properly and/or disposed of and contained food residue. Standing water had been left in one of the sinks. Food trolleys had not been cleaned properly after each meal. The catering manager told us that the trolleys and the servery were the responsibility of wing staff and orderlies.
We repeat the recommendation.

Housekeeping point

8.11 The main kitchen, surfaces, sinks and floors should be cleaned properly at the end of the working day and food residue should not be left in the kitchen.

Additional information

8.12 In our survey, only 14% of prisoners said that the food was good or very good compared with the 30% comparator. The basic menu did not adequately reflect the diversity of the population, but efforts were made to provide cultural meals and events throughout the year. Fruit was available at each mealtime and there were halal, healthy and vegetarian meal options each day. Regular food surveys were conducted, and prisoners' comments were reflected in the menu.

8.13 During the inspection, prisoners complained about portion size, and in some of the food comments books, this was an ongoing remark made by prisoners. Duty governors did not regularly visit the serveries to taste the meals and ensure that the food was of a sufficiently good standard (see main recommendation HP57). The food portions that we saw were reasonable, as was the taste. We were told by the catering manager that, due to staffing shortages, she was not able to visit the wings as regularly as she should or attend key committee meetings, such as prisoner consultation meetings or the diversity and race equality action team meeting.

- 8.14 There was poor supervision at mealtimes on some of the older wings. In the safety interviews we conducted, the serving of meals was identified as a time where prisoners felt unsafe. We observed mealtimes on both the old and newer wings and found that, on the older wings, staff did not appropriately supervise the meal queue, resulting in prisoners taking large quantities of fruit and extra breakfast packs, pressuring servery workers for more food, changing their meal choices, jumping the queue and being verbally abusive to servery workers and staff. The noise level during mealtimes was loud.
- 8.15 Although there was sufficient space on some of the wings for prisoners to dine in association, they ate in their cells. We were told by staff that the opportunity to dine in association had been provided but as few prisoners had done so, the provision had been withdrawn.

Further recommendations

- 8.16 There should be more culturally diverse meals on the menu to reflect the diversity of the prison population better.
- 8.17 The catering manager should attend key meetings and prisoner consultation meetings.
- 8.18 Meal times should be supervised properly by staff and inappropriate behaviour should be dealt with via the IEP scheme.
- 8.19 Prisoners should be able to dine in association and encouraged to do so.

Housekeeping point

- 8.20 Members of the catering team should attend each wing during meal service on a weekly basis.

Prison shop

Expected outcomes:

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

- 8.21 **Prison managers and Aramark staff should work together to reduce the turnover of prisoner workers in the shop and to improve the quality of the service they deliver. (7.22)**

No longer relevant. Following the change of the national contract to DHL, there was no longer a requirement for the establishment to provide a service to the new provider. The workshop had been reassigned as a packing shop.

- 8.22 **Consultation with prisoners about the range of items available in the shop should be improved and include specific input from black and minority ethnic groups. (7.23)**

Achieved. There was regular monthly consultation with prisoner wing representatives to discuss canteen issues and review the goods available for order; the outcomes of these meetings influenced the amendments to the shop list. Four of the wing representatives were from black and minority ethnic groups and the variety of cultural goods was considered at the

meeting. Despite this, in our survey, black and minority ethnic prisoners were significantly less satisfied than white prisoners about the range of goods available from the shop.

8.23 Prisoners should be able to check their shop order properly at the point of receipt, and to report any mistakes promptly. (7.24)

Achieved. The goods were delivered to the prison in clear plastic bags. They were checked against the order sheet and, once prisoners were satisfied that the goods were correct, they signed for and took possession of them. Any amendments were noted by staff and correction sheets were compiled and sent via the finance department to DHL, which usually refunded the cost of the missing/damaged goods within the same week. There was a tracking system to ensure that all refunds were received in good time from DHL.

Additional information

8.24 There were 350 items on the shop list and this included a range of fruit and also cultural and religious items. In our survey, only 34% of prisoners, against a comparator of 46%, felt that the shop met their needs. For black and minority ethnic prisoners, this figure was only 22%, against a comparator of 43%. Prisoners in our groups said that they were reasonably happy with the range of goods but complained that the prices had gone up since the change in the contract from Aramark to DHL.

8.25 The prisoner representative had met a senior manager to discuss the impact of the removal of all glass items from the shop list (this had been a national directive from the National Offender Management Service). This meeting had influenced the choice of replacements, and managers had worked with prisoners to identify the items that they wanted to be included on the list.

8.26 There was a wide range of catalogues available (15) and there was no administration charge for their use. Some hobby materials were also available for purchase on the shop list. Newspapers could be ordered through the finance department on a rolling basis. Magazines could also be ordered but they had to be reordered each week. It was possible for families and friends to arrange for magazines to be sent in, as long as they came directly from the supplier.

8.27 Canteen forms were issued on a Monday, for collection no later than Tuesday lunchtime. Prisoners arriving after Monday did not receive any ordered goods until the Friday of the following week.

8.28 Goods were collected from a central point on the older wings, and at cell doors on the new wings. There was no facility for an advance of wages for prisoners arriving with no money. This particularly affected prisoners transferring in from private prisons (see section on courts, escorts and transfers). Prisoners were given a monthly account statement and could request a printout at any time, at a cost of 10 pence. Staff were able to check prisoners' accounts at any time on P-NOMIS.

Further recommendation

8.29 Prisoners should be able to purchase goods from the prison shop within 24 hours of arrival.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 **Senior managers should provide the strategic overview and direction necessary to ensure that the resettlement strategy is implemented, monitored and reviewed in the most effective way. (8.6)**

Achieved. There was sound governance of resettlement, overseen by the resettlement governor and the head of reducing reoffending and supported by two resettlement managers. There was a bi-monthly resettlement policy committee, chaired by the head of reducing reoffending, attended by the pathway leads and by organisations working in the prison. This was complemented by bi-monthly meetings between the key staff for each pathway and the head of resettlement. Minutes of these meetings showed that they concentrated on specific and practical issues of implementation and development.

- 9.2 **Resettlement staff and other service providers should be able to share information, discuss progress and contribute to developments in policy and practice. (8.7)**

Achieved. A partnerships meeting had been initiated in March 2010 which included all providers of resettlement services. The minutes of this first meeting showed that attendance had been full and that the agenda had covered each pathway. Some suggestions had been made for developments in practice, but the meeting had mainly involved information sharing. The date of the next meeting had not been set.

Further recommendation

- 9.3 The partnerships meeting should be held regularly and allow partners to contribute to developments in practice.

- 9.4 **All prisoners being released into the community should have a comprehensive and structured process of pre-release planning and preparation, based on the seven resettlement pathways. (8.8)**

Achieved. A weekly pre-discharge case conference meeting was held, attended by an appropriate range of staff, including from the health care department, counselling, assessment, referral, advice and throughcare (CARAT) service, careers information and advisory service (CIAS) and accommodation service. Prisoners were considered between four and six weeks before discharge, and targets set. Each prisoner was kept on the agenda until all their targets had been achieved.

Additional information

- 9.5 The management of resettlement had been strengthened by the appointment of a head of reducing reoffending and a head of resettlement. These managers had set up an effective management structure which provided the means to develop and control resettlement services.
- 9.6 The needs analysis prepared in April 2010, based on an audit of offender assessment system (OASys) assessments, provided useful information about the interventions required, and the plans we saw indicated that the information was being used for planning to meet prisoners' needs. However, the needs analysis did not differentiate between the specific needs of diverse groups according to disability, age or ethnicity.
- 9.7 The prison was committed to developing a good resettlement service. A resettlement liaison officer had been appointed, mainly concerned with employment and training opportunities for prisoners, to advise residential staff and drive release on temporary licence (ROTL) opportunities. The prison had begun to consult with partners but monitoring did not include consultation with prisoners and offender managers.

Further recommendations

- 9.8 A needs analysis should be prepared which identifies the needs of diverse groups in the prison population.
- 9.9 Monitoring of resettlement should include consultation with prisoners and offender managers.

Offender management and planning

Expected outcomes:

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

- 9.10 All prisoners should have a named person (offender supervisor or personal officer) who is responsible for motivating the prisoner and working with him to ensure that sentence plan targets are implemented. (8.17)

Achieved. All prisoners sentenced to longer than 12 months were allocated an offender supervisor, whom they met within their first 10 days at the establishment. For those serving less than 12 months, their personal officer was responsible for resettlement needs. Lower-risk prisoners serving more than 12 months but out of scope for offender management were assessed by an offender supervisor, and personal officers were responsible for ongoing contact to motivate the prisoner and ensure that targets were met. Personal officers were not confident in the offender supervision role (see section on personal officers). Offender supervisors for higher-risk prisoners in scope for offender management held wing surgeries, so they were accessible to prisoners on their caseload, but they did not have a minimum standard of meeting regularly with prisoners on their caseload. They ensured that sentence planning targets were met, either at Wellingborough or by transfer to appropriate establishments. In our survey, significantly more prisoners than at the previous inspection said that a member of staff

had helped them to prepare for release (28% compared with 19%) but this was significantly fewer than at comparator prisons (33%).

Housekeeping point

9.11 A minimum level of contact with prisoners should be set for offender supervisors.

9.12 **A detailed action plan should be drawn up in consultation with life-sentenced prisoners to ensure that recent errors are rectified and that all aspects of the lifer management process are delivered on time and to an acceptable standard. (8.18)**

Not achieved. There were no action plans for life-sentenced prisoners, and for many of them the problems that we identified in the previous report persisted. There were 16 parole dossiers overdue by up to 12 months and the delays were due to prison-based staff in all but two cases. The managing of these delays was ineffective and decisions by offender supervisors to hold back reports until a programme had been completed were not challenged by managers. There was no effective system in the offender management unit (OMU) to chase reports from other prison departments such as the gym and workshops. Town visits for life-sentenced prisoners were also delayed by staffing shortages, by up to 18 weeks in one case. The solution proposed by the manager of prisoners serving indeterminate sentences for public protection (IPP) was to delay seeking the governor's approval for the visit until staff were in place; however, while this might remove the requirement for the individual to reapply, it would not reduce the wait for the visit.

We repeat the recommendation.

9.13 **All reports for recategorisation and release on temporary licence (ROTL) applications should be completed promptly. A formal system should be introduced for chasing up overdue reports, in order to minimise delays. (6.10)**

Not achieved. The protocol for ROTL applications set a target of reports being received within four weeks. At the time of the inspection, there were 46 applications waiting for a board, of which 23 were past the four-week deadline. Figures quoted at the time of the inspection stated that there were also 85 recategorisation applications which had not been considered and were beyond their review date; there were 51 waiting for a personal officer report, 22 for external Victim's Charter reports and 22 for UK Border Agency (UKBA) decisions. There was no effective system for ensuring that internal reports were provided on time or for chasing external reports.

We repeat the recommendation.

Additional information

Sentence planning and offender management

9.14 The prison held 289 prisoners in scope for offender management, with just under 300 out of scope and three prisoners were serving sentences of less than 12 months. An integrated offender manager system had just been introduced and the OMU comprised eight full-time equivalent administrative officers, working with seven full-time equivalent probation staff. Each offender supervisor and caseworker had a caseload for which they provided the full range of services, so there were no specialists for recategorisation, ROTL, home detention curfew (HDC) or IPP prisoners. The allocation of cases to caseworkers and offender supervisors was

based on workload and did not reflect the type of prisoner, risk levels (except for the allocation of out-of-scope assessments) or home area.

- 9.15 The offender management files we examined were comprehensive and risk assessments were realistic. Targets for sentence plans addressed risk issues but there was less focus on resettlement targets, such as work and education. The involvement of offender managers was encouraged through the use of telephone conferencing. Offender management files were monitored by the senior probation officer and the head of resettlement, with appropriate feedback to staff.
- 9.16 Offender supervisors told us that they received too many prisoners who had targets to undertake interventions which were not available at the prison. There was evidence that they worked to ensure that such prisoners were moved or temporarily transferred to nearby prisons where the intervention was available. In our survey, only 57% of respondents said that they could meet some or all of their sentence plan targets in the prison.
- 9.17 HDC procedures were managed proactively. Prisoners were contacted and provided with application forms eight weeks before their eligibility. In the previous six months, only 17 of the licences approved had been put into effect on their eligibility date. All but one of the delays in the other cases had been for reasons external to the prison, such as late reports from the Probation Service, late transfers and lack of suitable accommodation.
- 9.18 ROTL was used rarely, with just 18 out of 175 applications approved in the previous six months. Most applications granted were for family ties or compassionate reasons but the newly appointed resettlement officer was planning to increase the number of work-related ROTL opportunities substantially.

Further recommendations

- 9.19 The rationale for allocating prisoners to offender supervisors should reflect the level of complexity of the case and the home area of the prisoner.
- 9.20 Release on temporary licence should be used to provide support for the full range of resettlement needs.

Categorisation

- 9.21 Categorisation processes were sound, with reports from appropriate sources and involvement of the prisoner, but were subject to long delays (see recommendation 9.13), and the backlog was not managed effectively.
- 9.22 At the time of the inspection, the prison held 12 category D prisoners, most of whom had not been waiting for more than six weeks for a transfer. Where there was a longer delay, it was for a valid reason such as programme completion.
- 9.23 Recategorisation was denied to foreign national prisoners until the UKBA decided on their intention to deport. This led to inequity because the UKBA did not consider cases until 12 months after a prisoner was eligible for recategorisation.

Further recommendation

- 9.24 Recategorisation and transfer of foreign national prisoners should take place within the same time parameters as for other prisoners.

Public protection

- 9.25 The prison contained a total of 392 prisoners subject to multi-agency public protection arrangements (MAPPA) registration but only 16 were at levels 2 or 3, which required intervention by and involvement from the prison.
- 9.26 Systems for identifying and managing potential public protection cases were robust. An initial sift of receptions was undertaken and this was double-checked by the public protection clerk, who contacted offender managers for further information. A weekly meeting, chaired by the full-time public protection coordinator considered all new notifications and included the offender supervisor. The specialist public protection probation officer and any offender supervisors allocated to the cases due for consideration also attended.
- 9.27 Prisoners who were to be subject to restriction were formally informed and their monitoring was reviewed every three months.
- 9.28 An interdepartmental risk management meeting was held monthly, where all cases at MAPPA level 3 were discussed and any referrals from prison staff, especially offender supervisors, were considered. There were good relationships with outside agencies and there was an effective police liaison officer.

Indeterminate-sentenced prisoners

- 9.29 At the time of the inspection, there were 53 life-sentenced prisoners and 61 serving indeterminate sentences for public protection (IPP). Until recently, life-sentenced and IPP prisoners had been held on a specialist wing but were now spread across all residential units. They did not have specialist offender supervisors but were allocated among the probation officer grade. In our groups, many IPP prisoners complained about parole delays and the lack of differentiation from determinate-sentenced prisoners in their treatment. Many expressed a lack of confidence in their management.
- 9.30 Lifer days had been replaced by family days. These had originally been open only to enhanced prisoners but this restriction had been lifted and they were now open to all prisoners, including all long-term prisoners.
- 9.31 The IPP manager was a senior officer with experience of working on the specialist lifer unit. He had attempted to start IPP consultative groups but the two meetings he had held had been poorly attended, so he now provided a newsletter to all IPP prisoners, based on enquiries he had dealt with over the previous weeks and other current items of interest.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 9.32 Prisoners should have access to specialist resettlement advice and guidance as necessary, throughout their sentence. (8.31)

Not achieved. Since the previous inspection, an enthusiastic resettlement team had been established and work was under way to develop work placements in the community. Jobcentre Plus attended the prison five mornings a week to provide debt and benefit advice, but did not routinely offer a job search facility. A pilot project provided support with CV writing and job search for particularly hard to help local prisoners. A pre-release course for local prisoners had been devised but was not yet being offered. For most prisoners, support to find education, training and employment on release was inadequate (see also recommendation 6.16).
We repeat the recommendation.

- 9.33 Suitably selected, trained and supported peer advice workers should be available to assist other prisoners and complement the work of prison and agency staff in areas such as accommodation, finance and benefit advice. (8.32)

Achieved. Two prisoners had been selected in the previous two months and trained by Nacro as peer advice workers. They provided a service by working alongside Nacro staff in their office and saw prisoners on residential units. The training they had received was comprehensive but had not led to a qualification.

Further recommendation

- 9.34 Prisoners trained as peer supporter workers should be able to gain a qualification which accredits their training.

Mental and physical health

- 9.35 Health services should liaise with the resettlement department and should ensure that health and social care needs are assessed and relevant contacts made with agencies that can assist on release. (8.33)

Achieved. Resettlement policy meetings were attended by the health centre manager, and nurses attended prisoner-focused resettlement meetings at which individual prisoners' resettlement activities were coordinated. Prisoners were invited to attend a weekly health discharge clinic, at which their post-release health and social care needs were assessed and pre-release work was commenced. Prisoners suffering severe and enduring mental health problems were looked after under the care programme approach and received good throughcare and pre-release case management. Health services staff had contributed to a

multi-departmental resettlement pathway portfolio to address the issues identified. The pathway had not been implemented at the time of the inspection.

9.36 There should be a palliative care and end-of-life care policy developed in partnership with local service providers. (8.34)

Achieved. There was a palliative and end-of-life care policy developed with external partners.

Finance, benefit and debt

9.37 Prisoners should be encouraged and assisted to open bank accounts before release. (8.35)

Partially achieved. Information was available for prisoners who wished to open a bank account on release, and they could be helped with providing identification. They were not proactively encouraged or helped to open bank accounts before release.

We repeat the recommendation.

Additional information

- 9.38** Nacro had provided the accommodation service at the establishment since 2006 and there were two full-time staff. They saw prisoners weekly on induction and completed an assessment, and ensured that prisoners who had been missed were sent a follow-up letter. They ran bi-monthly surgeries to offer a service throughout prisoners' sentences. The trained peer supporters also provided a drop-in service during the core day. There were posters advertising the work of Nacro on residential units. In our survey, 36% of prisoners said that they thought they would have a problem with accommodation on release, which was significantly better than at the time of the previous inspection (51%).
- 9.39** As well as finding accommodation for prisoners on release, the service included securing tenancies where appropriate, transfer or back payments of housing benefit and closing down tenancies. Prisoners with rent arrears were encouraged and facilitated in making nominal repayments to demonstrate suitability for a possible future application with providers.
- 9.40** Nacro had not developed through the gate links with community-based services which could provide floating support for released prisoners.
- 9.41** The prison recorded a figure of 92.5% of discharged prisoners going to settled accommodation. Those who did not have settled accommodation were helped to find temporary bed and breakfast places.
- 9.42** A small sample of offender managers that we contacted confirmed that, after a month, released prisoners were in the accommodation designated on release as settled. One prisoner released with no fixed abode had gone to bed and breakfast accommodation but had been homeless after that placement and had ultimately been accommodated in a night shelter.
- 9.43** A good tenant course, which included how to apply for accommodation, budgeting, retaining a tenancy and what to do if made homeless, was run bi-monthly.
- 9.44** Communication between the agencies providing support had improved and the needs of prisoners six weeks from release were discussed jointly. In our survey, fewer prisoners than at

the time of the previous inspection said that they would have problems claiming benefits (22% against 37%) or with finances (23% against 47%) on release.

- 9.45 There was no assessment of prisoners' financial situations on induction but the Jobcentre Plus worker gave information about the service she provided. She obtained arrears of benefits for prisoners, closed down outstanding claims and advised prisoners nearing release about suitable benefits and assisted with making applications for Community Care grants. She also set up appointments for making fresh benefits claims and provided some information about training and job opportunities. There was no access to the Jobcentre Plus computer information network, which hampered the provision of advice and information.
- 9.46 Citizens Advice provided a worker one morning a week to advise prisoners on debt and finance problems. The service had been operating for six weeks and had dealt with outstanding debts by contacting creditors and advising prisoners. While it was a new service, demand appeared to be high and growing.
- 9.47 Nacro provided a bi-monthly money management course for six prisoners, which covered benefits, debt management, budgeting and preparation for release.
- 9.48 The CIAS had a structured process to provide information, advice and guidance at the beginning, during and the end of sentence. Some meetings were set up with external training organisations and colleges for prisoners when they left the prison. However, these organisations were not brought into the prison to meet prisoners before their release. End-of-sentence links with resettlement were not sufficiently established to manage transitions from prison to life in the community.

Further recommendations

- 9.49 Nacro should identify support networks in areas to which prisoners are released, to offer them ongoing assistance.
- 9.50 Prisoners' financial situations should be assessed on induction and they should be referred to relevant services.
- 9.51 The Jobcentre Plus worker should be provided with access to the Jobcentre information system while in the prison.
- 9.52 Demand for debt advice services should be monitored and the service expanded to meet need.
- 9.53 There should be improvements in the level of detail and use of the outcomes from information, advice and guidance arrangements to support activity allocation, sentence planning and resettlement.

Drugs and alcohol

- 9.54 **A drug strategy manager should be appointed to implement and monitor the strategy, and to develop strategic links with community planning bodies. (8.50)**

Achieved. The deputy governor had been appointed as drug strategy manager approximately eight weeks before the inspection.

9.55 A comprehensive needs analysis should be carried out to inform the drug and alcohol strategy and future service provision. (8.51)

Achieved. A needs analysis had been conducted in 2008, before the establishment of integrated drug treatment system (IDTS), but not since, although a questionnaire was circulated to prisoners during the inspection. There were separate drug and alcohol strategies, dated 2010/11 but based on old information. The new drug strategy manager had plans to conduct an up-to-date needs analysis and a review of the strategic documentation, and establish a new action plan.

9.56 Prison staff should receive substance misuse awareness training. (8.52)

Partially achieved. Approximately 30% of staff had received substance misuse awareness or IDTS awareness training. CARAT staff and the IDTS nurse delivered an ongoing programme of IDTS awareness training to all prison staff. At the time of the inspection, gym staff were in the process of receiving steroid awareness training but there was no ongoing programme of general substance misuse awareness training for staff.

We repeat the recommendation.

Further recommendation

9.57 Future analyses of drug treatment needs should include an analysis of existing levels of staff drug awareness and identify any gaps in their knowledge and skills.

9.58 The establishment should ensure that counselling, assessment, referral, advice and throughcare (CARAT) officers are not diverted to other duties. (8.53)

Not achieved. The single CARAT officer was regularly diverted to other duties. In the month before the inspection, he had been diverted for a total of 35 hours.

We repeat the recommendation.

9.59 CARAT provision should be extended to reflect demand by prisoners for substance abuse services. (8.54)

Not achieved. The CARAT service was limited due to understaffing. When the CARAT officer was diverted to other duties, the remaining two CARAT workers with a caseload were spread too thinly. In addition, the team was short of one full-time worker and a full-time manager (see further recommendation 9.70). At the time of the inspection, the manager role was being covered by a governor grade who, despite being effective in the post, had had no previous drug treatment experience. The senior practitioner had previously been in the acting manager role but had received no clinical supervision in the previous 12 months.

We repeat the recommendation.

9.60 The CARAT service should offer group work modules to supplement the work undertaken on a one-to-one basis. (8.55)

Achieved. Despite the staff shortages, the CARAT team ran group work modules from the IDTS 28-day psychosocial programme, according to prisoners' assessed needs. However, there was no involvement by health service staff or the IDTS nurse in the group work, mainly because the IDTS nurse had to cover health care duties.

Housekeeping point

9.61 The group work modules should be run by a multidisciplinary team, including both CARAT and health services staff.

9.62 There should be sufficient services and interventions for prisoners with alcohol problems. (8.56)

Achieved. Basic alcohol awareness was delivered during induction and before release, and CARAT workers delivered more in-depth alcohol awareness to poly-drug users, either on a one-to-one basis or as a module from the IDTS psychosocial group work programme. The establishment had also arranged for two drug and alcohol counsellors (students on placement from a counselling degree course at Leicester University) to attend the prison for three to four hours a week to work with alcoholics. Alcoholics Anonymous staff also attended the prison weekly, and alcohol breath testing was available for prisoners suspected of consuming hooch.

Additional information

9.63 CARAT waiting times were up to 12 weeks, comprehensive substance misuse assessments took up to 10 days (twice the target).

9.64 The prison addressing substance related offending (P-ASRO) programme was in place and well run but was also understaffed, being short of one facilitator and the officer being diverted to other duties too frequently (for 28 hours in the month before the inspection). CARAT workers referred prisoners to the P-ASRO team but the number of referrals had decreased because of the reduction in new arrivals and the CARAT service backlog, and at the time of the inspection there were none.

9.65 The IDTS team (both clinical and psychosocial) was generally well thought of by most of the prisoners that we spoke to, although some prisoners complained that CARAT staff did not work sufficiently with those on methadone. In our survey, only 77%, against a comparator of 88%, said that they knew whom to contact in the prison to get help for drug or alcohol problems, although 79%, against a comparator of 77%, said that they had received help. Integration of clinical and psychosocial services was good, with weekly meetings between nurses and CARAT staff and full involvement, including the GP, in three-monthly clinical reviews.

9.66 CARAT information posters and leaflets were visible in all key areas of the prison. The literature was informative, plentiful and checked and updated regularly. There was also a range of CARAT information available in languages other than English.

9.67 Compact-based drug testing (CBDT) was available, with 300 compacts in place. A clean and appropriately equipped testing suite was situated between F and G wings. G wing was designated as the voluntary testing unit, but its role was unclear, as there was no additional drug treatment-related support available for prisoners on the unit. The positive CBDT rate for the six months from November 2009 to April 2010 was quoted as 3.06%. Prisoners were given the incentive of a £2 PIN telephone credit on achievement of five consecutive negative tests.

9.68 Links with local drug intervention programmes (DIPs) were good. DIP workers visited the prison regularly and gate pick-ups were available for prisoners being released locally. London DIPs kept in contact with prisoners due for release mostly by telephone. CARAT workers also

had contact with a range of other community agencies that could help prisoners with their resettlement issues. In our survey, 18% (against the 22% comparator) said that they thought they would have a problem with drugs or alcohol on release, although only 62% (against the 75% comparator) said that the interventions they had received had been useful.

- 9.69 Since the start of IDTS, only a small number of prisoners had been released on methadone prescriptions, although links with community prescribers were seen as helpful and positive by the clinical IDTS staff.

Further recommendations

- 9.70 Staff vacancies for the CARAT and prison addressing substance related offending (P-ASRO) teams should be filled as soon as possible.
- 9.71 The establishment should ensure that P-ASRO officers are not diverted to other duties.

Children and families of offenders

- 9.72 **The community engagement officers should be fully involved in all decisions and discussions relevant to developing services for visitors and the children and families of offenders. (8.70)**

No longer relevant. The community engagement officer posts had been removed approximately two years previously and not replaced.

- 9.73 **All prisoners, regardless of their incentives and earned privileges (IEP) status, should be eligible to apply for a family visit. (8.71)**

Achieved. Prisoners on all levels of the IEP scheme had been able to apply for family visits since June 2010.

- 9.74 **Visitors should be able to book their next visit during the current one. (8.72)**

Not achieved. While visitors could submit an application for their next visit during the current one, they did not receive a response before leaving the establishment.

We repeat the recommendation.

- 9.75 **Visitors and prisoners should be able to book visits up to four weeks in advance. (8.73)**

Achieved. Visits could be booked up to four weeks in advance by either prisoners or their visitors.

- 9.76 **Newly arrived prisoners should be able to have a visit during their first week at the establishment. (8.74)**

Achieved. The capacity in the visits hall had been increased and newly arrived prisoners could now book visits during their first week at the establishment.

- 9.77 **Transport from the local town centre should be provided for visitors. (8.75)**

Not achieved. There was no transport provided from the local town centre.
We repeat the recommendation.

9.78 Visitors' car parking should be closer to the prison, and special arrangements made for blue badge holders. (8.76)

Partially achieved. Parking spaces for the disabled were available close to the prison but general visitor parking was still some distance away. Staff said that visitors could use the closer parking spaces, and many did, but these spaces were signposted as staff parking.

Housekeeping point

9.79 Visitors' car parking should be closer to the prison and clearly designated.

9.80 A public telephone should be available in either the visitors' centre, or the prison itself. (8.77)

Achieved. A public telephone had been installed in the visitors' entry area.

9.81 Visits should commence at the advertised time. (8.78)

Achieved. Despite confusion over the visits start time (see additional information), those we observed started on time.

9.82 Prisoners should not be required to wear a yellow sash or any other special clothing during a visit. (8.79)

Not achieved. Prisoners were still required to wear yellow sashes during visits.
We repeat the recommendation.

9.83 Prisoners should be able to use the toilet during a visit. (8.80)

Not achieved. Prisoners who used the toilet during visits were required to forfeit the remainder of their visits time and return to the wing.
We repeat the recommendation.

9.84 An adequate and welcoming environment for both open and closed visits should be provided. (8.81)

Partially achieved. The visits hall had been extended and refurbished but the closed visits provision was poor, with dirty booths and graffiti on walls and furnishings.

Further recommendation

9.85 The closed visits booths should be well decorated, clean and graffiti free.

Additional information

9.86 Social visits took place on Wednesdays to Fridays between 2.15pm and 4.15pm and at weekends between 9.15am and 11.15am and 2.15pm and 4.15pm. There was confusion

among prisoners, staff and visitors as to the correct start times, as some notices advertised the time as 2pm to 4pm in the afternoons.

- 9.87 Prisoners and visitors could book visits by application and visitors additionally by telephone and email. Prisoners were given an acknowledgement and then contacted family and friends to advise them of when the visit was to take place or were informed of the date of visits booked by their visitors. Prisoners did not report any difficulties in booking visits, although visitors reported long delays in getting through on the booking line. We were unable to get through on this line, despite trying numerous times during the inspection.
- 9.88 There was a visitors' centre outside the main gate, staffed by a charitable organisation, Visitor Support for Wellingborough Prison. They showed an impressive knowledge of the visitors and respect and care for those coming in. The centre provided a bright and welcoming environment and visitors had access to a family support link worker one day a week and on family visits for those who had relatives with drug and alcohol problems. A new drop-in session had been introduced to offer general support and advice to visitors, and staff provided a signposting service to other organisations. There was a snack bar and play area for children and a range of information displayed throughout the centre.
- 9.89 The visitor entry area had been extended, providing a large bright area for searching and identification checks to take place. Visitors could move across to the visits hall up to half an hour before the start of visits. Young children had to be carried by their parents, as buggies had to be left in this area or in the visitors' centre, and those provided by the prison were all broken. There were no double buggies provided for those with more than one young child.
- 9.90 The visits hall was large, bright and clean, with sufficient space for 35 visits. It had been refurbished and redecorated since the previous inspection and contained new furniture, although prisoners complained that this was unsuitable, as the tables were low and the furniture fixed, discouraging contact between them and their families. A tea bar was provided by visitors' centre volunteers. There was a formal play area for children, staffed by Family Action in our Region, providing supervised play and activities. The atmosphere in visits was relaxed, and discipline staff who supervised the visits remained at a discreet distance.
- 9.91 Six family visits had taken place so far. Separate visits were provided for children up to 16 years of age and for those over 16 years and other family members. These additional visits had replaced lifer days and could be attended by any prisoners serving long sentences. The contract for running these days had recently been awarded to Sure Start and a Service Level Agreement was being developed for future provision. These visits took place in the gym, with input from the family link worker and gym staff.
- 9.92 Other support for prisoners to maintain contact with their families included Storybook Dads, which had recently been introduced by library staff.
- 9.93 There were parenting courses available in the education department and ROTL was used to enable prisoners to maintain family ties (see section on offender management and planning).

Further recommendations

- 9.94 The telephone facility for booking visits by telephone should be improved to reduce delays in getting through.
- 9.95 Single and double buggies should be provided for visitors transporting children to visits, and they should be kept in good repair.

Housekeeping point

- 9.96 The start time for social visits should be clarified.

Attitudes, thinking and behaviour

- 9.97 **Alternative interventions should be provided for prisoners who do not meet the criteria, or are assessed as unsuitable, for the available offending behaviour programmes. (8.86)**

Not achieved. There were no alternative interventions for prisoners in the form of offending behaviour-related programmes. A personal development theatre workshop was being piloted and a victim awareness programme was shortly to be provided by the local probation trust. **We repeat the recommendation.**

- 9.98 **There should be sufficient psychology staff to deliver the number and range of programmes needed by prisoners. (8.87)**

Partially achieved. At the time of the inspection, there was only one psychology trainee in post, who was provided with advice and supervision by an area chartered forensic psychologist. The prison's psychology manager was on maternity leave and a chartered psychologist who worked mainly with IPP prisoners had recently left. That post had been advertised and a second trainee was due to start the following month. There was also a vacancy for a psychology assistant. The prison was commissioning psychology reports for the parole board from an external provider. Prisoners requiring other specialised psychology services were transferred to establishments where they were available. The shortage of trained psychologists was not having an impact on the provision of programmes, as these were facilitated by trained staff from a range of backgrounds and by community-based probation staff, but it affected other services, such as one-to-one work and assessments.

Further recommendation

- 9.99 The psychology department should be fully staffed so that the full range of services including one to one work and assessments can be completed on time by prison based staff.

Additional information

- 9.100 The main group work interventions offered were the P-ASRO substance misuse programme (see sections on drugs and alcohol), the thinking skills programme (TSP) and the cognitive skills booster (CSB). Community-based staff from Northamptonshire Probation Trust provided the CSB but prison-based staff were being trained in this regard.
- 9.101 Referrals for programmes were accepted from prisoners, as well as from offender supervisors and personal officers, which could have interfered with the prioritisation and sequencing of the offender management system. Waiting lists were not excessive. The TSP provided 70 places a year and there were 11 prisoners on the waiting list. The CSB provided 20 places a year and there were 25 prisoners on the waiting list.
- 9.102 The programmes provided were appropriate for the population but the needs analysis had identified the need for the Controlling Anger and Learning to Manage it (CALM) programme.

Arrangements had been made for this programme to start two weeks after the inspection and it was to be provided by Northamptonshire Probation staff. There were 20 prisoners on the waiting list for the programme and eight places were available on the first group. It was planned that two groups a year would be run. Prisoners were also being transferred temporarily to other establishments to undertake the programme. The only other gap identified by the needs analysis was the absence of a healthy relationships programme. This was a target for a number of prisoners and they were sent to other prisons to undertake the programme. The psychology department provided assessments for this programme, which eased the process of agreeing transfers to suitable establishments.

- 9.103 Our survey reflected the range of needs of the prison population. Only 57% of prisoners said that they could achieve some or all of their sentence plan targets in the prison, which was significantly worse than the 69% comparator and slightly worse than at the time of the previous inspection (59%).
- 9.104 The programme rooms were well equipped and comfortable, and the quality of the programmes provided had been substantiated by the offending behaviour programmes quality assessment report.
- 9.105 Staff received awareness training to familiarise them with the programmes that prisoners were undertaking, and some officers working on residential units had delivered programmes. The prison had yet to commence the planned recruitment of peer supporters who had completed programmes and could support fellow prisoners undertaking these courses.
- 9.106 The Big Pink Heart organisation had just started running theatre workshops for 14 prisoners. It was described in promotional literature as 'an organisation committed to making positive changes to social behaviour and lifestyles as well as promoting the meaning of respect'.
- 9.107 Counselling sessions were available two days a week for prisoners with emotional issues and substance misuse problems.

Further recommendations

- 9.108 Referrals for programmes should be driven by the prisoners' sentence plan targets.
- 9.109 Prisoner peer supporters who have benefited from programmes should be appointed to support fellow prisoners undertaking programme work.

Section 10: Summary of recommendations, housekeeping points and good practice

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

Main recommendations

To the governor

-
- 10.1 Key reception and first night procedures should be completed in full for all newly received prisoners before they are allocated a cell. (HP53)
 - 10.2 There should be clear policies on what constitutes acceptable behaviour. Managers should be highly visible in residential areas at key times and support staff in enforcing rules through informal challenge and formal warnings whenever behaviour falls below the standard laid down. (HP54)
 - 10.3 All staff should be trained in the violence reduction strategy and feel confident about their role in implementing it and in ensuring appropriate standards of behaviour in all areas of the prison. (HP55)
 - 10.4 The quality and range of work provision should be improved to provide skills and training to meet prisoners' resettlement employment needs. (HP56)
 - 10.5 Duty governors should visit wing serveries at mealtimes to ensure that good quality food is being provided, the environment is clean and effective supervision is in place. (HP57)
 - 10.6 All prisoners should have a sentence or custody plan which includes achievable reintegration, training and offending behaviour targets, related to individual need, and implemented in a timely fashion during their time at the prison. (HP58)

Recommendation

To NOMS

-
- 10.7 Prisoners should be given at least 24 hours' notice of transfer to category C prisons. (1.6)

Recommendations

To the governor

First days in custody

-
- 10.8 The amount of time that prisoners spend in reception should be reduced. (1.7)
 - 10.9 All prisoners should receive their property and be able to have a shower and make a free telephone call on their first night. (1.8)
 - 10.10 Information provided to prisoners in reception should be in a variety of formats and languages. (1.9)

- 10.11 All cells should be cleaned and prepared for occupation by new arrivals. (1.11)
- 10.12 The induction programme should be delivered according to the published timetable and should commence on the next working day following reception. (1.13)
- 10.13 Prisoners should be fully occupied during induction, and moved off the induction unit as soon as the programme has finished. (1.14)
- 10.14 Listeners should be available in reception. (1.19)
- 10.15 The level and frequency of searching should be proportionate to the risk posed. (1.20)
- 10.16 Cell sharing risk assessment interviews should be conducted in private and in appropriate conditions. (1.21)
- 10.17 First night interviews should ensure that an appropriate range of personal issues are explored. (1.22)
- 10.18 There should be a published vulnerable prisoner policy. (1.23)
- 10.19 Appropriately trained staff should manage the induction process and ensure that the needs of new arrivals are met. (1.31)

Residential units

- 10.20 Damaged flooring should be replaced. (2.1)
- 10.21 A major cell refurbishment programme should be undertaken on A to E wings. (2.2)
- 10.22 Broken and missing furniture should be replaced in cells, including notice boards. (2.3)
- 10.23 All communal shower recesses should be maintained in a reasonable condition. (2.12)
- 10.24 Prisoners on all wings should be able to shower in privacy. (2.13)
- 10.25 Prisoners should have access to hot water at night. (2.15)
- 10.26 At least one telephone should be available on all residential wings for each 20 prisoners. (2.16)
- 10.27 Action should be taken to improve laundry arrangements and governance, and prisoner confidence in the laundry should be monitored. (2.29)
- 10.28 Prison-issue curtains should be provided in all cells. (2.32)

Staff-prisoner relationships

- 10.29 Wing staff should routinely patrol landings and engage with prisoners, both to challenge inappropriate behaviour and to provide support and motivation. (2.34)
- 10.30 Prisoners should be referred to using the title 'Mr...' or by a preferred name. This should be reflected on prisoners' files and outside cells. (2.35)

- 10.31 There should be a clear policy on noise levels and this should be enforced by staff. (2.38)

Personal officers

- 10.32 Wing history sheets should contain at least weekly entries from personal officers which demonstrate an engagement with the prisoner and familiarity with his circumstances. (2.41)
- 10.33 Wing staff should be more involved in encouraging prisoners to take advantage of resettlement opportunities. (2.43)
- 10.34 The responsibilities of the personal officer in carrying out the offender supervisor role for prisoners not in scope for offender management should be made explicit and personal officers supported and supervised in carrying out this role. (2.44)
- 10.35 All management checks of prisoner personal files should address the quality of the entries made and ensure that improvements are made. (2.48)

Bullying and violence reduction

- 10.36 The violence reduction strategy document should be updated to reflect current practice, contain the findings from the prisoner safety surveys and detail the actions to be taken to address concerns raised by prisoners. (3.2)
- 10.37 Wing managers engaging in mediation should have training to carry out this role. (3.5)
- 10.38 The prisoner care liaison officers should have dedicated time to complete their work. (3.7)
- 10.39 There should be an appropriate range of interventions for perpetrators of antisocial behaviour and victims. (3.16)

Self-harm and suicide

- 10.40 Staffing and cell call bell arrangements should be sufficient to allow emergencies to be responded to promptly. (3.19)
- 10.41 Segregated prisoners should have access to Listeners. (3.22)
- 10.42 The E wing care suite facility should be refurbished and provide an environment that is supportive to prisoners in crisis. (3.23)
- 10.43 Listener rotas should be adhered to, except in extreme circumstances. (3.24)
- 10.44 There should be routine logging, monitoring and analysis of the use of Listeners, Samaritans telephones, the care suites and the family liaison officer. (3.25)
- 10.45 Prisoners using the care suite during the night should be able to return to their cell when the session has come to an end. (3.26)
- 10.46 A cell should be identified that is suitable for constant observations, and a protocol should be developed for its use. (3.27)

- 10.47 Keys to the inundation points should be immediately available to night staff to use in the event of an emergency. (3.30)
- 10.48 There should be clear and well-understood arrangements about access to cells in an emergency at night. (3.31)
- 10.49 Assessment, care in custody and teamwork (ACCT) reviews should be multidisciplinary, demonstrate continuity of staff between reviews, have targets that address need, and identify specific staff to assist with targets. (3.32)
- 10.50 Night-time observations in ACCT documentation should not be at predictable times and should demonstrate at least some engagement with the prisoner during the shift. (3.34)
- 10.51 Cover arrangements should be introduced for the safer custody manager and she should not be redeployed. (3.46)
- 10.52 Monitoring of actions taken following deaths in custody should form part of the core business of the safer custody meeting. (3.47)
- 10.53 Actions identified in case reviews should be expedited. (3.48)
- 10.54 Sufficient night staff should be first-aid trained to deal with medical emergencies occurring at night. (3.49)
- 10.55 All senior officers should be trained as case managers. (3.50)
- 10.56 Closed-circuit television should not be used as a substitute for one-to-one interactive constant supervision. (3.51)
- 10.57 The use of prisoners' cells as Listener suites should cease, and there should be discrete, properly equipped Listener suites to cater for all residential areas. (3.52)
- 10.58 Managers should ensure that non-English-speaking prisoners are able fully to access the support of Listeners. (3.53)

Applications and complaints

- 10.59 The quality and range of information about applications and complaints available to prisoners on the induction wing should be extended to all residential wings. (3.56)
- 10.60 The monitoring system for applications should be fully utilised and should include a brief record of outcomes. (3.59)

Legal rights

- 10.61 A legal services officer should be appointed with sufficient facility time to provide such support to prisoners. (3.71)
- 10.62 Legal visits facilities should be improved and private rooms provided. (3.72)

Faith and religious activity

- 10.63 The vacant chaplaincy post should be filled as soon as possible. (3.88)
- 10.64 Prisoners should be able to worship or practise their faith at least weekly. (3.89)

Substance use

- 10.65 Mandatory drug testing (MDT) should be appropriately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision. (3.101)
- 10.66 Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance. (3.102)
- 10.67 The primary care trust should ensure that the integrated drug treatment system (IDTS) clinical team is adequately staffed to cope with the projected increase in the number of prisoners requiring clinical management for substance dependence. (3.103)
- 10.68 Medication should be administered in a safe and suitable environment. Discipline should be consistently enforced by supervising officers and medication administration procedures should be reviewed to ensure the prevention of medication diversion. (3.104)

Diversity

- 10.69 A prisoner diversity survey should be conducted and the results used to develop an up to date prisoner diversity policy. This should reflect what the prison can offer to disabled, older and gay prisoners, including making links with social care services. (4.1)
- 10.70 A regular diversity regime meeting, chaired by a senior manager, should be run to take forward this agenda. Monitoring of trends in accessing services should be ongoing and relevant information discussed at the meeting. (4.2)
- 10.71 There should be wing-based activities for older prisoners and those with disabilities to access if they do not wish to participate in more formal classes. (4.3)
- 10.72 The disability officer should have sufficient time to carry out the role. (4.5)
- 10.73 There should be a named member of staff to lead in coordinating and developing services for older and gay prisoners, and they should have sufficient time to do so. (4.6)
- 10.74 Prisoner diversity representatives should be trained in all aspects of diversity and supported in their role with older and gay prisoners and those with disabilities. There should be peer support buddies for those with particular needs. (4.8)
- 10.75 A peer support scheme should be developed for prisoners who need personal assistance and support in daily life. (4.9)
- 10.76 Personal evacuation plans should be developed for prisoners needing assistance in the event of an emergency, and these should be readily available to residential staff. (4.10)

- 10.77 Reasonable adjustments should be made to ensure that prisoners with disabilities can access all areas of activity and have residential accommodation suitable for their needs. (4.13)
- 10.78 Impact assessment work should be up to date, reflected in the establishment REAP and reviewed at the REAT meeting. (4.14)
- 10.79 The diversity and race equality action team (DREAT) meeting should discuss all strands of diversity at the meeting and monitor the implementation of the updated diversity and race equality policy. (4.17)
- 10.80 There should be action plans covering all diversity strands. These together with the updated diversity and race equality action plan (DREAP) should be monitored and reviewed at the DREAT meeting. (4.18)

Diversity: race equality

- 10.81 All residential staff should have opportunities to improve their understanding of issues for black and minority ethnic prisoners. (4.21)
- 10.82 Interventions should be developed to address racially motivated behaviour. (4.24)
- 10.83 Focus groups should be held regularly with black and minority ethnic prisoners. The work of the DREAT, particularly ethnic monitoring, should be shared at these meetings and subsequently published to promote the establishment's commitment to race equality. (4.27)
- 10.84 Prisoners from Gypsy, Romany or Traveller background should be identified in the establishment, their needs assessed and appropriate support provided. Ethnic monitoring of keys areas should be undertaken for this minority group. (4.36)
- 10.85 There should be representation from external community groups at the DREAT meeting. (4.37)
- 10.86 The decrease in racist incident report form (RIRF) submission by prisoners should be investigated to explore prisoners' understanding and experience of the system and appropriate action taken where necessary. (4.38)
- 10.87 The responses to complaints should also seek to address the problems or concerns raised in the complaint. (4.39)

Diversity: religion

- 10.88 A policy outlining how prisoners' religious needs will be met should be developed and monitored at the DREAT meeting. (4.44)
- 10.89 Equality of access and treatment according to prisoners' faiths should be monitored. (4.45)

Diversity: foreign nationals

- 10.90 The responses to the survey of foreign national prisoner needs and evaluation of the current provision should be used to update the foreign national prisoner policy. (4.47)
- 10.91 The DREAT meeting should address how the services for foreign national prisoners could be better met to ensure that they meet the needs of the population. (4.48)

- 10.92 The foreign nationals coordinator should have sufficient time to carry out the duties required. (4.49)
- 10.93 Material translated into languages relevant to the prisoner population should be made readily available, including at reception and during induction. (4.51)
- 10.94 More frequent use should be made of professional interpreting services, especially when dealing with confidential matters. (4.52)
- 10.95 The DREAT should engage with community-based independent immigration advisory services to secure their assistance. (4.56)
- 10.96 Foreign nationals with family abroad should retain a free five-minute telephone call, even when they receive a visit from a UK visitor. (4.57)
- 10.97 Regular formal and informal consultation should be undertaken with foreign national prisoners. (4.58)
- 10.98 Recategorisation decisions for foreign national prisoners should be based on a thorough risk assessment and not on their involvement with immigration services. (4.62)

Diversity: disability and older prisoners

- 10.99 The disability liaison officer should received sufficient training to undertake the role and ensure that the establishment complies with the Disability Discrimination Act 2005. (4.68)
- 10.100 An assessment should be completed for all prisoners who have declared a disability. Where appropriate, care plans should be devised for all prisoners needing extra support and these should be monitored and reviewed regularly. (4.69)
- 10.101 Arrangements should be put in place to assist prisoners in wheelchairs to move safely around the prison. (4.70)
- 10.102 Prisoners of retirement age should not be required to pay for their television. (4.71)

Health services

- 10.103 The health care department should be sufficiently large to contain enough clinical rooms and office accommodation for the size of the population. (5.2)
- 10.104 Health care application forms should be submitted in a confidential manner. (5.15)
- 10.105 Care should be taken to make full and complete records of the administration of medicines, including diagnoses. This should include records of all occasions when the patient has refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate. (5.19)
- 10.106 Prisoners should only have one prescription chart, or, when more than one is required, they should be kept together. (5.20)
- 10.107 Signed-off patient group directions (PGDs) should be put to clinical use and further PGDs should be developed. (5.27)

- 10.108 The dental surgery flooring should be adequately sealed at all edges. (5.30)
- 10.109 All discipline officers should receive mental health awareness training. (5.35)
- 10.110 Day care services should be available for prisoners who need additional therapeutic support for emotional, behavioural and mental health problems. (5.36)
- 10.111 Following their health appointments, prisoners should immediately move on from the health centre unescorted. (5.46)
- 10.112 A pharmacist should be available to provide regular pharmacist-led clinics and support to the pharmacy technician. The service level agreement between the provider and the prison should increase the amount of pharmacist time provided. (5.52)
- 10.113 The pharmacy technician should be enabled to refresh her skills by doing some work at another establishment where the full range of pharmacy services is provided. (5.53)
- 10.114 The treatment room on the A/C corridor should be refurbished and redecorated. (5.54)
- 10.115 The level of prescribing of buprenorphine patches should be reduced. (5.55)
- 10.116 There should be a dedicated decontamination area in the dental surgery. (5.61)
- 10.117 There should be cover for the dentist's annual leave and in case of sick leave. (5.62)
- 10.118 There should be fewer dental waiting lists. Time intervals between appointments for patients undergoing courses of treatment should be reduced and their names should not be returned to the waiting list during courses of treatment. (5.63)
- 10.119 An extra dentist's session and an additional hygienist session should be provided to reduce the dental waiting list. (5.64)
- 10.120 There should be dedicated therapy rooms for primary and secondary mental health purposes. (5.67)
- 10.121 Prisoners requiring specialist assessment and treatment in NHS residential facilities should be transferred expeditiously. (5.68)

Learning and skills and work activities

- 10.122 Data should be used to monitor and enhance provision. (6.1)
- 10.123 Links with employers and external organisations should be improved. (6.3)
- 10.124 Wing staff should be aware of the benefits of education and training and actively promote them. (6.4)
- 10.125 The range of vocational training in the workshops should be increased. (6.5)
- 10.126 The range of learning opportunities available through outreach work on the wings should be extended. (6.7)

- 10.127 There should be accreditation of skills acquired in all areas of work, including gardens, laundry, waste management, kitchens and serveries. (6.8)
- 10.128 The attendance patterns in vocational and packaging workshops should be improved. (6.10)
- 10.129 The use of the library and study facilities during the day should be improved. (6.17)
- 10.130 Better library-based computer facilities should be provided. (6.18)
- 10.131 A comprehensive needs analysis of the prison population and main geographical resettlement areas should be implemented, to inform decision-making. (6.21)
- 10.132 The quality improvement group meeting should refocus on evaluating fully the quality of all provision, to inform an effective action planning process for improvement. (6.22)
- 10.133 Prisoners should not be allocated to courses without having the basic skills qualifications necessary to complete them. (6.24)
- 10.134 Best practice should be shared in target setting by tutors, to ensure that clear and measurable targets are consistently set and monitored. (6.28)
- 10.135 Class sizes should be sufficient to enable a well-balanced range of learning strategies in each class, promoting consistently positive learning experiences. (6.31)

Physical education and health promotion

- 10.136 An external area for sport activities should be provided. (6.39)

Time out of cell

- 10.137 Prisoners who are working on a wing should not be locked in their cells after the main movement to work period. (6.40)
- 10.138 All prisoners should have at least 10 hours a day out of their cells. (6.41)
- 10.139 Prisoners should be offered at least one hour of exercise in the open air every day. (6.46)
- 10.140 The prison should trial offering exercise at an alternative time to the current morning session and make the change permanent if it results in more prisoners taking exercise. (6.47)

Security and rules

- 10.141 A system of free flow should be introduced, to allow prisoners free movement around the prison during the core day. (7.8)
- 10.142 A log should be kept of all squat searching including the reasons for the search and who has given authority. (7.9)
- 10.143 Strip-searching should be carried out following individual risk assessments. (7.10)
- 10.144 Action indicated as needed as a result of security intelligence, such as target searching, should take place as soon as possible after receipt of the intelligence. (7.11)

10.145 Closed visits should be imposed only for confirmed illicit visits-related activity or intelligence and immediately on receipt of that information. The imposition of closed visits should be reconsidered monthly and closed visits rescinded where there is no further related intelligence. (7.12)

10.146 Partnership arrangements should be developed to combat external security threats. (7.13)

Discipline

10.147 All planned instances of use of force should be video-recorded. (7.14)

10.148 Special cells should not be used as regular segregation unit cells. (7.15)

10.149 Staff should receive specialist training for working on the unit. (7.17)

10.150 Documentation relating to the segregation of prisoners, and in particular access to regime activities and behaviour targets, should be completed on an individual risk-assessed basis. The use of pre-printed documentation should cease. (7.18)

10.151 Management plans for prisoners remaining in the segregation unit for over 30 days should be individually tailored for each prisoner to include realistic and achievable behaviour targets. (7.20)

10.152 Adjudicators should check if prisoners are medically fit for adjudication. (7.25)

10.153 All charges should be investigated fully and a detailed record made on the adjudication documentation. (7.26)

10.154 Force should be used only as a last resort. (7.33)

10.155 Incidents of inappropriate use of force or use of batons should be investigated fully and the prisoner interviewed as part of that investigation. (7.34)

10.156 Use of force documentation should be certified by an appropriate manager not involved in the incident. (7.35)

10.157 Special accommodation should not be used for constant watches or to accommodate prisoners who are self-harming, except in exceptional circumstances. (7.36)

10.158 Monitoring of prisoners in special accommodation should take place at frequent and irregular intervals, at a minimum of every 15 minutes, unless more frequent checks are authorised. (7.37)

10.159 Documentation relating to the use of special accommodation should be properly completed and give a full account of why a prisoner is located there. Prisoners should be relocated from special accommodation as soon as its use is no longer justified. (7.38)

10.160 Prisoners should only be strip-searched on location to the segregation unit following a risk assessment. (7.45)

10.161 The regime in the segregation unit should be reviewed and access to association and additional facilities such as television implemented where appropriate. (7.46)

10.162 The purpose of I wing should be clearly defined and the segregation unit policy should reflect this. (7.47)

Incentives and earned privileges

10.163 Prisoners on basic should still receive a minimum of four visits a month and their visits should last as long as those of other prisoners. (7.54)

10.164 Prisoner's entitlements under the IEP scheme should be clarified, with clear differentials between the three levels. (7.61)

10.165 Prisoners should not face automatic demotion to basic on the IEP scheme for a serious offence without a separate IEP review. (7.62)

10.166 The IEP scheme should be applied consistently and according to the published policy, with personal officers completing monthly reports on prisoners' IEP status. (7.63)

Catering

10.167 Broken equipment and trolleys should be repaired. (8.1)

10.168 All prisoners and staff involved in food preparation and serving should receive the appropriate training. (8.2)

10.169 Vegetarian and vegan food should be stored separately from halal meal products. (8.4)

10.170 Breakfast should be served on the day it is eaten. (8.5)

10.171 Published meal times should be adhered to. (8.6)

10.172 Catering staff should provide written response to entries in food comments books that are not defensive or dismissive, and address the points raised by the prisoners, with possible solutions where necessary. (8.8)

10.173 Servery workers should be provided with clean protective clothing as required. (8.9)

10.174 Waste food should be removed from servery areas immediately following the serving of meals and food trolleys should be properly cleaned after each meal. (8.10)

10.175 There should be more culturally diverse meals on the menu to reflect the diversity of the prison population better. (8.16)

10.176 The catering manager should attend key meetings and prisoner consultation meetings. (8.17)

10.177 Meal times should be supervised properly by staff and inappropriate behaviour should be dealt with via the IEP scheme. (8.18)

10.178 Prisoners should be able to dine in association and encouraged to do so. (8.19)

Prison shop

- 10.179 Prisoners should be able to purchase goods from the prison shop within 24 hours of arrival. (8.29)

Strategic management of resettlement

- 10.180 The partnerships meeting should be held regularly and allow partners to contribute to developments in practice. (9.3)
- 10.181 A needs analysis should be prepared which identifies the needs of diverse groups in the prison population. (9.8)
- 10.182 Monitoring of resettlement should include consultation with prisoners and offender managers. (9.9)

Offender management and planning

- 10.183 A detailed action plan should be drawn up in consultation with life-sentenced prisoners to ensure that recent errors are rectified and that all aspects of the lifer management process are delivered on time and to an acceptable standard. (9.12)
- 10.184 All reports for recategorisation and release on temporary licence (ROTL) applications should be completed promptly. A formal system should be introduced for chasing up overdue reports, in order to minimise delays. (9.13)
- 10.185 The rationale for allocating prisoners to offender supervisors should reflect the level of complexity of the case and the home area of the prisoner. (9.19)
- 10.186 Release on temporary licence should be used to provide support for the full range of resettlement needs. (9.20)
- 10.187 Recategorisation and transfer of foreign national prisoners should take place within the same time parameters as for other prisoners. (9.24)

Resettlement pathways

- 10.188 Prisoners should have access to specialist resettlement advice and guidance as necessary, throughout their sentence. (9.32)
- 10.189 Prisoners trained as peer supporter workers should be able to gain a qualification which accredits their training. (9.34)
- 10.190 Prisoners should be encouraged and assisted to open bank accounts before release. (9.37)
- 10.191 Nacro should identify support networks in areas to which prisoners are released, to offer them ongoing assistance. (9.49)
- 10.192 Prisoners' financial situations should be assessed on induction and they should be referred to relevant services. (9.50)

- 10.193 The Jobcentre Plus worker should be provided with access to the Jobcentre information system while in the prison. (9.51)
- 10.194 Demand for debt advice services should be monitored and the service expanded to meet need. (9.52)
- 10.195 There should be improvements in the level of detail and use of the outcomes from information, advice and guidance arrangements to support activity allocation, sentence planning and resettlement. (9.53)
- 10.196 Prison staff should receive substance misuse awareness training. (9.56)
- 10.197 Future analyses of drug treatment needs should include an analysis of existing levels of staff drug awareness and identify any gaps in their knowledge and skills. (9.57)
- 10.198 The establishment should ensure that counselling, assessment, referral, advice and throughcare (CARAT) officers are not diverted to other duties. (9.58)
- 10.199 CARAT provision should be extended to reflect demand by prisoners for substance abuse services. (9.59)
- 10.200 Staff vacancies for the CARAT and prison addressing substance related offending (P-ASRO) teams should be filled as soon as possible. (9.70)
- 10.201 The establishment should ensure that P-ASRO officers are not diverted to other duties. (9.71)
- 10.202 Visitors should be able to book their next visit during the current one. (9.74)
- 10.203 Transport from the local town centre should be provided for visitors. (9.77)
- 10.204 Prisoners should not be required to wear a yellow sash or any other special clothing during a visit. (9.82)
- 10.205 Prisoners should be able to use the toilet during a visit. (9.83)
- 10.206 The closed visits booths should be well decorated, clean and graffiti free. (9.85)
- 10.207 The telephone facility for booking visits by telephone should be improved to reduce delays in getting through. (9.94)
- 10.208 Single and double buggies should be provided for visitors transporting children to visits, and they should be kept in good repair. (9.95)
- 10.209 Alternative interventions should be provided for prisoners who do not meet the criteria, or are assessed as unsuitable, for the available offending behaviour programmes. (9.97)
- 10.210 The psychology department should be fully staffed so that the full range of services including one to one work and assessments can be completed on time by prison based staff. (9.99)
- 10.211 Referrals for programmes should be driven by the prisoners' sentence plan targets. (9.108)
- 10.212 Prisoner peer supporters who have benefited from programmes should be appointed to support fellow prisoners undertaking programme work. (9.109)

Housekeeping points

Courts, escorts and transfers

10.213 Trained reception staff should be on duty in reception to receive prisoners during lunchtime. (1.2)

First days in custody

10.214 All broken furniture should be repaired or replaced. (1.12)

10.215 There should be an appropriate area for the reception orderly to speak to prisoners. (1.24)

10.216 The initial holding room should be redecorated and cleaned, and contain material for passing the time and information about the prison. (1.25)

10.217 Graffiti should be identified and removed daily. (1.26)

10.218 Induction should be sufficiently flexible to allow for medication collection. (1.32)

10.219 Information given out on induction should be legible. (1.33)

10.220 Induction records should be fully completed and signed off by a manager. (1.34)

Residential units

10.221 Staff should specifically look for graffiti when conducting cell fabric checks and ensure that it is removed. (2.5)

10.222 Wing staff should be told how to requisition cleaning materials. (2.7)

10.223 Residential managers should monitor the automated cell call bell system to ensure timely responses to cell call bells and to assess any patterns or trends in speed of response. Alternative checks should be introduced for the older accommodation. (2.11)

10.224 Wing cleaners should be selected and trained and high standards of wing cleanliness set, checked and enforced by cleaning officers. They should prioritise the cleaning of wing communal areas. (2.22)

10.225 Damaged or missing association equipment should be repaired or replaced. (2.23)

10.226 The range of notices displayed should be expanded, brought up to date and include information for those who do not have English as their first language. (2.24)

10.227 Prisoners who have self-certificated as sick should be able to use the telephone. (2.25)

10.228 The list of items allowed in possession should be amended to ensure consistency with sending establishments and other category C prisons. (2.30)

Personal officers

- 10.229 The allocation of designated personal officers should be standardised across the residential units and ensure continuity of personnel. (2.40)

Bullying and violence reduction

- 10.230 Cell sharing risk assessment forms should be reviewed on time. (3.17)

Self-harm and suicide

- 10.231 There should be a wide representation of departments with prisoner contact among the ACCT assessors. (3.54)
- 10.232 Fire hose reels should be checked for damage as part of the accommodation fabric check process and left unlocked at night. (3.55)

Applications and complaints

- 10.233 Both sides of the notice explaining the role of the Prisons and Probation Ombudsman should be displayed in all residential areas. (3.57)
- 10.234 The full range of complaint forms should be freely available on all wings, in a range of languages. (3.70)

Legal rights

- 10.235 The stock of legal and Prison Service information held in the library should be regularly checked and updated by a trained legal services officer. (3.76)

Substance use

- 10.236 The MDT holding room should be kept clean and display information on drugs and available drug services. (3.105)

Diversity

- 10.237 Prisoners who have a personal emergency and evacuation plan should be made aware of this and the assistance they can expect. (4.11)
- 10.238 A diverse group of prisoners should be selected for focus groups during the equality impact assessment process. (4.15)

Diversity: race equality

- 10.239 Prisoners should receive a response to their RIRF within 28 days. If the investigation is likely to take longer, they should be advised of this and when they can expect a response. (4.40)

10.240 The list identifying potentially racist prisoners should be properly maintained and include only prisoners currently at the establishment. (4.41)

10.241 Attendance at the promoting diversity meeting should be improved. (4.42)

Diversity: foreign nationals

10.242 The list of staff and prisoners who can speak foreign languages should be expanded significantly. (4.54)

10.243 Foreign national prisoners should be informed of all relevant staff who provide specific assistance to this group, and be made aware of the surgeries and points of contact as part of their induction. (4.63)

Diversity: disability and older prisoners

10.244 A single, comprehensive and up-to-date list should be kept of prisoners declaring a disability. (4.72)

10.245 Prisoners should be able to declare a disability or a need for extra support at any time during their stay at the establishment. (4.73)

Health services

10.246 Risk assessments should be regularly reviewed. (5.24)

10.247 The procedure of supplying daily in-possession medicine should be reviewed and either formally adopted into the in-possession policy or stopped. (5.25)

10.248 The washer-disinfector should be installed. (5.31)

10.249 Prisoners attending external hospital appointments should arrive for their appointments on time. (5.33)

10.250 Available and soon-to-be available therapy and counselling sessions should be coordinated to provide primary mental health care. (5.38)

10.251 Health promotion and health protection initiatives from the health centre should be replicated on the wings. (5.44)

10.252 The pharmacy room should be used for pharmacy purposes only. (5.56)

10.253 The health care consultation room in reception should be redecorated. (5.69)

10.254 Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (5.70)

10.255 There should be an X-ray warning notice on the outside of the dental surgery door. (5.71)

10.256 Waste bin liners should be used in the dental surgery. (5.72)

- 10.257 There should be an aluminium foil-lined amalgam spillage tray. (5.73)
- 10.258 Start- and end-of-day checks should be carried out for the dental autoclave. (5.74)
- 10.259 Documentation relating to the Control of Substances Hazardous to Health and risk assessments should be available in the dental surgery. (5.75)

Learning and skills and work activities

- 10.260 Prisoners' absences from learning sessions should only be for the time taken to complete the alternative appointment. (6.12)
- 10.261 Health and safety requirements in the art/pottery room should be enforced. (6.15)

Physical education and health promotion

- 10.262 The results of initial assessments completed by the careers information and advisory service should be shared with PE staff. (6.35)

Discipline

- 10.263 Adjourned adjudications should be heard within a reasonable time of the original charge being laid. (7.27)
- 10.264 Prisoners should be provided with a pen and paper during adjudications. (7.28)
- 10.265 A record of the final outcome for prisoners leaving the segregation unit should be kept and statistics analysed to inform future practice. (7.48)
- 10.266 Floor tiles in segregation cells should be replaced. (7.49)
- 10.267 Action taken as a result of trends identified by the segregation monitoring and review group should be minuted. (7.50)

Catering

- 10.268 The main kitchen, surfaces, sinks and floors should be cleaned properly at the end of the working day and food residue should not be left in the kitchen. (8.11)
- 10.269 Members of the catering team should attend each wing during meal service on a weekly basis. (8.20)

Offender management and planning

- 10.270 A minimum level of contact with prisoners should be set for offender supervisors. (9.11)

Children and families of offenders

- 10.271 Visitors' car parking should be closer to the prison and clearly designated. (9.79)

Drugs and alcohol

10.272 The group work modules should be run by a multidisciplinary team, including both CARAT and health services staff. (9.61)

Resettlement pathways

10.273 The start time for social visits should be clarified. (9.96)

Example of good practice

Health services

10.274 Community agencies had been involved in the health promotion day. (5.76)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Nick Hardwick	Chief Inspector designate
Sara Snell	Team leader
Vinnett Percy	Inspector
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Karen Dillon	Inspector
Paul Tarbuck	Health care inspector
Paul Roberts	Substance use inspector
Jen Davies	Dental inspector
Richard Chapman	Pharmacy inspector
Nigel Bragg	Ofsted inspector
Marina Gaze	Ofsted inspector
Susan Bain	Ofsted inspector
Michael Skidmore	Researcher
Amy Summerfield	Researcher
Amy Pearson	Research trainee
Olayinka Macauley	Research trainee

Appendix II: Prison population profile²

Status	21 and over	%
Sentenced	463	86
Recall	73	13.5
Convicted unsentenced		
Remand		
Civil prisoners		
Detainees	3	0.5
Total	539	100

Sentence	21 and over	%
Unsentenced	0	0
Less than 6 months	0	0
6 months to less than 12 months	3	0.5
12 months to less than 2 years	38	7
2 years to less than 4 years	108	20
4 years to less than 10 years	225	42
10 years and over (not life)	48	9
IPP	63	11.5
Life	54	10
Total	539	100

Age	Number of prisoners	%
21 years to 29 years	253	47
30 years to 39 years	168	31
40 years to 49 years	86	16
50 years to 59 years	22	4
60 years to 69 years	9	2
70 plus years: <i>maximum age: 70</i>	1	
Total	539	100

Nationality	21 and over	%
British	450	83.5
Foreign nationals	89	16.5
Total	539	100

Security category	21 and over	%
Uncategorised unsentenced		
Uncategorised sentenced		
Cat A		
Cat B		
Cat C	527	97.8
Cat D	12	2.2
Other		
Total	539	100

² Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Ethnicity	21 and over	%
<i>White</i>		
British	288	53
Irish	6	1
Other white	30	6
<i>Mixed</i>		
White and black Caribbean	16	3
White and black African	2	0.5
White and Asian	3	0.5
Other mixed	5	1
<i>Asian or Asian British</i>		
Indian	11	2
Pakistani	15	3
Bangladeshi	4	1
Other Asian	11	2
<i>Black or black British</i>		
Caribbean	71	13
African	36	7
Other black	31	6
<i>Chinese or other ethnic group</i>		
Chinese	1	
Other ethnic group	4	1
Not stated	5	1
Total	539	100

Religion	21 and over	%
Baptist	0	0
Church of England	106	20
Roman Catholic	95	18
Other Christian denominations	40	7
Muslim	108	20
Sikh	4	1
Hindu	4	1
Buddhist	11	2
Jewish	3	1
Other	23	2
No religion	155	28
Total	539	100

Sentenced prisoners only

Length of stay	21 and over	
	Number	%
Less than 1 month	25	5
1 month to 3 months	67	12
3 months to 6 months	153	28
6 months to 1 year	186	34.5
1 year to 2 years	90	17
2 years to 4 years	16	3
4 years or more	2	0.5
Total	539	100

Main offence	21 and over	%
Violence against the person	188	35
Sexual offences	15	3
Burglary	65	12
Robbery	102	19
Theft and handling	17	3
Fraud and forgery	13	2
Drugs offences	100	19
Other offences	38	7
Civil offences	0	0
Offence not recorded/holding warrant	1	
Total	539	100

Appendix III: Wing file analysis

Background

On 15 June 2010, the population at HMP Wellingborough was 542. A sample of wing history entries were analysed, dating back a maximum of six months; four files were looked at on each wing and one on segregation, resulting in a total sample of 33 across the site. This represented 6% of the population.

As P-Nomis had only gone live at the establishment in December 2009, we analysed both archived hard-copy entries and subsequent electronic entries into P-Nomis. There were considerable gaps between the last handwritten entries, few being entered any time after December 2009, and the first electronic entries into P-Nomis, with none on the system dating back further than March 2010. An explanation put forth was the delays experienced for providing P-Nomis training to staff members.

All history sheets were assessed in terms of the frequency and quality of comments. The additional forms and information contained in the file were also noted.

Identification of the prisoner

All history sheets stated the prisoner's name and number. On the hard-copy files, the only means for identifying a prisoner's ethnicity was using either the affixed photographs or the references made in the comment section of the cell sharing risk assessment (CSRA) documents, and rarely were both included. Photographs were found in only one (3%) of the files. Ethnicity was stated on 12% (n=4) of CSRAs.

Frequency of entries

The frequency of entries was calculated in terms of the average number of days since the last entry and the average number of entries made per month. The last entry in the only file from segregation had been made 11 days earlier, and the calculated average number of entries per month was two.

	Average number of days since last entry in file	Average number of entries per month
A wing	4 days	2 entries
B wing	28 days	1 entry
C wing	26 days	1 entry
D wing	19 days	1 entry
F wing	13 days	1 entry
G wing	13 days	1 entry
H wing	5 days	3 entries
I wing	3 days	4 entries
Overall	14 days	1 entry

Management checks were fairly regular and were forthcoming with criticism; however, these were concerned predominantly with the frequency, rather than quality, of personal officer entries. The average number of management checks for each wing per month was also calculated. Across wings, the average number of management checks per month ranged from one to 4. On B wing, the average was one; on A, C, D, and F wings, the average was two; on G and I wings, the average was three. The most frequent use of management checks was found on H wing, where the average equated to four every month. The one file from segregation received five management checks.

Quality of comments

Comments were assessed in terms of the level of positive interaction with prisoners. All other comments were noted to be simply observational or functional. Where observational or functional comments were viewed as inappropriate, a record was kept.

Wing	Interactional	Observational	Inappropriate
A	6	27	0
B	4	29	1
C	3	15	1
D	1	34	0
F	3	46	0
G	4	23	0
H	2	63	0
I	5	35	1
Seg	0	13	0
Overall	28	285	3

Of the total 316 comments assessed, only 9% (n=28) were assessed as demonstrating constructive and positive interaction with the prisoner. Therefore, 90% (n=285) were deemed to be observational or functional in nature (e.g. 'x complies with the regime' or 'gave x formal warning'). Three (1%) comments read were considered inappropriate.

Comments regarding sentence plan or offending behaviour needs

Twelve (36%) files contained comments referring to prisoners' sentence plan or offending behaviour needs. These were made predominantly by personal officers, but a couple had been made by wing staff. Comments provided information on the courses that the prisoner had to do, had applied for or had completed.

References to family or family contact

References to family or family contact were made in 20 (61%) files. These were made mainly by personal officers; one entry had been made by a wing officer and two by a release on temporary licence (ROTL) assessor. Comments made included details of the means and the

frequency of contact with families. Comments were also made in relation to ROTL day releases.

Personal officers

Since the introduction of P- Nomis, entries on to history sheets appeared predominantly to come from personal officers, although many were observational or perfunctory in nature. Few wing logs included regular monthly reviews with personal officers, and details seemed to vary little from month to month, with some appearing not to have involved the prisoner. In only 24% (n=8) of cases did some level of interaction with the prisoner appear to underlie at least one of the history sheet entries. History sheets were assessed in terms of whether it was clear who the personal officer was, and this was the case in 91% (n=30) of the files.

Comments on bullying

There were comments in one file relating to a fight with another prisoner but this had not been investigated further.

Notes on detoxification/withdrawal

In 15% (n=5) of files, there were notes regarding substance use issues. This included two where prisoners had alcohol in their possession. Two files mentioned the integrated drug treatment system (IDTS) and one made reference to the counselling, assessment, referral, advice and throughcare (CARAT) service.

Cell sharing risk assessments

All files included cell sharing risk assessments and all had been completed on the day of arrival at the establishment.

Additional documentation

It was noted whether additional documentation was included. Fifty-one per cent (n=17) of the files sampled contained reviews, reports, notices or slips about incentives and earned privileges (IEP). Although these documents were within files, not all of them were complete. Induction packs or checklists were included in files. Other documents that were found in the files included compacts, notices of unacceptable behaviour, post-programme reviews/reports, initial assessments, and pre-convictions. There were no files that did not include additional documentation.

Overall state of the file

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

All files were given a rating of 1 (poor), 2 (fair) or 3 (good). The most frequent rating was fair. In total, 33% (n=11) were rated as poor; 48% (n=16) as fair and 18% (n=6) as good.

Appendix IV: Safety and staff–prisoner relationship interviews

Twenty prisoners were approached by the research team to undertake structured interviews regarding issues of safety and staff–prisoner relationships at HMP Wellingborough. Three individuals were randomly selected from B, D, F and G wings and two individuals were randomly selected from A, C, H and I wings in the establishment.

Location of interviews

	Number of interviews
A wing	2
B wing	3
C wing	2
D wing	3
F wing	3
G wing	3
H wing	2
I wing	2
Total	20

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

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

Demographic information

- Length of time in prison on this sentence ranged from four months to 25 years.
- Length of time at HMP Wellingborough ranged from two weeks to three and a half years.
- All prisoners were sentenced.
- Sentence length ranged from 11 months to life/indeterminate sentence for public protection (IPP).
- The average age was 32 years (ranging from 22 to 50).
- Nine interviews were conducted with black and minority ethnic prisoners and 11 with white prisoners.
- Only one interviewee did not have English as a first language.
- Three interviewees stated their religion as Christian, seven as Catholic, three as Muslim and seven stated that they had no religion.
- Two interviewees stated that they had a disability.
- Five interviewees stated that they were foreign national.

Safety

All interviewees were asked to identify areas of concern with regard to safety within HMP Wellingborough, as well as rating the problem on a scale of 1–4 (1 = a little unsafe, to 4 = extremely unsafe). A 'seriousness score' was then calculated, by multiplying the number of individuals who thought the issue was a problem by the average rating score.

The ranking column shows the order of the 22 potential safety concerns covered in the interview schedule, based on the seriousness score. A ranking of '1' shows the issue with the highest seriousness score.

There were no issues for which over 50% of respondents mentioned the area to be of concern, with the top five being identified by only seven prisoners.

	Yes, this is a problem (number of respondents)	Average rate (1 = a little unsafe, to 4 = extremely unsafe)	Seriousness score
Lack of confidence in staff	7	3.43	24
Layout/structure of the prison	7	3.29	23
The way meals are served	7	3.29	23
Availability of drugs	7	3	21
Number of staff on duty during association	7	2.71	19
Aggressive body language of prisoners	6	3.17	19
Movement to work/education/gym	6	3.17	19
Number of staff on duty during the day	7	2.57	18
Existence of an illegal market	6	2.67	16
Staff behaviour with prisoners	5	3.2	16
Isolation (within the prison)	4	3.75	15
Response of staff with regard to fights/bullying/self-harm in the prison	4	3.5	14
Surveillance cameras	5	2.6	13
Procedures for discipline (adjudications)	4	3	12
Lack of trust in staff	3	3.67	11
Gang culture	3	3.67	11
Aggressive body language of staff	3	3.33	10
Overcrowding	3	2.67	8
Lack of information about prison regime	3	2.33	7
Healthcare facilities	2	1.5	3
Staff members giving favours in return for something	1	2	2

The top five issues were:

1. Lack of confidence in staff
2. Layout/structure of the prison/the way meals are served
3. Availability of drugs
4. Number of staff on duty during association/aggressive body language of prisoners/movement to work/education/gym
5. Number of staff on duty during the day

Overall rating

Interviewees were asked to give an overall rating for safety at HMP Wellingborough, with 1 being very bad and 4 being very good. **The average rating was 2.8.**

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

1	2	3	4
1(5%)	5(25%)	11 (55%)	3(15%)

Differences in responses from foreign national prisoners

The most significant issues for the five foreign national interviewees were:

- Isolation (within the prison)
- Confidence in staff
- The way meals are served

Issues reflect those of the sample as a whole, with the exception of isolation, identified by two out of the five interviewed; contact with family outside was highlighted as a difficulty by an individual.

Differences in responses on A, B, C and D wings

The most significant issues for the 10 prisoners interviewed on these wings were:

- The way meals are served
- Confidence in staff
- Response of staff with regards to fights/bullying/self harm in the prison

None of the above scored highly, with the top issue, serving of meals, identified by only three prisoners, all of whom were on D wing.

Staff–prisoner relationships

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

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

1 Completely	2	3	4 Not at all
13 (65%)	4(20%)	2(10%)	1(5%)

The average rating was 1.55

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

1 Always	2	3	4 Never
9 (45%)	9 (45%)	2(10%)	0

The average rating was 1.65

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

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

The average rating was 2.2

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

1 Always	2	3	4 Never
0	3(17%)	3(17%)	12(67%)

* 18 respondents

The average rating was 3.5

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

1 Very helpful	2	3	4 Not at all helpful
3 (15%)	10 (50%)	7 (35%)	0

The average rating was 2.2

6. How often are staff appropriate in their behaviour?

1 Always	2	3	4 Never
12 (60%)	3 (15%)	4 (20%)	1 (5%)

The average rating was 1.7

7. Do staff treat prisoners fairly?

1 Completely	2	3	4 Not at all
7 (35%)	4 (20%)	9 (45%)	0

The average rating was 2.1

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

1 Completely	2	3	4 Not at all
8 (42%)	5 (26%)	6 (32%)	0

*19 respondents

The average rating was 1.89

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

1 Completely	2	3	4 Not at all
6 (32%)	3 (16%)	5 (26%)	5 (26%)

*19 respondents

The average rating was 2.47

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

Yes	No	Depends who you approach
12 (60%)	3 (15%)	5 (25%)

11. How often do staff interact with you?

1 Always	2	3	4 Never
8 (40%)	5 (25%)	6 (30%)	1 (5%)

The average rating was 2

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

Three (15%) stated that they did not. Of the 17 (85%) who said that they did, they gave the following rating of how many staff they felt they could approach:

1 Many	2	3	4 One
4 (24%)	6 (35%)	4 (24%)	3 (18%)

The average rating was 2.35

13. Can you approach your personal officer?

Yes	No	Don't have one
14 (70%)	6 (30%)	0

14. Do staff challenge inappropriate behaviour?

1 Always	2	3	4 Never
4 (20%)	6 (30%)	4 (20%)	6 (30%)

The average rating was 2.6

15. Do staff promote responsible behaviour?

1 Always	2	3	4 Never
6 (30%)	4 (20%)	5 (25%)	5 (25%)

The average rating was 2.45

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

1 Always	2	3	4 Never
5 (26%)	7 (37%)	2 (11%)	5 (26%)

*19 respondents

The average rating was 2.37

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

1 Always	2	3	4 Never
1 (5%)	2 (10%)	5 (25%)	12 (60%)

The average rating was 3.4

18. No prisoners identified discrimination relating to their nationality, age, disability or sexual orientation. Prisoners described discrimination from staff based on the following factors:

- Your ethnicity

Yes	No
3 (15%)	17 (85%)

- Your religion

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

- Your sentence status i.e. VP/remand/sentenced/recalled/IPP/lifer

Yes	No
3 (15%)	17 (85%)

Overall rating

Interviewees were asked to give an overall rating for staff–prisoner relationships at HMP Wellingborough, with 1 being excellent and 4 being poor. **The average rating was 2.25.**

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

1	2	3	4
3 (15%)	9 (45%)	8 (40%)	0

Appendix V: 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 9 June 2010, the prisoner population at HMP Wellingborough was 544. The sample size was 196. Overall, this represented 36% 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. Nineteen respondents refused to complete a questionnaire.

Interviews were offered to any respondents with literacy difficulties. No interviews were carried out.

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, 165 respondents completed and returned their questionnaires. This represented 30% of the prison population. The response rate was 84%. In addition to the 19 respondents who refused to complete a questionnaire, 10 questionnaires were not returned and two were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2010 against comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 37 category C trainer prisons since April 2003.
- The current survey responses in 2010 against the responses of prisoners surveyed at HMP Wellingborough in 2008.
- A comparison within the 2010 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2010 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2010 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2010 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

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

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

Summary

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

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

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

Summary of prisoner survey results

Section 1: About you

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

Q1.1 What wing or houseblock are you currently living on?

Q1.2 How old are you?

<i>Under 21</i>	0 (0%)
<i>21 - 29</i>	85 (53%)
<i>30 - 39</i>	48 (30%)
<i>40 - 49</i>	19 (12%)
<i>50 - 59</i>	9 (6%)
<i>60 - 69</i>	0 (0%)
<i>70 and over</i>	0 (0%)

Q1.3 Are you sentenced?

<i>Yes</i>	148 (93%)
<i>Yes - on recall</i>	10 (6%)
<i>No - awaiting trial</i>	0 (0%)
<i>No - awaiting sentence</i>	0 (0%)
<i>No - awaiting deportation</i>	1 (1%)

Q1.4 How long is your sentence?

<i>Not sentenced</i>	1 (1%)
<i>Less than 6 months</i>	0 (0%)
<i>6 months to less than 1 year</i>	1 (1%)
<i>1 year to less than 2 years</i>	7 (4%)
<i>2 years to less than 4 years</i>	36 (23%)
<i>4 years to less than 10 years</i>	63 (39%)
<i>10 years or more</i>	15 (9%)
<i>IPP (Indeterminate Sentence for Public Protection)</i>	18 (11%)
<i>Life</i>	19 (12%)

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

<i>Not sentenced</i>	1 (1%)
<i>6 months or less</i>	57 (40%)
<i>More than 6 months</i>	85 (59%)

Q1.6	How long have you been in this prison?			
	<i>Less than 1 month</i>	3	(2%)	
	<i>1 to less than 3 months</i>	7	(4%)	
	<i>3 to less than 6 months</i>	27	(17%)	
	<i>6 to less than 12 months</i>	41	(26%)	
	<i>12 months to less than 2 years</i>	42	(26%)	
	<i>2 to less than 4 years</i>	25	(16%)	
	<i>4 years or more</i>	15	(9%)	
Q1.7	Are you a foreign national (i.e. do not hold UK citizenship)?			
	<i>Yes</i>	21	(13%)	
	<i>No</i>	141	(87%)	
Q1.8	Is English your first language?			
	<i>Yes</i>	143	(89%)	
	<i>No</i>	18	(11%)	
Q1.9	What is your ethnic origin?			
	<i>White - British</i>	82 (50%)	<i>Asian or Asian British - Bangladeshi</i>	4 (2%)
	<i>White - Irish</i>	7 (4%)	<i>Asian or Asian British - other...</i>	2 (1%)
	<i>White - other</i>	12 (7%)	<i>Mixed heritage - white and black Caribbean</i>	10 (6%)
	<i>Black or black British - Caribbean</i>	16 (10%)	<i>Mixed heritage - white and black African</i>	3 (2%)
	<i>Black or black British - African</i>	10 (6%)	<i>Mixed heritage - white and Asian</i>	1 (1%)
	<i>Black or black British - other ...</i>	2 (1%)	<i>Mixed heritage - other</i>	0 (0%)
	<i>Asian or Asian British - Indian.</i>	2 (1%)	<i>Chinese</i>	0 (0%)
	<i>Asian or Asian British - Pakistani</i>	12 (7%)	<i>Other ethnic group</i>	1 (1%)
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?			
	<i>Yes</i>	8	(5%)	
	<i>No</i>	154	(95%)	
Q1.11	What is your religion?			
	<i>None</i>	45 (28%)	<i>Hindu</i>	1 (1%)
	<i>Church of England</i>	35 (22%)	<i>Jewish</i>	0 (0%)
	<i>Catholic</i>	35 (22%)	<i>Muslim</i>	34 (21%)
	<i>Protestant</i>	0 (0%)	<i>Sikh</i>	1 (1%)
	<i>Other Christian denomination</i>	7 (4%)	<i>Other</i>	2 (1%)
	<i>Buddhist</i>	2 (1%)		
Q1.12	How would you describe your sexual orientation?			
	<i>Heterosexual/straight</i>	159	(99%)	
	<i>Homosexual/gay</i>	0	(0%)	
	<i>Bisexual</i>	1	(1%)	
	<i>Other</i>	0	(0%)	

Q1.13	Do you consider yourself to have a disability?			
	Yes			17 (11%)
	No			144 (89%)
Q1.14	How many times have you been in prison before?			
	0	1	2 to 5	More than 5
	42 (26%)	29 (18%)	57 (35%)	35 (21%)
Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?			
	1	2 to 5	More than 5	
	8 (5%)	115 (72%)	37 (23%)	
Q1.16	Do you have any children under the age of 18?			
	Yes			82 (50%)
	No			81 (50%)

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?	6 (4%)	67 (42%)	37 (23%)	32 (20%)	11 (7%)	6 (4%)	1 (1%)
	Your personal safety during the journey?	11 (7%)	81 (52%)	29 (19%)	23 (15%)	7 (4%)	3 (2%)	2 (1%)
	The comfort of the van?	2 (1%)	23 (14%)	24 (15%)	63 (39%)	48 (30%)	0 (0%)	1 (1%)
	The attention paid to your health needs?	7 (5%)	39 (25%)	46 (30%)	30 (19%)	18 (12%)	3 (2%)	12 (8%)
	The frequency of toilet breaks?	1 (1%)	11 (7%)	30 (19%)	36 (23%)	59 (37%)	0 (0%)	22 (14%)
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>			
	14 (9%)	94 (60%)	40 (25%)	8 (5%)	1 (1%)			
Q2.3	How did you feel you were treated by the escort staff?							
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>		
	20 (13%)	81 (51%)	43 (27%)	9 (6%)	5 (3%)	2 (1%)		
Q2.4	Please answer the following questions about when you first arrived here:							
		<i>Yes</i>	<i>No</i>	<i>Don't remember</i>				
	Did you know where you were going when you left court or when transferred from another prison?	148 (91%)	13 (8%)	1 (1%)				
	Before you arrived here did you receive any written information about what would happen to you?	29 (18%)	132 (81%)	1 (1%)				

When you first arrived here did your property arrive at the same time as you? 143 (89%) 14 (9%) 3 (2%)

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.)

Didn't ask about any of these	39 (25%)	<i>Money worries</i>	16 (10%)
<i>Loss of property</i>	10 (6%)	<i>Feeling depressed or suicidal</i> ..	62 (39%)
<i>Housing problems</i>	23 (15%)	<i>Health problems</i>	90 (57%)
<i>Contacting employers</i>	10 (6%)	<i>Needing protection from other prisoners</i>	15 (10%)
<i>Contacting family</i>	54 (34%)	<i>Accessing phone numbers</i>	43 (27%)
<i>Ensuring dependants were being looked after</i>	18 (11%)	<i>Other</i>	4 (3%)

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

Didn't have any problems	50 (36%)	<i>Money worries</i>	29 (21%)
<i>Loss of property</i>	19 (14%)	<i>Feeling depressed or suicidal</i> ..	11 (8%)
<i>Housing problems</i>	27 (19%)	<i>Health problems</i>	29 (21%)
<i>Contacting employers</i>	4 (3%)	<i>Needing protection from other prisoners</i>	5 (4%)
<i>Contacting family</i>	42 (30%)	<i>Accessing phone numbers</i>	36 (26%)
<i>Ensuring dependants were looked after</i>	9 (6%)	<i>Other</i>	3 (2%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	148 (91%)	10 (6%)	4 (2%)
When you were searched, was this carried out in a respectful way?	124 (78%)	29 (18%)	6 (4%)

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

Very well	Well	Neither	Badly	Very badly	Don't remember
15 (9%)	87 (53%)	42 (26%)	12 (7%)	3 (2%)	4 (2%)

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

<i>Information about what was going to happen to you</i>	77 (49%)
<i>Information about what support was available for people feeling depressed or suicidal</i>	59 (37%)
<i>Information about how to make routine requests</i>	53 (34%)
<i>Information about your entitlement to visits</i>	64 (41%)
<i>Information about health services</i>	81 (51%)
<i>Information about the chaplaincy</i>	63 (40%)
Not offered anything	49 (31%)

Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)	
	<i>A smokers/non-smokers pack.....</i>	141 (89%)
	<i>The opportunity to have a shower.....</i>	57 (36%)
	<i>The opportunity to make a free telephone call.....</i>	38 (24%)
	<i>Something to eat.....</i>	117 (74%)
	<i>Did not receive anything.....</i>	6 (4%)
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)	
	<i>Chaplain or religious leader</i>	39 (26%)
	<i>Someone from health services</i>	125 (82%)
	<i>A Listener/Samaritans.....</i>	18 (12%)
	<i>Did not meet any of these people.....</i>	21 (14%)
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	<i>Yes.....</i>	17 (11%)
	<i>No.....</i>	141 (89%)
Q3.9	Did you feel safe on your first night here?	
	<i>Yes.....</i>	126 (79%)
	<i>No.....</i>	23 (14%)
	<i>Don't remember.....</i>	10 (6%)
Q3.10	How soon after your arrival did you go on an induction course?	
	<i>Have not been on an induction course.....</i>	10 (6%)
	<i>Within the first week</i>	103 (65%)
	<i>More than a week</i>	41 (26%)
	<i>Don't remember.....</i>	4 (3%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course.....</i>	10 (7%)
	<i>Yes.....</i>	96 (63%)
	<i>No.....</i>	40 (26%)
	<i>Don't remember.....</i>	7 (5%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
						<i>N/A</i>
	Communicate with your solicitor or legal representative?	20 (13%)	57 (36%)	21 (13%)	37 (24%)	13 (8%)
	Attend legal visits?	21 (14%)	56 (37%)	29 (19%)	20 (13%)	9 (6%)
	Obtain bail information?	2 (2%)	12 (9%)	28 (21%)	20 (15%)	10 (8%)
						17 (11%)
						60 (45%)

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 26 (17%)
 Yes 75 (48%)
 No 56 (36%)

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?	69 (44%)	62 (39%)	7 (4%)	19 (12%)
Are you normally able to have a shower every day?	155 (97%)	4 (3%)	1 (1%)	0 (0%)
Do you normally receive clean sheets every week?	121 (77%)	23 (15%)	4 (3%)	10 (6%)
Do you normally get cell cleaning materials every week?	129 (81%)	27 (17%)	3 (2%)	0 (0%)
Is your cell call bell normally answered within five minutes?	72 (46%)	68 (43%)	15 (9%)	3 (2%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	98 (62%)	57 (36%)	2 (1%)	1 (1%)
Can you normally get your stored property, if you need to?	53 (34%)	58 (37%)	36 (23%)	9 (6%)

Q4.4 What is the food like here?

Very good *Good* *Neither* *Bad* *Very bad*
 0 (0%) 23 (14%) 38 (24%) 54 (34%) 45 (28%)

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

Have not bought anything yet 1 (1%)
 Yes 54 (34%)
 No 102 (65%)

Q4.6 Is it easy or difficult to get:

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	53 (33%)	75 (47%)	10 (6%)	13 (8%)	2 (1%)	6 (4%)
An application form	57 (37%)	78 (50%)	10 (6%)	6 (4%)	1 (1%)	3 (2%)

Q4.7 Have you made an application?

Yes 151 (95%)
 No 8 (5%)

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?	8 (5%)	73 (47%)	75 (48%)		
	Do you feel <i>applications</i> are dealt with promptly (within seven days)?	8 (5%)	64 (42%)	81 (53%)		
Q4.9	Have you made a complaint?					
	Yes				99 (62%)	
	No				60 (38%)	
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?	60 (39%)	26 (17%)	67 (44%)		
	Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	60 (39%)	34 (22%)	59 (39%)		
	Were you given information about how to make an appeal?	38 (26%)	42 (28%)	68 (46%)		
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?					
	Not made a complaint				60 (38%)	
	Yes				24 (15%)	
	No				73 (46%)	
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?					
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	22 (14%)	7 (5%)	28 (18%)	53 (34%)	25 (16%)	19 (12%)
Q4.13	What level of the IEP scheme are you on now?					
	Don't know what the IEP scheme is				0 (0%)	
	Enhanced				102 (64%)	
	Standard				57 (36%)	
	Basic				0 (0%)	
	Don't know				0 (0%)	
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?					
	Don't know what the IEP scheme is				0 (0%)	
	Yes				91 (58%)	
	No				57 (36%)	
	Don't know				9 (6%)	

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

<i>Don't know what the IEP scheme is</i>	0 (0%)
Yes	63 (40%)
No	82 (52%)
<i>Don't know</i>	13 (8%)

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

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	7 (4%)	149 (96%)
In the last six months have you spent a night in the segregation/care and separation unit?	15 (10%)	141 (90%)

Q4.17 Please answer the following questions about your religious beliefs:

	Yes	No	<i>Don't know/N/A</i>
Do you feel your religious beliefs are respected?	81 (54%)	27 (18%)	42 (28%)
Are you able to speak to a religious leader of your faith in private if you want to?	90 (60%)	16 (11%)	43 (29%)

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

Yes	No	<i>Don't know</i>
68 (43%)	11 (7%)	79 (50%)

Q4.19 Please answer the following questions about staff in this prison:

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	118 (77%)	35 (23%)
Do most staff treat you with respect?	116 (76%)	36 (24%)

Section 5: Safety

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

Yes	47 (30%)
No	110 (70%)

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

Yes	23 (15%)
No	133 (85%)

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

<i>Never felt unsafe</i>	110 (74%)	<i>At mealtimes</i>	9 (6%)
<i>Everywhere</i>	11 (7%)	<i>At health services</i>	2 (1%)
<i>Segregation unit</i>	3 (2%)	<i>Visit's area</i>	2 (1%)
<i>Association areas</i>	13 (9%)	<i>In wing showers</i>	10 (7%)
<i>Reception area</i>	0 (0%)	<i>In gym showers</i>	3 (2%)
<i>At the gym</i>	10 (7%)	<i>In corridors/stairwells</i>	10 (7%)

<i>In an exercise yard</i>	12 (8%)	<i>On your landing/wing</i>	13 (9%)
<i>At work</i>	7 (5%)	<i>In your cell</i>	3 (2%)
<i>During movement</i>	16 (11%)	<i>At religious services</i>	1 (1%)
<i>At education</i>	2 (1%)		

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

Yes	24 (15%)	If No, go to question 5.6
No	132 (85%)	

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

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

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

Yes	37 (24%)	If No, go to question 5.8
No	117 (76%)	

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

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

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

Not been victimised	108 (73%)
Yes	13 (9%)
No	27 (18%)

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

Yes	28 (18%)
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No..... 126 (82%)

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

Yes..... 28 (18%)

No..... 127 (82%)

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>
48 (31%)	20 (13%)	10 (6%)	6 (4%)	8 (5%)	65 (41%)

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	15 (9%)	13 (8%)	52 (33%)	31 (20%)	38 (24%)	9 (6%)
The nurse	17 (11%)	19 (12%)	66 (43%)	26 (17%)	23 (15%)	3 (2%)
The dentist	17 (11%)	6 (4%)	26 (17%)	19 (12%)	45 (29%)	44 (28%)
The optician	42 (28%)	5 (3%)	21 (14%)	25 (17%)	33 (22%)	25 (17%)

Q6.2 Are you able to see a pharmacist?

Yes..... 90 (66%)

No..... 47 (34%)

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

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	17 (11%)	14 (9%)	30 (19%)	26 (17%)	37 (24%)	33 (21%)
The nurse	17 (11%)	28 (18%)	67 (44%)	21 (14%)	14 (9%)	6 (4%)
The dentist	31 (20%)	24 (16%)	47 (31%)	19 (13%)	16 (11%)	15 (10%)
The optician	68 (46%)	13 (9%)	29 (19%)	19 (13%)	10 (7%)	10 (7%)

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

<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
11 (7%)	10 (6%)	54 (34%)	32 (20%)	29 (18%)	21 (13%)

Q6.5 Are you currently taking medication?

Yes..... 58 (37%)

No..... 99 (63%)

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

Not taking medication..... 99 (63%)

Yes..... 48 (31%)

No..... 10 (6%)

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

Yes..... 34 (22%)

No..... 123 (78%)

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

<i>Do not have any issues/not receiving any help</i>	132 (87%)
<i>Doctor</i>	8 (5%)
<i>Nurse</i>	4 (3%)
<i>Psychiatrist</i>	8 (5%)
<i>Mental health in-reach team</i>	9 (6%)
<i>Counsellor</i>	3 (2%)
<i>Other</i>	2 (1%)

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

	Yes	No
Drugs	43 (29%)	105 (71%)
Alcohol	20 (15%)	117 (85%)

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

Yes	17 (11%)
No.....	139 (89%)

Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?

Yes	43 (27%)
No.....	13 (8%)
<i>Did not/do not have a drug or alcohol problem</i>	101 (64%)

Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?

Yes	40 (26%)
No.....	11 (7%)
<i>Did not / do not have a drug or alcohol problem</i>	101 (66%)

Q6.13 Was the intervention or help you received, while in this prison, helpful?

Yes	25 (16%)
No.....	15 (10%)
<i>Did not have a problem/have not received help</i>	112 (74%)

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	7 (5%)	126 (82%)	20 (13%)
Alcohol	8 (5%)	127 (86%)	12 (8%)

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

Yes	22 (14%)
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No.....	13 (8%)
N/A.....	119 (77%)

Section 7: Purposeful activity

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

Prison job	98 (63%)
Vocational or skills training.....	31 (20%)
Education (including basic skills).....	46 (30%)
Offending behaviour programmes.....	20 (13%)
Not involved in any of these	22 (14%)

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

	Not been involved	Yes	No	Don't know
Prison job	11 (9%)	49 (38%)	61 (48%)	7 (5%)
Vocational or skills training	20 (18%)	54 (50%)	28 (26%)	7 (6%)
Education (including basic skills)	13 (11%)	66 (57%)	30 (26%)	7 (6%)
Offending behaviour programmes	17 (15%)	57 (52%)	29 (26%)	7 (6%)

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

Don't want to go	13 (9%)
<i>Never</i>	17 (11%)
<i>Less than once a week</i>	42 (28%)
<i>About once a week</i>	65 (43%)
<i>More than once a week</i>	10 (7%)
<i>Don't know</i>	5 (3%)

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

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
22 (14%)	17 (11%)	6 (4%)	10 (6%)	81 (52%)	18 (12%)	1 (1%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
20 (13%)	13 (8%)	74 (48%)	22 (14%)	23 (15%)	2 (1%)

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

<i>Less than 2 hours</i>	7 (5%)
<i>2 to less than 4 hours</i>	20 (13%)
<i>4 to less than 6 hours</i>	22 (14%)
<i>6 to less than 8 hours</i>	53 (34%)
<i>8 to less than 10 hours</i>	31 (20%)
<i>10 hours or more</i>	15 (10%)
<i>Don't know</i>	7 (5%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	<i>Don't know</i>
0 (0%)	1 (1%)	3 (2%)	16 (11%)	128 (84%)	4 (3%)

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

<i>Do not go on association</i>	3 (2%)
<i>Never</i>	19 (12%)
<i>Rarely</i>	49 (32%)
<i>Some of the time</i>	53 (35%)
<i>Most of the time</i>	25 (16%)
<i>All of the time</i>	4 (3%)

Section 8: Resettlement

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

<i>Still have not met him/her</i>	19 (13%)
<i>In the first week</i>	58 (38%)
<i>More than a week</i>	45 (30%)
<i>Don't remember</i>	30 (20%)

Q8.2 How helpful do you think your personal officer is?

<i>Do not have a personal officer/ still have not met him/ her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
19 (12%)	30 (20%)	45 (29%)	16 (10%)	25 (16%)	18 (12%)

Q8.3 Do you have a sentence plan/OASys?

<i>Not sentenced</i>	1 (1%)
<i>Yes</i>	112 (74%)
<i>No</i>	38 (25%)

Q8.4 How involved were you in the development of your sentence plan?

<i>Do not have a sentence plan/OASys</i>	39 (26%)
<i>Very involved</i>	36 (24%)
<i>Involved</i>	29 (19%)
<i>Neither</i>	8 (5%)
<i>Not very involved</i>	20 (13%)
<i>Not at all involved</i>	18 (12%)

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>	39 (27%)
<i>Yes</i>	62 (42%)
<i>No</i>	46 (31%)

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>	39 (26%)
<i>Yes</i>	41 (28%)
<i>No</i>	69 (46%)

- Q8.7 Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?**
Not sentenced..... 1 (1%)
 Yes 41 (28%)
 No 107 (72%)
- Q8.8 Do you feel that any member of staff has helped you to prepare for your release?**
 Yes 23 (15%)
 No 126 (85%)
- Q8.9 Have you had any problems with sending or receiving mail?**
 Yes 49 (32%)
 No 94 (61%)
 Don't know..... 10 (7%)
- Q8.10 Have you had any problems getting access to the telephones?**
 Yes 29 (19%)
 No 122 (81%)
 Don't know..... 0 (0%)
- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet 9 (6%)
 Yes 29 (19%)
 No 108 (71%)
 Don't remember..... 7 (5%)
- Q8.12 How many visits did you receive in the last week?**

<i>Not been in a week</i>	0	1 to 2	3 to 4	5 or more
9 (6%)	90 (61%)	47 (32%)	2 (1%)	0 (0%)
- Q8.13 How are you and your family/friends usually treated by visits staff?**
Not had any visits..... 32 (22%)
 Very well..... 17 (11%)
 Well 38 (26%)
 Neither 26 (18%)
 Badly 17 (11%)
 Very badly 5 (3%)
 Don't know..... 13 (9%)
- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**
 Yes 48 (32%)
 No 102 (68%)
- Q8.15 Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)**
Don't know who to contact .. 73 (53%) *Help with your finances in preparation for release* 28 (20%)
Maintaining good relationships 23 (17%) *Claiming benefits on release*... 43 (31%)

<i>Avoiding bad relationships</i>	16 (12%)	<i>Arranging a place at college/continuing education on release.....</i>	23 (17%)
<i>Finding a job on release</i>	32 (23%)	<i>Continuity of health services on release.....</i>	30 (22%)
<i>Finding accommodation on release.....</i>	49 (36%)	<i>Opening a bank account.....</i>	18 (13%)

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

<i>No problems.....</i>	52 (39%)	<i>Help with your finances in preparation for release</i>	31 (23%)
<i>Maintaining good relationships</i>	13 (10%)	<i>Claiming benefits on release...</i>	30 (22%)
<i>Avoiding bad relationships</i>	14 (10%)	<i>Arranging a place at college/continuing education on release.....</i>	24 (18%)
<i>Finding a job on release</i>	64 (47%)	<i>Continuity of health services on release.....</i>	11 (8%)
<i>Finding accommodation on release.....</i>	48 (36%)	<i>Opening a bank account.....</i>	40 (30%)

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

<i>Not sentenced.....</i>	1 (1%)
<i>Yes.....</i>	75 (51%)
<i>No.....</i>	71 (48%)

Thank you for completing this survey.



Prisoner survey responses HMP Wellingborough 2010

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

Key to tables

		HMP Wellingborough 2010	Functional type comparator	HMP Wellingborough 2010	HMP Wellingborough 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		165	4089	165	112
SECTION 1: General information					
2	Are you under 21 years of age?	0%	1%	0%	1%
3a	Are you sentenced?	99%	100%	99%	100%
3b	Are you on recall?	6%	9%	6%	9%
4a	Is your sentence less than 12 months?	1%	5%	1%	6%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	11%	4%	11%	2%
5	Do you have six months or less to serve?	40%	37%	40%	44%
6	Have you been in this prison less than a month?	2%	7%	2%	6%
7	Are you a foreign national?	13%	13%	13%	17%
8	Is English your first language?	89%	90%	89%	85%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	38%	26%	38%	41%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	5%	5%	
11	Are you Muslim?	21%	11%	21%	19%
12	Are you homosexual/gay or bisexual?	1%	4%	1%	1%
13	Do you consider yourself to have a disability?	11%	15%	11%	11%
14	Is this your first time in prison?	26%	33%	26%	30%
15	Have you been in more than five prisons this time?	23%	14%	23%	17%
16	Do you have any children under the age of 18?	50%	55%	50%	60%
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?	46%	53%	46%	51%
1b	Was your personal safety during the journey good/very good?	59%	62%	59%	56%
1c	Was the comfort of the van good/very good?	16%	19%	16%	14%
1d	Was the attention paid to your health needs good/very good?	30%	32%	30%	29%
1e	Was the frequency of toilet breaks good/very good?	8%	13%	8%	7%
2	Did you spend more than four hours in the van?	5%	8%	5%	9%
3	Were you treated well/very well by the escort staff?	63%	67%	63%	61%
4a	Did you know where you were going when you left court or when transferred from another prison?	91%	82%	91%	82%
4b	Before you arrived here did you receive any written information about what would happen to you?	18%	18%	18%	11%
4c	When you first arrived here did your property arrive at the same time as you?	89%	88%	89%	82%

Key to tables

Key to tables		HMP Wellbeingborough 2010	Functional type comparator	HMP Wellbeingborough 2010	HMP Wellbeingborough 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	6%	15%	6%	15%
1c	Housing problems?	15%	20%	15%	25%
1d	Problems contacting employers?	6%	10%	6%	10%
1e	Problems contacting family?	34%	46%	34%	45%
1f	Problems ensuring dependants were looked after?	11%	12%	11%	7%
1g	Money problems?	10%	16%	10%	16%
1h	Problems of feeling depressed/suicidal?	40%	48%	40%	51%
1i	Health problems?	57%	59%	57%	83%
1j	Problems in needing protection from other prisoners?	10%	18%	10%	21%
1k	Problems accessing phone numbers?	27%	37%	27%	46%
2	When you first arrived:				
2a	Did you have any problems?	64%	59%	64%	74%
2b	Did you have any problems with loss of property?	14%	14%	14%	23%
2c	Did you have any housing problems?	19%	16%	19%	20%
2d	Did you have any problems contacting employers?	3%	4%	3%	2%
2e	Did you have any problems contacting family?	30%	20%	30%	25%
2f	Did you have any problems ensuring dependants were being looked after?	7%	5%	7%	11%
2g	Did you have any money worries?	21%	16%	21%	28%
2h	Did you have any problems with feeling depressed or suicidal?	8%	14%	8%	16%
2i	Did you have any health problems?	21%	19%	21%	27%
2j	Did you have any problems with needing protection from other prisoners?	4%	5%	4%	6%
2k	Did you have problems accessing phone numbers?	26%	20%	26%	19%
3a	Were you seen by a member of health services in reception?	91%	89%	91%	94%
3b	When you were searched in reception, was this carried out in a respectful way?	78%	76%	78%	81%
4	Were you treated well/very well in reception?	63%	71%	63%	69%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	49%	52%	49%	54%
5b	Information about what support was available for people feeling depressed or suicidal?	37%	46%	37%	40%
5c	Information about how to make routine requests?	34%	41%	34%	42%
5d	Information about your entitlement to visits?	41%	46%	41%	46%
5e	Information about health services?	51%	61%	51%	59%
5f	Information about the chaplaincy?	40%	54%	40%	51%
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	89%	81%	89%	89%
6b	The opportunity to have a shower?	36%	41%	36%	23%
6c	The opportunity to make a free telephone call?	24%	50%	24%	25%
6d	Something to eat?	74%	78%	74%	82%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	26%	48%	26%	34%

Key to tables

		HMP Wellingborough 2010	Functional type comparator	HMP Wellingborough 2010	HMP Wellingborough 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
7b	Someone from health services?	82%	75%	82%	83%
7c	A Listener/Samaritans?	12%	30%	12%	9%
8	Did you have access to the prison shop/canteen within the first 24 hours?	11%	22%	11%	26%
9	Did you feel safe on your first night here?	79%	84%	79%	76%
10	Have you been on an induction course?	94%	93%	94%	92%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	67%	65%	67%	62%
SECTION 4: Legal rights and respectful custody					
1 In terms of your legal rights, is it easy/very easy to:					
1a	Communicate with your solicitor or legal representative?	49%	51%	49%	42%
1b	Attend legal visits?	51%	56%	51%	35%
1c	Obtain bail information?	11%	19%	11%	14%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	48%	41%	48%	54%
3 For the wing/unit you are currently on:					
3a	Are you normally offered enough clean, suitable clothes for the week?	44%	61%	44%	39%
3b	Are you normally able to have a shower every day?	97%	94%	97%	96%
3c	Do you normally receive clean sheets every week?	77%	82%	77%	66%
3d	Do you normally get cell cleaning materials every week?	81%	75%	81%	73%
3e	Is your cell call bell normally answered within five minutes?	46%	41%	46%	38%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	62%	70%	62%	65%
3g	Can you normally get your stored property, if you need to?	34%	30%	34%	31%
4	Is the food in this prison good/very good?	14%	30%	14%	13%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	34%	46%	34%	39%
6a	Is it easy/very easy to get a complaints form?	81%	86%	81%	83%
6b	Is it easy/very easy to get an application form?	87%	90%	87%	85%
7	Have you made an application?	95%	87%	95%	89%
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	49%	60%	49%	44%
8b	Do you feel applications are dealt with promptly (within seven days)?	44%	53%	44%	36%
9	Have you made a complaint?	62%	55%	62%	58%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	28%	35%	28%	23%
10b	Do you feel complaints are dealt with promptly (within seven days)?	37%	40%	37%	38%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	25%	24%	25%	35%
10c	Were you given information about how to make an appeal?	28%	31%	28%	28%
12	Is it easy/very easy to see the Independent Monitoring Board?	23%	39%	23%	16%
13	Are you on the enhanced (top) level of the IEP scheme?	64%	62%	64%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	58%	59%	58%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	49%	40%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	5%	5%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	10%	11%	10%	

Key to tables

		HMP Wellingborough 2010	Functional type comparator	HMP Wellingborough 2010	HMP Wellingborough 2008
	Any percentage highlighted in green is significantly better				
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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
13a	Do you feel your religious beliefs are respected?	54%	55%	54%	50%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	60%	59%	60%	54%
14	Are you able to speak to a Listener at any time if you want to?	43%	63%	43%	47%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	77%	73%	77%	72%
15b	Do most staff, in this prison, treat you with respect?	76%	74%	76%	76%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	30%	30%	30%	48%
2	Do you feel unsafe in this prison at the moment?	15%	14%	15%	28%
4	Have you been victimised by another prisoner?	15%	20%	15%	25%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	5%	10%	5%	15%
5b	Hit, kicked or assaulted you?	4%	5%	4%	10%
5c	Sexually abused you?	0%	1%	0%	0%
5d	Victimised you because of your race or ethnic origin?	4%	4%	4%	3%
5e	Victimised you because of drugs?	6%	2%	6%	10%
5f	Taken your canteen/property?	4%	3%	4%	8%
5g	Victimised you because you were new here?	3%	4%	3%	4%
5h	Victimised you because of your sexuality?	0%	1%	0%	0%
5i	Victimised you because you have a disability?	0%	2%	0%	0%
5j	Victimised you because of your religion/religious beliefs?	3%	3%	3%	4%
5k	Victimised you because of your age?	1%	2%	1%	
5l	Victimised you because you were from a different part of the country?	3%	5%	3%	9%
5m	Victimised you because of your offence/crime?	3%	4%	3%	0%
5n	Victimised you because of gang related issues?	5%	4%	5%	
6	Have you been victimised by a member of staff?	24%	22%	24%	24%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	9%	10%	9%	9%
7b	Hit, kicked or assaulted you?	4%	3%	4%	2%
7c	Sexually abused you?	1%	1%	1%	2%
7d	Victimised you because of your race or ethnic origin?	6%	5%	6%	9%
7e	Victimised you because of drugs?	1%	3%	1%	5%
7f	Victimised you because you were new here?	4%	5%	4%	4%
7g	Victimised you because of your sexuality?	0%	1%	0%	1%
7h	Victimised you because you have a disability?	0%	2%	0%	2%
7i	Victimised you because of your religion/religious beliefs?	4%	3%	4%	4%
7j	Victimised you because of your age?	2%	1%	2%	
7k	Victimised you because you were from a different part of the country?	4%	4%	4%	5%
7l	Victimised you because of your offence/crime?	3%	4%	3%	3%
7m	Victimised you because of gang related issues?	1%	2%	1%	
For those who have been victimised by staff or other prisoners:					

Key to tables

Key to tables		HMP Wellbeingborough 2010	Functional type comparator	HMP Wellbeingborough 2010	HMP Wellbeingborough 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8	Did you report any victimisation that you have experienced?	33%	38%	33%	43%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	18%	21%	18%	33%
10	Have you ever felt threatened or intimidated by a member of staff in here?	18%	18%	18%	20%
11	Is it easy/very easy to get illegal drugs in this prison?	43%	34%	43%	42%
SECTION 6: Health care					
1a	Is it easy/very easy to see the doctor?	41%	41%	41%	36%
1b	Is it easy/very easy to see the nurse?	55%	66%	55%	63%
1c	Is it easy/very easy to see the dentist?	20%	15%	20%	20%
1d	Is it easy/very easy to see the optician?	17%	19%	17%	20%
2	Are you able to see a pharmacist?	66%	52%	66%	47%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	31%	53%	31%	34%
3b	The nurse?	70%	65%	70%	73%
3c	The dentist?	59%	45%	59%	45%
3d	The optician?	52%	47%	52%	39%
4	The overall quality of health services?	44%	47%	44%	39%
5	Are you currently taking medication?	37%	43%	37%	43%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	83%	89%	83%	81%
7	Do you feel you have any emotional well-being/mental health issues?	22%	24%	22%	33%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	32%	36%	32%	
8b	A doctor?	28%	32%	28%	38%
8c	A nurse?	14%	18%	14%	33%
8d	A psychiatrist?	28%	17%	28%	24%
8e	The mental health in-reach team?	32%	30%	32%	43%
8f	A counsellor?	11%	12%	11%	14%
9a	Did you have a drug problem when you came into this prison?	29%	18%	29%	35%
9b	Did you have an alcohol problem when you came into this prison?	15%	11%	15%	15%
10a	Have you developed a drug problem since you have been in this prison?	11%	11%	11%	16%
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	77%	88%	77%	80%
12	Have you received any help or intervention while in this prison?	79%	77%	79%	68%
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	62%	75%	62%	65%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	18%	22%	18%	27%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	14%	15%	14%	17%
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?	63%	58%	63%	66%

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	63%	64%	63%	56%
1b	Vocational or skills training?	20%	19%	20%	25%
1c	Education (including basic skills)?	30%	29%	30%	61%
1d	Offending behaviour programmes?	13%	18%	13%	17%
2ai	Have you had a job while in this prison?	92%	86%	92%	
For those who have had a prison job while in this prison:					
2a	Do you feel the job will help you on release?	42%	52%	42%	
2bi	Have you been involved in vocational or skills training while in this prison?	82%	74%	82%	
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	61%	72%	61%	
2ci	Have you been involved in education while in this prison?	89%	80%	89%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	64%	73%	64%	
2di	Have you been involved in offending behaviour programmes while in this prison?	85%	73%	85%	
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	61%	65%	61%	
3	Do you go to the library at least once a week?	49%	46%	49%	43%
4	On average, do you go to the gym at least twice a week?	70%	54%	70%	57%
5	On average, do you go outside for exercise three or more times a week?	29%	52%	29%	41%
6	On average, do you spend ten or more hours out of your cell on a weekday?	10%	16%	10%	9%
7	On average, do you go on association more than five times each week?	84%	76%	84%	75%
8	Do staff normally speak to you most of the time/all of the time during association?	19%	19%	19%	19%
SECTION 8: Resettlement					
1	Do you have a personal officer?	88%	73%	88%	69%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	56%	63%	56%	54%
For those who are sentenced:					
3	Do you have a sentence plan?	75%	65%	75%	64%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	59%	60%	59%	61%
5	Can you achieve some/all of your sentence plan targets in this prison?	57%	69%	57%	59%
6	Are there plans for you to achieve some/all your targets in another prison?	37%	38%	37%	30%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	28%	33%	28%	19%
8	Do you feel that any member of staff has helped you to prepare for release?	15%	19%	15%	9%
9	Have you had any problems with sending or receiving mail?	32%	37%	32%	37%
10	Have you had any problems getting access to the telephones?	19%	19%	19%	16%
11	Did you have a visit in the first week that you were here?	19%	24%	19%	21%
12	Did you receive one or more visits in the last week?	33%	31%	33%	31%
For those who have had visits:					

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	48%	57%	48%	
14	Have you been helped to maintain contact with family/friends while in this prison?	32%	39%	32%	40%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	17%	17%	17%	26%
15c	Avoiding bad relationships?	12%	12%	12%	16%
15d	Finding a job on release?	23%	42%	23%	70%
15e	Finding accommodation on release?	36%	44%	36%	58%
15f	With money/finances on release?	20%	31%	20%	33%
15g	Claiming benefits on release?	31%	44%	31%	51%
15h	Arranging a place at college/continuing education on release?	17%	31%	17%	28%
15i	Accessing health services on release?	22%	33%	22%	26%
15j	Opening a bank account on release?	13%	29%	13%	19%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	10%	12%	10%	30%
16c	Avoiding bad relationships?	10%	13%	10%	24%
16d	Finding a job?	47%	44%	47%	72%
16e	Finding accommodation?	36%	39%	36%	51%
16f	Money/finances?	23%	36%	23%	47%
16g	Claiming benefits?	22%	29%	22%	37%
16h	Arranging a place at college/continuing education?	18%	23%	18%	29%
16i	Accessing health services?	8%	18%	8%	29%
16j	Opening a bank account?	30%	33%	30%	46%
	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?	52%	56%	52%	56%


Key question responses (ethnicity, nationality and religion) HMP Wellingborough 2010

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		63	101	21	141	34	128
1.3	Are you sentenced?	100%	99%	95%	100%	100%	99%
1.7	Are you a foreign national?	11%	14%			12%	13%
1.8	Is English your first language?	85%	91%	62%	94%	74%	94%
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%	40%	91%	24%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	8%	15%	4%	0%	6%
1.11	Are you Muslim?	50%	3%	19%	21%		
1.12	Do you consider yourself to have a disability?	8%	12%	11%	10%	9%	11%
1.13	Is this your first time in prison?	37%	19%	33%	25%	44%	21%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	24%	34%	39%	29%	28%	30%
2.3	Were you treated well/very well by the escort staff?	60%	66%	67%	64%	62%	64%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	89%	94%	81%	94%	85%	94%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	43%	29%	35%	34%	41%	32%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	44%	37%	35%	40%	50%	36%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	56%	58%	55%	57%	62%	56%
3.2a	Did you have any problems when you first arrived?	71%	59%	68%	63%	65%	64%
3.3a	Were you seen by a member of health care staff in reception?	90%	92%	81%	93%	94%	90%
3.3b	When you were searched in reception, was this carried out in a respectful way?	69%	83%	71%	79%	77%	79%
3.4	Were you treated well/very well in reception?	65%	61%	62%	63%	65%	61%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	82%	82%	83%	82%	84%	81%
3.9	Did you feel safe on your first night here?	76%	81%	71%	80%	71%	81%
3.10	Have you been on an induction course?	92%	95%	90%	94%	91%	94%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	48%	51%	52%	49%	44%	51%

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners background details						
	Percentages which are not highlighted show there is no significant difference						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	47%	43%	65%	41%	41%	45%
4.3b	Are you normally able to have a shower every day?	97%	97%	100%	96%	100%	96%
4.3e	Is your cell call bell normally answered within five minutes?	39%	51%	50%	45%	32%	50%
4.4	Is the food in this prison good/very good?	10%	18%	15%	14%	3%	17%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	22%	43%	39%	34%	21%	38%
4.6a	Is it easy/very easy to get a complaints form?	82%	79%	75%	81%	80%	81%
4.6b	Is it easy/very easy to get an application form?	89%	86%	85%	87%	91%	86%
4.9	Have you made a complaint?	67%	59%	80%	59%	68%	61%
4.13	Are you on the enhanced (top) level of the IEP scheme?	73%	58%	55%	65%	68%	63%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	57%	59%	50%	60%	54%	59%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	35%	55%	37%	46%	38%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	4%	5%	21%	2%	6%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	5%	13%	11%	10%	9%	10%
4.17a	Do you feel your religious beliefs are respected?	64%	48%	78%	51%	68%	50%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	74%	53%	68%	60%	97%	50%
4.18	Are you able to speak to a Listener at any time if you want to?	38%	47%	48%	43%	35%	46%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	78%	77%	73%	78%	74%	79%
4.19b	Do most staff, in this prison, treat you with respect?	74%	77%	64%	78%	71%	78%
5.1	Have you ever felt unsafe in this prison?	25%	33%	58%	26%	27%	30%
5.2	Do you feel unsafe in this prison at the moment?	16%	14%	32%	13%	18%	13%
5.4	Have you been victimised by another prisoner?	10%	19%	27%	14%	12%	17%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	1%	11%	3%	12%	2%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	0%	0%	0%	0%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	0%	0%	3%	9%	1%
5.6	Have you been victimised by a member of staff?	22%	25%	42%	21%	32%	21%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	2%	5%	5%	18%	2%

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners background details						
	Percentages which are not highlighted show there is no significant difference						
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)	7%	1%	5%	3%	15%	0%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	12%	23%	28%	17%	16%	19%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	18%	17%	33%	15%	24%	16%
5.11	Is it easy/very easy to get illegal drugs in this prison?	29%	53%	20%	47%	32%	47%
6.1a	Is it easy/very easy to see the doctor?	36%	44%	50%	39%	35%	43%
6.1b	Is it easy/ very easy to see the nurse?	54%	56%	58%	55%	51%	56%
6.2	Are you able to see a pharmacist?	58%	72%	82%	64%	52%	70%
6.5	Are you currently taking medication?	36%	37%	25%	38%	30%	39%
6.7	Do you feel you have any emotional well-being/mental health issues?	15%	25%	25%	21%	12%	24%
7.1a	Are you currently working in the prison?	65%	63%	50%	66%	72%	62%
7.1b	Are you currently undertaking vocational or skills training?	28%	15%	15%	21%	22%	19%
7.1c	Are you currently in education (including basic skills)?	33%	28%	55%	26%	25%	31%
7.1d	Are you currently taking part in an offending behaviour programme?	15%	12%	0%	15%	12%	13%
7.3	Do you go to the library at least once a week?	43%	54%	55%	49%	42%	51%
7.4	On average, do you go to the gym at least twice a week?	89%	58%	89%	67%	94%	63%
7.5	On average, do you go outside for exercise three or more times a week?	28%	29%	48%	26%	31%	28%
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.)	15%	7%	5%	10%	3%	11%
7.7	On average, do you go on association more than five times each week?	84%	85%	84%	84%	91%	82%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	26%	14%	11%	20%	23%	18%
8.1	Do you have a personal officer?	89%	88%	95%	87%	85%	89%
8.9	Have you had any problems sending or receiving mail?	28%	35%	39%	31%	30%	33%
8.10	Have you had any problems getting access to the telephones?	14%	22%	17%	19%	9%	22%



Key questions (disability analysis) HMP Wellingborough 2010

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		17	144
1.3	Are you sentenced?	95%	100%
1.7	Are you a foreign national?	13%	12%
1.8	Is English your first language?	81%	92%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	30%	40%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	12%	4%
1.11	Are you Muslim?	18%	21%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	18%	21%
2.1d	Was the attention paid to your health needs good/very good?	34%	30%
2.3	Were you treated well/very well by the escort staff?	80%	63%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	82%	94%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	41%	34%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	46%	39%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	77%	56%
3.2a	Did you have any problems when you first arrived?	76%	62%
3.3a	Were you seen by a member of healthcare staff in reception?	88%	92%
3.3b	When you were searched in reception, was this carried out in a respectful way?	77%	78%
3.4	Were you treated well/very well in reception?	46%	65%
3.7b	Did you have access to someone from health care within the first 24 hours?	76%	83%
3.9	Did you feel safe on your first night here?	81%	79%
3.10	Have you been on an induction course?	80%	95%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	44%	51%

Key to tables

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4.3a	Are you normally offered enough clean, suitable clothes for the week?	40%	45%
4.3b	Are you normally able to have a shower every day?	100%	96%
4.3e	Is your cell call bell normally answered within five minutes?	66%	44%
4.4	Is the food in this prison good/very good?	13%	15%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	25%	36%
4.6a	Is it easy/very easy to get a complaints form?	74%	82%
4.6b	Is it easy/very easy to get an application form?	85%	88%
4.9	Have you made a complaint?	74%	61%
4.13	Are you on the enhanced (top) level of the IEP scheme?	68%	63%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	62%	58%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	25%	41%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	13%	2%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	20%	9%
4.17a	Do you feel your religious beliefs are respected?	50%	55%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	78%	59%
4.18	Are you able to speak to a Listener at any time if you want to?	50%	43%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	86%	77%
4.19b	Do most staff, in this prison, treat you with respect?	86%	76%
5.1	Have you ever felt unsafe in this prison?	60%	25%
5.2	Do you feel unsafe in this prison at the moment?	27%	12%
5.4	Have you been victimised by another prisoner?	25%	15%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	13%	3%
5.5i	Victimised you because you have a disability?	0%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	2%
5.6	Have you been victimised by a member of staff?	20%	24%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	6%
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)	0%	4%

Key to tables

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5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	27%	18%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	20%	17%
5.11	Is it easy/very easy to get illegal drugs in this prison?	40%	45%
6.1a	Is it easy/very easy to see the doctor?	66%	39%
6.1b	Is it easy/ very easy to see the nurse?	72%	54%
6.2	Are you able to see a pharmacist?	84%	64%
6.5	Are you currently taking medication?	43%	36%
6.7	Do you feel you have any emotional well-being/mental health issues?	50%	18%
7.1a	Are you currently working in the prison?	68%	64%
7.1b	Are you currently undertaking vocational or skills training?	6%	22%
7.1c	Are you currently in education (including basic skills)?	19%	30%
7.1d	Are you currently taking part in an offending behaviour programme?	13%	13%
7.3	Do you go to the library at least once a week?	43%	50%
7.4	On average, do you go to the gym at least twice a week?	68%	70%
7.5	On average, do you go outside for exercise three or more times a week?	34%	28%
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.)	0%	11%
7.7	On average, do you go on association more than five times each week?	80%	85%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	6%	21%
8.1	Do you have a personal officer?	87%	88%
8.9	Have you had any problems sending or receiving mail?	14%	34%
8.10	Have you had any problems getting access to the telephones?	14%	19%