

Report on an announced inspection of

HMP Wolds

7–11 December 2009

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

HMP Wolds is a privately managed adult male category C training prison run by G4S. On our last visit in 2007 we described it as an improving establishment but, on our return for this full announced inspection, we found that there had been deterioration in a number of areas. We were particularly concerned by the scale of the prison's drug problem and that some staff appeared to lack the confidence to confront poor prisoner behaviour. There was also a need to develop the diversity agenda and improve the quality of work and training which was below the standard we expect in a training prison.

The prison was struggling to stem the flow of drugs into the establishment and security arrangements were stretched. Managers were not visible on the wings and some staff clearly lacked the confidence to deal effectively with difficult behaviour. Nevertheless, most prisoners reported feeling safe, although a number of minority populations, including black and minority and Muslim prisoners, reported much more negatively.

While early days were well managed and there was little use of force, there was a need to reinforce other safety procedures: violence reduction arrangements were weak, suicide prevention work was variable, adjudications were poorly conducted and there was a lack of care planning in the segregation unit. Despite a well established integrated drug treatment system, we had significant concerns about the safety of the dispensing of methadone.

The accommodation was reasonable but overcrowded. Staff prisoner relationships were variable, not helped by weaknesses in the personal officer and incentives and earned privileges schemes. Arrangements to promote diversity were poor and some staff appeared to lack racial and cultural awareness. The chaplaincy provided a well regarded service. The quality of health care was mixed.

Prisoners had plenty of time out of cell and there were sufficient activity spaces. However, the quality of much of the work was not good enough for a training prison: much of it was mundane and it frequently failed to keep prisoners fully occupied. Learning and skills provision was satisfactory and the library and PE were good.

Resettlement was generally well managed. However, while offender management arrangements were sound, they were not well integrated into the rest of the establishment. Work along most of the resettlement pathways was generally good, although demand for offending behaviour programmes outstripped supply.

It is always disappointing to chart a decline in the performance of a prison but, sadly, that is the case with this inspection of HMP Wolds. The prison was not designed as a training prison and will always struggle to deliver the quality of purposeful activity that we expect. The deterioration in safety and security arrangements, particularly the significant increase in drug use and the weakness in staff supervision of prisoners, are issues that can and must be addressed. We do note a number of areas of strength, but managers must give their full attention to addressing the prison's considerable weaknesses.

Anne Owers
HM Chief Inspector of Prisons

May 2010

Fact page

Task of the establishment

HMP Wolds is an adult male, category C training prison. Prisoners at this establishment must be sentenced to four years and over, with at least 12 months to serve, with up to 100 second-stage lifers within this group.

Area organisation

Yorkshire and Humberside

Number held

386

Certified normal accommodation

320

Operational capacity

395

Last inspection

Short follow-up inspection: September 2007

Full inspection: November 2004

Brief history

In 1991, Group 4 won the contract to manage the first private prison in Europe. Wolds opened in April 1992 as a remand centre, and in 1994 re-roled to become a local and category B training prison. GSL (now G4S) won the re-bid competition for a re-role category C prison for 10 years from January 2003.

Description of residential units

A unit	(College)	:	63 places
B unit	Mainstream location	:	63 places
C unit	Lifer unit	:	50 places
D unit	Mainstream location	:	63 places
E unit	Mainstream location	:	63 places
F unit	Mainstream location	:	63 places
G unit	Mainstream location	:	16 places
Induction	New reception	:	16
CSU	R45s and punishments	:	15

Healthy prison summary

Introduction

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

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

- performing well against this healthy prison test.

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

- performing reasonably well against this healthy prison test.

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

- not performing sufficiently well against this healthy prison test.

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

- performing poorly against this healthy prison test.

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

Safety

HP3	Reception and first night procedures offered a good first experience of the prison. Induction covered key areas but the unit was used for prisoners who were not on induction. The quality of self-harm and suicide prevention measures and assessment, care in custody and teamwork (ACCT) documents was mixed. Most prisoners felt
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safe but violence reduction procedures were poor. There had been a significant increase in substance misuse; measures to reduce the supply of drugs were patchy, drugs were freely available and the MDT rate was high. There was little use of force and incidents were quickly de-escalated. There was no care planning for prisoners held in the segregation unit. Adjudication procedures were poor. The integrated drug treatment system (IDTS) was well established but the arrangements for dispensing of methadone were unsafe. Overall, the establishment was not performing sufficiently well against this healthy prison test.

- HP4 Prisoners' journeys to the establishment were generally short and there were good working relationships between escort and prison staff. The reception area was not permanently staffed, so some prisoners had to wait on vans for staff to arrive. Reception staff were courteous, responsive to the needs of new arrivals and prioritised those who were vulnerable. Prisoners were dealt with individually in private but those in the waiting area were unsupervised, with no call bell for emergencies. Some were held there for long periods. The vulnerable prisoner policy stereotyped some classes of offenders.
- HP5 The cell sharing risk assessment was not fully completed in reception, as prisoners did not see medical staff until they reached the induction unit; this had resulted in prisoners being located in shared cells before its completion. First night cells were in a good condition and all new arrivals were able to use showers and telephones and see a Listener. Association was available but finished one hour earlier than in the rest of the prison. Black and minority ethnic prisoners and those with disabilities reported feeling less safe on their first night than their counterparts.
- HP6 Induction started on the day after arrival, including weekends if trained staff were on duty. Prisoners received detailed information about life at the establishment and saw staff from all relevant departments before leaving the unit, but the programme was disjointed and included long periods with nothing constructive to do. Some vulnerable prisoners were inappropriately located on the induction unit. A dedicated staff group was allocated to reception and induction but were not always on duty in these areas.
- HP7 The violence reduction strategy was comprehensive but repetitive, and did not incorporate recent anti-bullying survey results. Monthly safer custody meetings did not effectively analyse patterns and trends but the weekly operational meetings identified victims and perpetrators of bullying, violence and anti-social behaviour, and actions were followed up. Anti-bullying procedures were not implemented according to the policy. While fewer prisoners than the comparator said they had ever felt unsafe, findings were worse amongst those with disabilities, and those from black and minority ethnic and Muslim backgrounds.
- HP8 There was a comprehensive self-harm and suicide prevention policy, which outlined responsibilities and identified when prisoners could be at their most vulnerable. A quarterly self-harm and suicide meeting took place, at which appropriate issues were discussed but there was little analysis of data or monitoring of trends. There were relatively few instances of self-harm, although there had been a self-inflicted death in recent months. Few assessment, care in custody and teamwork (ACCT) documents were opened each year. The quality of ACCT documents was mixed, procedures were not well implemented and staff in crucial areas were not up to date with ACCT training. Near-death incidents were not investigated. An action plan had not yet been completed for the death in custody. The Listener scheme worked well.

- HP9 The main security concerns were the availability and use of drugs, mobile telephones and illicit alcohol (hooch). Despite ad hoc physical and procedural measures to try to curb the supply of unauthorised items, the security department had insufficient resources to manage, analyse, monitor and address the intelligence received. Although there had been a significant increase in substance misuse, target searches and suspicion mandatory drug testing (MDT) were frequently not completed. The monthly security committee and intelligence meetings were not multidisciplinary and were poorly attended. Irrespective of the level of drug use, it was inappropriate that prisoners were placed on closed visits as a result of a single positive mandatory drug test for a class A drug or for possession of a mobile telephone without any supporting intelligence that the prisoner was involved in trafficking through visits.
- HP10 The segregation unit was clean and well organised, although there was graffiti in the adjudicating holding rooms and the exercise areas were austere. Staff were respectful and prisoners received their basic entitlements, and many were reintegrated back into the prison, but there were difficulties arranging transfers out, resulting in some prisoners spending too long on the unit. Prisoners held in segregation did not have detailed care and management plans.
- HP11 A large proportion of adjudications were not proven. Procedural errors in the conduct and recording of adjudications had resulted in many being quashed. There was no system of quality assurance.
- HP12 There was little use of force and when incidents occurred they were quickly de-escalated. The quality of some of the paperwork was poor and use of force was not monitored by a multidisciplinary committee. The single use of special accommodation in the six months before the inspection had been for over 30 days and there had been no formal care plan for this individual.
- HP13 There was excellent communication between the principal integrated drug treatment system (IDTS) stakeholder services. However, there were problems with the administration of methadone and the security of the hatch area. The random MDT positive rate was above the target and a large proportion of prisoners said that it was easy or very easy to obtain drugs in the prison.

Respect

- HP14 External and internal areas were well maintained and pleasant. Prisoners shared cells designed for single occupancy. Staff–prisoner relationships were respectful but some staff lacked confidence in challenging inappropriate behaviour. The personal officer scheme was suffering through staff shortages. The incentives and earned privileges scheme offered good incentives for positive behaviour but the pay scheme was inequitable. Diversity provision was poor and some minority groups felt disadvantaged. Provision for foreign national prisoners was not widely understood. The chaplaincy was well integrated. Primary health services were under-resourced but mental health provision was good. Overall, the establishment was not performing sufficiently well against this healthy prison test.
- HP15 External areas were well maintained and access by prisoners good. Residential areas were in a good state of repair. Cells designed for one were shared and there was insufficient space for furniture for both people. There was no offensive display policy.

The showers did not offer privacy, but prisoners could access them regularly. Some toilet seats were broken and some privacy curtains missing. Prisoners were able to keep their living areas clean. There were difficulties accessing prison-issue clothing.

- HP16 Staff-prisoner engagement on residential units was mostly respectful, although on some units staff stayed in offices. Most prisoners were confident in approaching any member of staff. Staff appeared less confident in challenging poor behaviour and motivating prisoners to engage in activities focused on release.
- HP17 There was a basic personal officer scheme. Most prisoners knew that they had a personal officer and found them helpful. Not all personal officers introduced themselves to prisoners, and gaps in allocated staff on units had left some prisoners without an effective personal officer for some months. Wing file entries had become sporadic and few demonstrated any meaningful interaction with prisoners, although staff had a good knowledge of the prisoners on their units. Management checks of the scheme were not effective.
- HP18 The incentives and earned privileges scheme was well understood. Few prisoners were ever placed on basic. Differences between the levels were motivational but there were different pay rates for the same work, dependent on level on the scheme. Location in the segregation unit under Rule 45 (good order or discipline) led to automatic demotion. Prisoners who were demoted were not warned beforehand or given the opportunity to contribute to the review. There was no evidence of quality assurance and there was considerable variation and inconsistency in the application of the scheme.
- HP19 Consultation arrangements with prisoners were underdeveloped for both catering and the shop. The menu was repetitive and did not reflect the cultural diversity of the prisoners held. Prisoners mostly dined in association. Prisoners complained about the price of shop goods, and the range for black and minority ethnic prisoners was poor.
- HP20 The diversity and equality policy did not sufficiently detail how the needs of prisoners would be met and there was no mention of the needs of gay or transgender prisoners, and no support for them. A diversity inclusivity and consultation event (DICE) had facilitated consultation with prisoners and staff and provided guidance in developing each aspect of diversity. An action plan was being finalised but some prisoners from minority groups felt unsupported and vulnerable. Religion was not a specific agenda item at the quarterly race and diversity meeting, despite the attendance of a member of the chaplaincy team, and there was no system for ensuring that all faith groups were treated equitably.
- HP21 The monthly race equality action team (REAT) meeting was poorly attended and staff prioritised the quarterly race and diversity meeting, chaired by the director. There was insufficient trend analysis at either meeting and a limited range of data was discussed. The racist incident reporting system did not adequately protect complainants, prisoners lacked confidence in the system and some responses were dismissive. Some black and minority ethnic and Muslim prisoners felt that staff lacked race and cultural awareness, and we heard staff referring to minority groups inappropriately. The diversity officer was supported by a range of committed prisoner representatives, but the work undertaken was not communicated effectively with the wider prisoner population.

- HP22 The foreign nationals policy lacked detail about some of the specific needs of this group. Some unit staff were not aware of the entitlements of this group of prisoners or how to access them. There was a reasonable range of translated information available. The UK Border Agency (UKBA) attended the establishment quarterly but there were no immigration advice and support services available and foreign national prisoners did not attend the bi-monthly foreign national prisoner meeting.
- HP23 The arrangements for prisoners with a disability were limited. There was no mentoring or carers scheme. Older prisoners with specific needs were identified by the health care department but there was no other route for them to access additional support.
- HP24 The proactive chaplaincy team had a high profile and was well integrated into prison life. Prisoners had good access to corporate worship and other activities in a pleasant environment.
- HP25 Prisoners found the application system accessible. Most complaints were dealt with promptly but some of the replies were dismissive and failed to address the issues raised. Prisoners had little confidence in the system and there were no quality checks.
- HP26 Few prisoners accessed legal services support. Legal visits sessions were available each weekday morning and conducted in private booths in the visits hall. Prisoners were not given special letters to write to their solicitors.
- HP27 Health services were severely restricted due to the shortage of suitably trained staff. Prisoners were initially seen by health care assistants in the induction unit, without supervision, and secondary assessments were not carried out. There was good chronic disease management when clinics were not cancelled but staff were not adequately trained or supported by community specialists. Health promotion was not sufficiently developed and regular immunisation clinics were not maintained. Many members of staff had not completed annual resuscitation training. Access to the GP and the dental services was good. Pharmacy services were poor and levels of prescribed opiate-based medication too high. Mental health support was generally good but primary mental health services were compromised because of staff shortages. Liaison with the mental health in-reach team was good.

Purposeful activity

- HP28 Time out of cell was good. There were sufficient activity places for all prisoners but too much of the available work was mundane and did not fully occupy those engaged. The learning and skills provision was satisfactory. The library offered a range of activities and access was excellent. Access to PE was good and a wide range of programmes offered. Overall, the establishment was not performing sufficiently well against this healthy prison test.
- HP29 The recorded time of 9.3 hours unlocked on weekdays was achievable for most prisoners. Prisoners were rarely locked in their cells during the core day, but there were many prisoners on the wing, some engaging in education, some working on the wings but others unemployed, waiting for allocation. Association was reliably offered but other, more purposeful activity had recently been cancelled to achieve this. There were good opportunities for outdoor exercise.

- HP30 There were sufficient activity places for all prisoners, but an imbalance in the range of opportunities available. Prisoners were not all fully occupied by the work they were allocated. Applicants for work underwent an application and interview process with their potential employer. Where applications were unsuccessful, they received feedback and the opportunity to reapply once they obtained clearance.
- HP31 There were insufficient opportunities for accredited skilled work and vocational training. Wing cleaning provided the largest number of work places and accredited training was not available in this area. Too few prisoners worked towards the PE or catering qualifications available. The prison worked hard to maximise work opportunities in partnership with private providers.
- HP32 The quality of specific information, advice and guidance was broadly satisfactory. It was provided from a wide range of sources but was not staffed or coordinated sufficiently to ensure engagement with prisoners at key stages of their sentence.
- HP33 Education was well managed and provided the largest number of activity places. The range of education classes was broad and provided coherent, personalised programmes offering progression from entry level up to postgraduate study. Prisoners in education achieved high success rates. Provision in family learning was particularly good and provided effective support in maintaining family links and developing good parenting skills. Each prisoner had an individual learning plan but the target setting, monitoring and review process was not consistently applied.
- HP34 Access to the library was good and there was a high membership and good usage. Orderlies working there were trained for their role and could achieve customer service qualifications. A pilot writer-in-residence project had started. The range of fiction and non-fiction books had improved, and Prison Service Orders were readily available. Although the stock of foreign language books was small, specific requests were readily met through the inter-library loans service.
- HP35 Access to the gym was good for many prisoners. There was a strong emphasis on healthy lifestyle courses. Those undertaking the available vocational qualifications achieved well, but this was confined to a small number of orderlies. The facilities were reasonable, although there was no outdoor sports facility.

Resettlement

- HP36 The resettlement strategy was based on a needs analysis and showed good integration into regional arrangements. Offender management arrangements for in-scope prisoners were reasonable but the work of the team was not well understood and lacked support from other parts of the prison. There were limited arrangements for those out of scope. Indeterminate- and life-sentenced prisoners had good access to programmes but were frustrated about delays in parole board reviews. Pathway provision was generally good but offending behaviour courses were over-subscribed. Overall, the establishment was performing reasonably well against this healthy prison test.
- HP37 There was a well-structured reducing reoffending and resettlement strategy document, which was linked to the regional plan. The annual assessment of resettlement needs identified improvements or additional services required but did not

analyse the prison population in any detail or identify the needs of specific groups. The delivery of resettlement was managed formally through a quarterly resettlement committee meeting. Project plans to drive improvements in resettlement provision had not been developed. Discharge boards were held too close to the end of prisoners' sentences to address outstanding issues.

- HP38 Those in scope of offender management received a full service, although monthly contact with their offender supervisor was not sufficiently structured or meaningful. Contact with offender managers in the community and involvement of prisoners was good. Prisoners out of scope of offender management but sentenced to longer than 12 months had an offender assessment system (OASys) assessment and sentence plan prepared but no ongoing support from an offender supervisor. Recalled prisoners were brought into the sentence planning process and the few prisoners sentenced to less than 12 months had their resettlement needs assessed and referrals made. The offender management unit was not integrated with the rest of the prison. There was little evidence of information sharing or involvement of other staff in prisoners' sentence plans and the quality of these was compromised.
- HP39 Categorisation reviews were run efficiently and prisoners invited to make representations. Places were quickly found for those suitable for open conditions. Release on temporary licence was mainly for outside workers. The home detention curfew system was well managed.
- HP40 High-risk prisoners were identified on admission and their management was determined at the monthly public protection meeting, but there was no reliable record of those subject to public protection restrictions.
- HP41 Life-sentenced prisoners and those serving indeterminate sentences for public protection (IPP) had good access to programmes but were frustrated about delays in parole board reviews. A recently appointed and trained lifer manager was not supported by a trained or dedicated staff group. There was some specific provision for lifers but not for IPP prisoners.
- HP42 Reintegration services were well developed and the dedicated resettlement department assessed prisoners' needs during their induction and opened a case file on each one. A full range of accommodation services was offered. Homeless prisoners were registered with local authorities or housing associations and referrals for hostel places made where required. Resettlement staff negotiated with creditors on behalf of prisoners and set up appointments for benefit claims on release. There were no facilities to open bank accounts for prisoners but staff obtained documents to provide identification.
- HP43 There was not enough emphasis on pre-release education, training and employment. Resettlement officers explained how to access support but this was not systematically planned for or provided. Few prisoners completed qualifications and courses that would help them to get a job on release.
- HP44 All prisoners were offered an appointment with health care before release, where current health needs and concerns were discussed. Those under the care of the mental health in-reach team were seen by a member of the team and arrangements made for a smooth transition to community mental health services. Basic drug and alcohol strategies and needs analyses were not up to date. Programmes for those with alcohol or drug problems were limited to awareness sessions run through

education and the gym. Counselling, assessment, referral, advice and throughcare (CARAT) links with drug intervention programmes were reasonably good. Voluntary drug testing (VDT) was available but prisoners refusing to provide a VDT sample were subject to a security information report and even MDT target test requests.

- HP45 Prisoners were able to arrange a visit soon after arrival and managers facilitated requests from prisoners to spend longer with family and friends. The visitors centre had a welcoming environment. The visits hall was regimented in layout but visits were relaxed and started on time. Prisoners were positive about the range of services for maintaining contact with children and families and these were well developed and integrated.
- HP46 The range of accredited offending behaviour programmes was suitable for the prison population but programmes were over-subscribed. Waiting lists were managed well, according to need and closeness to release, and there was a purpose-built programme delivery suite. The range of non-accredited programmes was limited.

Main recommendations

- HP47 All staff should be trained in assessment, care in custody and teamwork (ACCT) procedures.
- HP48 Managers should ensure that effective security measures are in place to reduce the supply of drugs.
- HP49 A comprehensive diversity policy outlining how the establishment will meet the needs of all minority groups should be developed and implemented.
- HP50 The poor perceptions of black and minority ethnic and Muslim prisoners should be investigated, the outcome communicated to prisoners and action taken to improve perceptions.
- HP51 Senior managers should be visible in residential areas and actively support staff in challenging poor behaviour and encouraging engagement of prisoners in sentence planning targets.
- HP52 The range and balance of purposeful work and accredited vocational training opportunities should be increased to enable the prison to meet its training function fully.

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 | Most prisoners had short journeys to the establishment. There were good working relationships between escort and prison staff. The reception area was not permanently staffed, so some prisoners had to wait on vans for staff to arrive. All documents and property arrived with prisoners. |
|-----|--|
- 1.2 Most prisoners had short journeys to the prison, although some, particularly lifers, reported longer journeys, with overnight stops at other establishments.
- 1.3 The main escort contractor was Group 4 Securicor (G4S), the same company that ran the prison. This had resulted in good relationships between escort and prison staff. The vans were reasonably clean and prisoners were given cold food and drinks, even on short journeys.
- 1.4 The reception area was not permanently staffed, as staff were often redeployed to other areas when no prisoners were expected. Staff took up duty in reception when prisoners arrived, which resulted in prisoners waiting on vans for up to 45 minutes. Prisoners were then moved to reception without further delay. Few prisoners arrived later than 3pm.
- 1.5 All relevant documents and property were transferred with prisoners and most knew that they were coming to Wolds, some only on the day of transfer.
- 1.6 Prisoners attending outside medical appointment were handcuffed, subject to a risk assessment.

Recommendation

- 1.7 Reception should be staffed before prisoners arrive, to prevent prisoners having to wait on vans.

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.

- 1.8 Prisoners were left unsupervised and without an emergency call bell in the reception waiting area. Reception staff were polite and respectful and identified and prioritised those who were vulnerable. The vulnerable prisoner policy stereotyped some classes of prisoners and was inappropriately worded. The cell sharing risk assessment was not fully completed in reception, as prisoners did not see medical staff until they reached the induction unit; this had resulted in prisoners being located in shared cells before completion. First night cells were clean and all new arrivals were able to use showers and telephones. Fewer black and minority ethnic prisoners and those with disabilities than their counterparts reported feeling safe on their first night. Some vulnerable prisoners were inappropriately located on the induction unit. Induction started on the day after arrival, including weekends if trained staff were on duty, although there were long periods where prisoners had nothing to do, and it was disjointed. A dedicated staff group worked in reception and induction but were not always on duty in these areas. Induction information was available in a range of languages.

Reception

- 1.9 Handovers between escort and prison staff were comprehensive and staff identified vulnerable prisoners and prioritised their movement to the induction unit. The written vulnerable prisoner policy stereotyped certain classes of prisoners and was inappropriately worded. Prisoners were routinely strip-searched but in our survey, significantly more prisoners than the comparator said that the search in reception was carried out respectfully (84% versus 75%).
- 1.10 Prisoners were held in a waiting room, which contained comfortable furniture. There was some information in English and a television showing terrestrial channels. Prisoners were seen individually by staff; those remaining in the waiting room were left unsupervised and out of sight of staff for long periods without being checked and without an emergency call bell. In our survey, 79% of prisoners, against the 71% comparator, said that they were treated well or very well in reception.
- 1.11 The reception area was clean and adequate for the 10–12 movements in and out every week. Cold meals and hot drinks were provided and prisoners were given adequate clothing and bedding if required.
- 1.12 Reception staff were polite and respectful. A dedicated staff group worked in reception and induction but were not always on duty in these areas because of redeployment elsewhere. While in reception, prisoners' property was processed and a basic assessment and the first part of the cell sharing risk assessment were completed. Procedures were carried out in a relaxed manner and prisoners taken individually to induction, which resulted in some prisoners remaining in reception for up to four hours.

First night

- 1.13 On arrival on the induction unit on G wing, prisoners were met by staff and a Listener who was resident on the unit. They were given basic information about rules and routines and what would happen on their first night. They were able to make a free three-minute telephone call and use showers or a bath. Meals and drinks were provided. New arrivals were seen by health services staff and chaplaincy members, and the final part of the cell sharing risk assessment was completed. However, we observed that two prisoners had been located in a cell together on the unit before their cell sharing risk assessment had been completed. Cells were clean and large enough for double occupancy, which was the norm.

- 1.14 All prisoners were unlocked for evening association, although those on the induction unit were locked up one hour before the rest of the prisoners. Prisoners were seen individually for a second, more comprehensive assessment by induction staff. They were offered a smokers' or non-smokers' pack and £5 telephone credit. Recovery of cost was dependent on the amount that a prisoner had in his account, but was normally made within four weeks.
- 1.15 At the time of the inspection, two prisoners who feared for their safety were being held on the induction unit, without a constructive regime, although managers had authorised them to have access to a television and association. A prisoner with a disability was also located in this area, as the only disabled cell was located there.
- 1.16 Fewer black and minority ethnic prisoners and those with disabilities reported feeling safe on their first night than other prisoners.

Induction

- 1.17 Induction started on the day after arrival, including at weekends if trained induction staff were on duty. During induction, prisoners often had long periods with nothing constructive to do, although they were unlocked and able to speak to staff and the Listener. In our survey, 82% of prisoners, significantly worse than the 93% comparator, said that they had been on an induction course. The induction programme had been developed at a time when prisoners had arrived on designated days; they could now arrive on any day of the week. The programme was therefore disjointed and some parts out of date. We observed a member of staff who was new to the team rearrange the induction programme so that staff from other departments could come to see prisoners, as she had not been trained to deliver the induction modules.
- 1.18 Prisoners were seen by staff from various departments, including education, drugs workers and programmes staff, and all were given the opportunity to visit the gym. Records were kept of who had completed their induction, and prisoners were rarely moved off the unit until they had completed all modules.
- 1.19 A detailed induction booklet was available in a range of languages and was specific to the establishment. It was easy to follow and comprehensive, but some elements were out of date. Prisoners were not able to keep a copy when they left the unit.

Recommendations

- 1.20 The vulnerable prisoner policy should be withdrawn and a new policy developed that ensures staff understand their responsibilities while not resorting to stereotyping.
- 1.21 Prisoners should be supervised in the reception waiting area and a call bell installed for emergencies.
- 1.22 Reception and induction should be staffed by trained staff from the dedicated staff group.
- 1.23 Prisoners should not be held in reception for long periods.
- 1.24 Prisoners on the induction programme should be fully occupied during this time.
- 1.25 Cell sharing risk assessments should be completed before prisoners are located to cells.

- 1.26 Prisoners on the induction unit should receive the same association time as prisoners on other units.
- 1.27 Vulnerable prisoners and those with disabilities should not be located permanently on the induction unit.
- 1.28 All induction staff should be trained to deliver the induction modules.
- 1.29 The induction programme and booklet should be reviewed and updated.

Housekeeping point

- 1.30 Prisoners should be able to take a copy of the induction booklet with them when they leave the induction unit.

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 External areas were well maintained and pleasant. Living accommodation was in a good state of repair and clean. However, prisoners shared cells designed for one, with insufficient furniture. Some toilet seats were broken and privacy curtains missing. There was no offensive display policy. Showers did not offer privacy, but prisoners had good access to them. It was difficult to access sufficient prison-issue clothing.

Accommodation and facilities

- 2.2 The outdoor areas were pleasant and well maintained. Internal areas were also well kept, and residential areas were clean. Ten single cells on each unit, except C wing, were shared by two prisoners and were known as 'small dorms'. They were too cramped for two prisoners to share and contained insufficient furniture, leaving one of them to sit on the bed. In several shared single cells, there was either no shower curtain or the curtain did not reach all the way around the toilet area. Some toilet seats were broken. There was insufficient storage in the small dorms and there were no lockable cupboards in which prisoners could secure their personal possessions or any in-possession medication. Prisoners had courtesy keys to their cells. There was no graffiti in cells and the living environment was generally in a good state of decoration. Communal areas were airy and clean.
- 2.3 There was no offensive display policy, although prisoners were expected to sign a compact in which they agreed not to display material or wear clothing with markings that might be considered racist, sexist, pornographic, depict the use of illicit substances or be offensive in any other way. Staff were not confident in determining what material was unsuitable and there was a large amount of soft pornography on display in cells.
- 2.4 All prisoners on the standard or enhanced level of the incentives and earned privileges (IEP) scheme had televisions in their cells. We were not told of any problems in accessing replacements when needed.
- 2.5 In our groups and in our survey, prisoners were positive about the speed with which cell call bells were answered. Significantly more than at comparator prisons said that they were normally answered within five minutes (49% versus 40%) but this was worse than at the time of the previous inspection, when 62% of prisoners had responded positively to this survey question. Observation panels in cell doors were free from obstruction, and we were able to see into cells during our night visit.
- 2.6 The wings were calm and quiet during patrol and night states. Significantly more prisoners than at comparator prisons said that it was normally quiet enough for them to be able to relax or sleep in their cells at night (84% compared with 70%).

- 2.7 Arrangements for mail collection and delivery were good. There were no restrictions on the number of incoming or outgoing letters. Mail that needed to be opened to check for suspected unauthorised enclosures was sent to the security department to deal with. Prisoners were more positive than at comparator prisons about staff opening mail sent under legally privileged access, with only 25% (against 41%) saying that they had had any problems.
- 2.8 Prisoners had daily access to telephones and there was an average of one telephone per 15 prisoners. Despite telephone charges having been reduced in response to the Ofcom findings, charges were still far more expensive than in the community. Telephones were sited away from the association area, allowing for privacy. There were notices next to most telephones informing prisoners that their calls might be subject to monitoring.

Clothing and possessions

- 2.9 All prisoners, other than those in segregation or on the basic level of the IEP scheme, were able to wear their own clothes, which they could exchange on a three-monthly basis. Those on basic or who did not have access to their own clothes were reliant on prison-issue clothing which they told us was difficult to access. At the time of the inspection, one prisoner had only one set of prison-issue clothes, which he laundered in his sink at night. Significantly fewer in our survey than at comparator prisons and than at the time of the previous inspection (37% against 62% and 66%, respectively) said that they were offered clean, suitable clothes for the week.
- 2.10 Wing laundries on each residential unit were run by orderlies and generally operated effectively for prisoners' own clothing, and prisoners could iron their own kit on the wings.
- 2.11 The admissions systems for the storage and retrieval of property were good and more prisoners than at comparator prisons said that they could normally obtain their stored property if they needed to (43% against 30%), although this was worse than at the time of the previous inspection, when 60% had said this. Prisoners being discharged from the prison were offered unmarked bags in which to carry their property.

Hygiene

- 2.12 Significantly more prisoners in our survey than at comparator prisons (86% versus 75%) said that they normally received cell cleaning materials each week, and prisoners had plenty of opportunities to clean their living areas.
- 2.13 Basic hygiene items were available in residential areas and there were no problems with access to showers; 99% of respondents to our survey said that they were able to have a shower every day, which was significantly better than the 94% comparator. The shower areas were clean and in a reasonable state of repair, but their design was poor, as prisoners showering were visible by anyone looking across to them and there were no privacy screens. Prisoners complained that toilet rolls and plastic cutlery were in short supply; staff were able to produce these items when asked but said that they sometimes ran short.
- 2.14 Prisoners were issued with freshly laundered bedding on arrival and sheets were cleaned weekly thereafter. In our survey, only 46% of respondents (compared with 83% at comparator prisons) said that they got clean sheets every week, and this was also significantly worse than at the previous inspection (71%). Prisoners told us that there was generally a shortage of sheets, quilt covers and towels and that they sometimes had to go without. Many prisoners had their own bedding and most cells had curtains up at the windows.

- 2.15 Prisoners told us that it was difficult to obtain replacement mattresses. There was a system to replace mattresses on application if supported by wing staff, and there was evidence of replacements being supplied.

Recommendations

- 2.16 Two prisoners should not share cells meant for one.
- 2.17 Toilet areas should be fully screened and all toilets fitted with seats and lids.
- 2.18 Lockable cupboards should be provided in double cells, so that prisoners can secure their personal possessions.
- 2.19 An offensive display policy should be published and staff supported in implementing it.
- 2.20 Sufficient prison-issue clothing should be provided.
- 2.21 The communal showers should be redesigned to allow privacy both within the shower area between those showering and from outside.
- 2.22 Sufficient clean bedding should be available.
- 2.23 Charges for telephone calls should be brought into line with those in the community.

Housekeeping point

- 2.24 All basic hygiene items should be readily available.

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.

- 2.25 Most prisoners were confident in approaching any member of staff for help and many said that most staff treated them with respect. Our survey results showed poorer perceptions among black and minority ethnic and Muslim prisoners. Engagement between staff and prisoners was mostly respectful, although some staff were office bound. Some staff were not confident in challenging poor behaviour or motivating prisoners to engage in activities designed to support their reintegration into the community.

- 2.26 Staff were generally enthusiastic about their role in working with prisoners, although they expressed concern that recent changes to shifts had resulted in less consistent staffing and staff working in areas with prisoners they did not know. They saw their role as supporting prisoners, although this was often expressed in terms of dealing with queries and applications rather than challenging them to meet sentence planning targets or amending poor behaviour.

We saw staff responding immediately to prisoners' queries and applications. The perception of prisoners was that staff tried hard to support them but were over-stretched, trying to cater for the needs of as many as 63 prisoners on some residential units.

- 2.27 Staff were respectful in their attitude towards prisoners and used their first names. Most prisoners were positive about the way that staff treated them and confident in approaching any member of staff for help. In our survey, the perceptions of black and minority ethnic and Muslim prisoners were considerably more negative than their white and non-Muslim counterparts (see main recommendation HP50). Eighty per cent of all prisoners said that most staff treated them with respect, which was significantly better than the 75% comparator but worse than at the time of the previous inspection, when 93% of prisoners had reported being treated with respect. However, only 62% of black and minority ethnic prisoners and 54% of Muslim prisoners said that staff treated them with respect. Significantly more prisoners than at comparator prisons said that they had a member of staff they could turn to for support (79% against 73%), but only 58% of black and minority ethnic prisoners and 41% of Muslim prisoners said this.
- 2.28 The design of the residential units allowed for good supervision and an open atmosphere. Some staff lacked confidence in challenging poor or threatening behaviour. Prisoners told us that they had seen incidents of bullying behaviour being ignored. Their perception was that staff were either not sufficiently aware of or reluctant to challenge such behaviour in the wake of an assault following an incident involving illicit alcohol (hooch). They cited an example where a prisoner had handed over his prison shop goods to another prisoner in front of staff, with no challenge made. We observed a prisoner returning to the wing angry about being given additional sentence planning targets after a meeting with his offender supervisor. The member of staff he spoke to colluded with him, agreeing that it was unfair, instead of working with him to encourage him to engage. Other staff shared with us their frustration at not being able to challenge negative behaviour during voluntary drug testing because of being on their own when tests were taken.
- 2.29 During evening association, staff–prisoner relationships were generally positive. Most staff were present on the wings and engaged with prisoners, and those on wings with longer-term prisoners clearly knew these prisoners well. However, prisoners on A wing were boisterous, and staff appeared reluctant to leave the office to supervise them. Senior managers were rarely visible on the wings. In our survey, 21% of respondents said that staff normally spoke to them during association, which was similar to the 19% comparator.
- 2.30 Efforts had been made to ensure that most prisoners could engage in at least part-time work, training or education and most staff encouraged prisoners to take up what they were offered.
- 2.31 A limited amount of responsibility was given to prisoners. The use of peer supporters was developing but was unstructured, and staff engagement with peer supporters was too sporadic. Consultative committees were ad hoc and there was no wider consultation of different groups in the prison, so prisoners did not feel engaged in decision making which affected them, such as changes to the prison shop list. An exception to this was the recently held diversity inclusivity and consultation event (DiCE) (see section on diversity).

Recommendations

- 2.32 All staff should actively engage with and supervise prisoners during association on the residential units.

- 2.33 Wider consultation, involving different groups represented at the establishment, should take place regularly, both to test out policies and to gain an understanding of prisoners' experience of the prison.

Personal officers

Expected outcomes:

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

- 2.34 There was a basic personal officer scheme. A similar number of prisoners as at comparator prisons said that they had a personal officer and found them helpful, but this was worse than at the time of the previous inspection and for black and minority ethnic and Muslim prisoners. Not all personal officers introduced themselves, and gaps in allocated staff on units left some prisoners without an effective personal officer for months. Written entries in wing files were becoming less regular, and few demonstrated any meaningful interaction, but many staff knew prisoners on their units well. Management checks were not effective.
- 2.35 A basic personal officer scheme was in operation. There was a useful guide for staff, explaining their role as personal officers and giving hints about how to carry out their duties. It did not, however, outline specific responsibilities, such as introducing themselves to the prisoners in their care or the quantity and quality of entries expected in personal files. They were allocated on the basis of cell location and included a relief.
- 2.36 In our survey, a similar number of prisoners to the comparator (77% against 73%) said that they had a personal officer, but this was significantly worse than at the time of the previous inspection (91%). It was also significantly worse for black and minority ethnic prisoners compared with their white counterparts (65% versus 79%) and for Muslim compared with non-Muslim prisoners (46% versus 80%) (see main recommendation HP50). The same number as the comparator (64%) said that they found them helpful, but, again, this was significantly worse than at the previous inspection (80%). In our groups, most prisoners knew that they had a personal officer but described waiting a long time for one, or having a 'ghost' – a named personal officer who no longer worked on their wing, as a result of staff changes. Personal officers did not consistently introduce themselves to those on their caseload.
- 2.37 Personal officers we spoke to saw themselves as personal officer to all prisoners and did not always demonstrate a greater knowledge of those on their caseload compared with others on their wing. They said that they were expected to make weekly entries about the prisoners on their caseload and that they generally did this at the weekend, and included entries for the prisoners for whom they were the relief personal officer, as well as their own, if they had time. In the files we sampled, the level of meaningful interaction recorded was minimal, even though many staff knew prisoners on their units well. There was evidence that the regularity of entries had decreased over the preceding months and for some prisoners there had been no entries made since September 2009. The files we sampled contained no management checks. Staff said that they were often deployed to areas where they were not personal officers, which meant that they did not have sufficient time to spend with those on their caseload.
- 2.38 Most personal officers provided basic information for reports, but said that they could never be spared for events such as sentence planning meetings.

Recommendations

- 2.39 The guidance for personal officers should outline their responsibilities with regard to introducing themselves to prisoners on their caseload, meeting with them weekly to discuss progress, and the type and level of entries required in prisoner history sheets.
- 2.40 There should be regular and thorough management checks of the personal officer scheme which evaluates the amount of time spent by personal officers with those on their caseload, as well as the regularity and quality of entries in the wing history sheets.

Housekeeping point

- 2.41 All personal officer allocations should be kept up to date and ensure that prisoners have a personal officer who is currently working on their wing.

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 was divided into two parts and, although comprehensive, was confusing. Recent survey results had not been incorporated. Monthly meetings took place but analysis of potential indicators was underdeveloped. A weekly meeting identified those involved in bullying and violence, and recorded actions taken. Fewer prisoners than the comparator reported that they had ever felt unsafe but Muslim and black and minority ethnic prisoners reported feeling less safe than their white counterparts. Anti-bullying procedures were detailed but not implemented according to the policy.
- 3.2 The violence reduction strategy was divided into two parts – the main policy and a supplementary policy outlining anti-bullying procedures. It was comprehensive but repetitive and confusing. The results of a recent anti-bullying survey had not been incorporated. A senior manager had overall responsibility for safer custody, and day-to-day management was carried out by a senior custody officer. The monthly safer custody meeting was well attended and discussed indicators of violence and related subjects. There was no accompanying management report and no trend analysis, identification or monitoring. A weekly safer custody meeting had been implemented to discuss pressing matters related to safer custody. Unexplained injuries, and prisoners involved in violence, bullying and assessment, care in custody and teamwork (ACCT) procedures were identified, discussed and action taken to resolve individual matters. Prisoner representatives (Listeners) were involved in the monthly meeting. There was a confidential helpline for visitors and families to call and report their concerns to prison staff, which was publicised in the visits hall and visitors centre. This was checked daily by duty managers and had received some calls relating to safer custody matters that had been acted on.
- 3.3 A violence reduction action plan had been developed and was reviewed monthly, but was not time bound and did not address some of the problems we identified during the inspection.
- 3.4 A central database identified when cell sharing risk assessment reviews for those who were high and medium risk were due. Not all of these reviews were carried out on time. Anti-bullying procedures were explained to prisoners during induction and outlined in the induction booklet.
- 3.5 The most recent anti-bullying survey, in May 2009, had generated only 25 responses from a population of nearly 400 prisoners. Responses indicated that 12–16% of prisoners felt that showers, toilets (shared), the health care department and stairways were unsafe places. This survey also found that 60% felt safe from being hurt or injured and that 92% had not suffered violence in the previous month. Our survey showed that 23% of the general prison population (against the 30% comparator), 37% of Muslim prisoners (against the 21% comparator) and 39% of black and minority ethnic prisoners (against the 18% comparator) had felt unsafe at some time at the establishment.

- 3.6 A central database logged perpetrators and victims of violence. The most recent copy we could access showed that there had been 13 perpetrators and 17 victims between April and September 2009. There were no formal support procedures for victims and we found little written evidence in wing files about assistance offered to these prisoners. There was a four-stage procedure for dealing with perpetrators, depending on the severity of the incident. This was understood by staff and prisoners but not implemented according to the policy. Victim details were held in the bullies' booklets.
- 3.7 The first stage of the procedure involved the prisoner being interviewed and informed that he was being monitored. Prisoners should also have had their property searched and been referred to an antisocial or bullying programme. However, there were no such programmes available and no searches were carried out. Stage two included loss of access to various activities, stage three an even more restrictive regime and stage four meant relocation to the segregation unit under good order or discipline.
- 3.8 There were no booklets open during the inspection. A sample of recently closed ones showed poor recording, cursory investigations of incidents and mostly observational entries in bullying booklets, with little evidence of perpetrators being challenged about their behaviour or constructive targets being set. Most perpetrators had been working in trusted positions such as unit cleaners or orderlies.

Recommendations

- 3.9 The violence reduction strategy should be reviewed to include the most recent survey results and current programme provision, and be consistently and fully applied.
- 3.10 A further survey of prisoners' perceptions and experiences of violence and bullying should be conducted and ways found to encourage prisoners to complete this.
- 3.11 Information relating to indicators of violence and anti-social behaviour should be analysed to identify and monitor trends and actions required.
- 3.12 Cell sharing risk assessment reviews should take place on time.
- 3.13 Victim support should be offered and recorded fully.
- 3.14 Interventions should be introduced for victims and bullies.

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.

- 3.15** Levels of self-harm were low but there had been a self-inflicted death in recent months. There was a comprehensive policy document outlining all procedures, but little analysis of data or monitoring of trends. Assessment, care in custody and teamwork (ACCT) procedures were not well implemented and the quality of ACCT documents was mixed. Near-death incidents were not investigated. The Listener scheme was effective and well managed by a supportive Samaritans and staff team.
- 3.16** Overall management of self-harm and suicide procedures was undertaken by the same staff as for violence reduction. A comprehensive and up-to-date policy document outlined the roles and responsibilities of all staff and described how ACCT procedures were applied. The self-harm and suicide policy group met quarterly, although the most recent meeting had been cancelled. The meeting was well attended. While appropriate subjects were discussed, management information was not presented in report format or analysed to identify and monitor trends.
- 3.17** There had been a self-inflicted death in custody in May 2009. The resulting action plan for this and a death by natural causes in February 2009 had not yet been completed. There was no ongoing monitoring of death in custody action plans to ensure full compliance. Levels of self-harm were relatively low, as was the number of ACCT documents opened yearly.
- 3.18** The policy required the investigation of near-death incidents but we could find no evidence that this was happening, despite a recent serious incident where a prisoner had severed an artery in his wrist, resulting in hospital treatment and the opening of an ACCT document.
- 3.19** Details of open and closed ACCT documents were kept on a database. This included information such as the type of self-harm, the name of the case manager and dates for follow-up reviews. There had been 28 documents opened in the year to date, which was a slight reduction from 38 in 2008. There was one document open at the time of the inspection which was appropriately closed during the week.
- 3.20** The quality of ACCT documents was mixed. We found little evidence of multidisciplinary reviews, even in cases where staff other than discipline staff should have been present. Care planning was poor and some prisoners were set meaningless targets such as 'prevent further self-harm', with no indication of how they might achieve this. We found some night-time observations that were predictable and a significant number of records that showed predictable early morning observations before unlock. This was worrying, as the recent death in custody had occurred in the early morning. Daily entries were mainly observational, with little recorded about interactions between staff and prisoners. Duty managers carried out daily checks, but these appeared to consist of routine entries in the records, as the afore-mentioned issues were not picked up in these checks.
- 3.21** Only 69% of staff had been trained in ACCT procedures in the previous year (see main recommendation HP47). Staff in key areas, such as induction, were among those who had not received recent training.
- 3.22** There were 13 trained Listeners, who were based on different units across the prison. They told us that staff were supportive of the scheme and that they had generally free access around the prison. One Listener worked on the induction wing and a second duty Listener also met all new arrivals. In our survey, 53% of prisoners said that they had met a Listener or a Samaritans representative within the first 24 hours of arrival, which was significantly better than the 30% comparator. Listeners met monthly with a supportive Samaritans team and regularly with the Samaritans coordinator, a prison custody officer. Most callouts occurred

during the night, and the Listener and the prisoner were escorted to a large double cell on the induction unit for the duration of the callout, as there was no Listener suite. There were advanced plans to locate a Listener suite on the induction unit, which would reduce the number of cells available in this small unit. There were no safer cells in the prison.

- 3.23 Prisoners could use the PIN telephones to contact the Samaritans. The use of portable handsets had ceased, due to difficulties in obtaining a good signal.
- 3.24 During our night visit, staff carried anti-ligature knives and they were all trained in first aid. Staff on the induction unit were not aware of the location or presence of the new arrivals.

Recommendations

- 3.25 Information relating to self-harm and suicide should be analysed to identify and monitor trends and actions required.
- 3.26 Death in custody action plans should be monitored to ensure full compliance.
- 3.27 Near-death incidents should be investigated and action plans developed where necessary.
- 3.28 Regular management checks should identify weaknesses in the implementation of ACCT procedures and staff should be supported to make the necessary improvements.
- 3.29 Night-time and early morning observations of prisoners subject to ACCT procedures should not be predictable.
- 3.30 The new Listener suite should not be located on the induction unit.

Housekeeping point

- 3.31 Night staff should be aware of the location and presence of all new arrivals.

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.

- 3.32 Prisoners found it easy to make an application but many were dissatisfied with the response they received. Complaints were answered promptly but some of the replies were dismissive and failed to answer the complaint in full. There was no system of quality checks.

- 3.33 The system for making applications and complaints was explained to prisoners during their induction. Posters explaining the procedures were displayed on notice boards. Prisoners were encouraged to try to resolve complaints by speaking to staff before submitting a formal complaint.

- 3.34 Application forms were available from the residential unit offices and complaints forms were freely available in residential areas. Prisoners posted their complaints in locked complaints boxes on the residential units. These were emptied daily by the night orderly officer and taken to the complaints clerk, who logged the complaint and directed it to the relevant department.
- 3.35 In our survey, most prisoners said that it was easy to get an application form, but only 51%, significantly fewer prisoners than the comparator, said that applications were dealt with fairly.
- 3.36 A total of 1,108 formal complaints had been submitted in the six months before the inspection. Property was the largest single subject raised in complaints, representing approximately 12.5% of the complaints. The number of health care complaints was also high, at 8% of the total. Most complaints were responded to within the target of three days, although on some occasions interim replies were logged as a reply, and no record was kept of when the prisoner received a substantive reply. We reviewed a random sample of 100 complaints from the previous six months. Some of the replies were dismissive and failed to address the issues raised in the complaint.
- 3.37 In our survey, 28% of prisoners, significantly fewer than at comparator establishments (35%), said that complaints were dealt with fairly.
- 3.38 Although complaints were monitored by ethnicity, there was no other monitoring of patterns or trends. We found no evidence that replies were subject to any system of quality assurance.

Recommendations

- 3.39 Interim replies to complaints should be logged separately and a record kept of the date when the prisoner is given a full reply to their complaint.
- 3.40 There should be a system of quality assurance of replies to complaints, with monthly checks of samples by senior managers. Records of the quality checks and any action taken should be retained.

Legal rights

Expected outcomes:

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

- 3.41 Few prisoners accessed legal support. Legal visits sessions were available each weekday morning and were conducted in private booths in the visits hall. Prisoners were not given special letters to write to their solicitors.
- 3.42 Prisoners were significantly more positive than at comparator establishments about the ease with which they could communicate with their legal representatives and attend legal visits. A member of staff from the records department provided legal support but had not received any recent legal services training, as this had not been run for some time. Information about the legal service available was included in the induction pack.

- 3.43 Few prisoners accessed legal support, and records showed that the most recent request had been made in August 2009. A list of solicitors and a comprehensive range of forms containing advice on how to deal with a variety of legal issues, such as fines and care proceedings, were available. The legal clerk held criminal case review forms for those who were pursuing appeals. We were aware of one prisoner who had requested the use of a laptop computer to pursue a legal matter, but, despite having made the request earlier in 2009, the outcome had not yet been determined and there was no clear reason for the delay.
- 3.44 Up-to-date Prison Service Orders were available from the library. Recall packs were issued to unit managers to distribute, and staff from the offender management unit were expected to go through them with prisoners.
- 3.45 Legal visits sessions were available each weekday morning and were conducted in private booths in the visits hall. Prisoners were not given special letters to write to their solicitors, and a response to a complaint about a unit manager refusing a prisoner a special letter stated: 'you receive your weekly envelope/letter entitlement and therefore should put any legal correspondent in them ... prisoners are asking for additional envelopes for legal paperwork but are actually using them for non-legal reasons'. There was no evidence that this prisoner had planned to misuse the special letter that he had requested.

Recommendation

- 3.46 Prisoners who require access to a laptop computer should have this facilitated, subject to a risk assessment.

Housekeeping point

- 3.47 Special letters should be made available to prisoners on request, so that they can write to their legal representative.

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.

- 3.48 The chaplaincy team provided a full range of religious services in a well-equipped facility, and was well established and integrated into the activities of the prison. A range of activities was provided.

- 3.49 The chaplaincy team was well established and well integrated into the activities of the prison and worked together to provide a good level of generic pastoral cover. There was a widely publicised programme of services and follow-up classes, although on some wings the notice was posted in the staff office. The chaplaincy team was fully staffed, with the exception of a Methodist chaplain. The coordinating chaplain was full time and supported by a Roman Catholic chaplain and two Muslim chaplains, who provided a collective 10 hours a week. All other provision was undertaken on a sessional basis, and staff reported little difficulty in providing for prisoners of different faiths.

- 3.50 Access to services was not dependent on application and there were no restrictions on the numbers attending. All prisoners could apply to see a member of the chaplaincy team.
- 3.51 The building which housed the chapel was appropriately sized, with a large programmes classroom to enable group worship for Muslim prisoners. There were ablution facilities both within the chapel complex and also in the programmes area.
- 3.52 The meeting rooms were available to all faiths and used to provide further religious study. Access was good for all prisoners, with the use of a lift when necessary. Prisoners located in the segregation unit were not permitted to attend religious services. Ministry to prisoners unable to attend chapel services was provided, including the provision of communion to segregated prisoners.
- 3.53 Saturday and Sunday services coincided with exercise, which might have explained the low attendance numbers of around 12 for Anglican services.
- 3.54 Chaplains were active and visible in the establishment and were represented on key committees, including sentence planning and release on temporary licence boards when requested by the prisoner involved. A range of activities other than services was provided, including the Sycamore Tree project (a restorative justice programme), which was delivered to 20 prisoners three times a year.
- 3.55 The chaplaincy team had been closely involved in providing family liaison following two recent deaths in custody (see section on self-harm and suicide). There was a local system, organised through the chaplaincy, to provide prison visitors for prisoners who did not receive domestic visitors.

Recommendation

- 3.56 Regime activities should be scheduled to enable prisoners to attend corporate worship.

Housekeeping point

- 3.57 The programme of chaplaincy activity should be available on prisoner notice boards on all wings.

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.

- 3.58 At the time of the inspection, 39 prisoners were receiving methadone treatment under the integrated drug treatment system (IDTS). There was excellent communication between the principal IDTS stakeholder services, which had positive outcomes for prisoners. However, there were several problems with the administration of methadone and the security of the hatch area. The random mandatory drug testing (MDT) positive rate was above the target, and suspicion testing was not monitored, so it was not known how many tests fell outside the 72-

hour window. There were significant problems with drugs coming into the prison through various routes.

Clinical management

- 3.59 The integrated drug treatment system (IDTS) had been in place since July 2008. At the time of the inspection, 39 prisoners were receiving methadone treatment.
- 3.60 IDTS was coordinated by a specialist lead nurse. Five nurses (including a registered mental health nurse) and three health care assistants from the health care department assisted with the methadone administration each day. Two regular GPs, trained to Royal College of General Practitioners (RCGP) level one, presided over prescribing and clinical reviews.
- 3.61 There were excellent levels of information sharing between the three main stakeholder services – namely, the IDTS lead, doctors and nurses from the health care department, and the counselling, assessment, referral, advice and throughcare (CARAT) team. This was further facilitated by the co-location of the lead nurse and CARAT team. Care plans and other services were improved by regular communication, and, overall, there was a strong sense of collective care in the office they shared. Prisoners told us that they had been helped by the integration of the drug services.
- 3.62 There was no first night prescribing. However, the establishment made it clear to sending prisons that prisoners being transferred to Wolds should have been given their medication for that day, before transfer.
- 3.63 Most IDTS prisoners presented from within the prison. Only 16 of the prisoners on IDTS at the time of the inspection had transferred in on IDTS, while 23 had presented from within the establishment. Of the 23, 14 had been first-time presentations. They had therefore not completed the IDTS 28-day psychosocial group work programme at any other establishment. As the CARAT team was not resourced to deliver group work, there was no chance for these prisoners to engage with the programme in a group setting at Wolds.
- 3.64 The administration of methadone presented a number of problems. IDTS prisoners shared a waiting room with those waiting to see health services staff for other medical reasons; this potentially compromised confidentiality, and, although staff had stopped calling 'next for methadone', the call had simply been changed to 'next for treatment'. In response to prisoners' separate concerns around confidentiality at the dedicated methadone administration hatch, mobile office screens had been placed around the doorway to this area. Although staff and prisoners alike told us that prisoners could illicitly divert medication from the hatch area, supervising officers were not posted at or near the hatch, and sightlines from the outer corridor were considerably reduced by the screens. Supervision of the hatch was further hampered by the layout of the administration room, whereby nurses had to turn their backs on the prisoner to measure medication and complete records. In an effort to prevent diversion of methadone, cups had been banned from the hatch area, but we observed that this was frequently not enforced.

Drug testing

- 3.65 Units A, B and C were loosely designated 'drug free', although staff and prisoners alike told us that drugs were rife on all units in the establishment. The mandatory drug testing (MDT) figures supported this view. The average random MDT positive rate over the six months from May

2009 to October 2009 was 16.6%; the range was from 10.30% in July 2009 to 25.64% in October 2009. The establishment key performance target for MDT was 12.5%.

- 3.66 Weekend random testing, while meeting targets, tended to be patchy at the beginning of the month, requiring a flurry of activity towards the end of the month to catch up. No evening testing was conducted, as none of the nightshift staff were trained to conduct mandatory drug tests.
- 3.67 Suspicion testing levels were insufficient: only 10 had been completed in the six months from May 2009 to October 2009. Five had been positive, giving an average positive rate for the period of 50%. No target tests had been completed during August and October 2009; we were told that this had been due to staff shortages. There was no recording of the number of suspicion test requests issued, and no recording of the number of these requests that fell outside the 72-hour window.
- 3.68 The MDT suite and holding cells were clean, tidy and adequately equipped.
- 3.69 Subutex was the most commonly abused illicit substance. According to the MDT results and prisoner interviews, there was also significant availability of heroin, steroids and prescription opioids, mostly dihydrocodeine and tramadol.
- 3.70 A large number of drugs came into the prison through packages being thrown over the wall. The establishment had responded to this by mounting regular, high visibility patrols outside the perimeter in cooperation with local police. According to prisoners, 'throw-overs' were nonetheless still a significant route for drugs coming into the prison. Staff corruption had also been an issue, with two staff who had been under suspicion resigning in the previous year. Humberside Police and the Yorkshire Area Search Team (YAST) had helped in two full staff searches, the most recent of which had yielded little. Visits were monitored as a potential route in, although the availability of passive drugs dogs for random searches was sporadic. YAST dogs were called into the prison when there were specific suspicions (see main recommendation HP48).
- 3.71 The use of hooch was a continuing concern and it had been implicated in a serious assault on staff in June 2009.

Recommendations

- 3.72 The integrated drug treatment system (IDTS) 28-day psychosocial group work programme should be made available to all prisoners presenting for treatment under the system for the first time.
- 3.73 The management of the health care and IDTS waiting area should be reviewed to ensure suitable levels of patient confidentiality.
- 3.74 A discipline officer who has undertaken substance misuse awareness training should be posted in the vicinity of the medication hatch, on the same side as prisoners, during daily methadone administration.
- 3.75 The layout of the treatment room should be reviewed to improve nurses' sightlines during methadone administration.
- 3.76 The ban on cups in the methadone hatch area should be consistently enforced.

- 3.77 Mandatory drug testing should be appropriately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision.
- 3.78 A mechanism to manage target testing more effectively should be developed to ensure that tests are undertaken within the required timeframe.
- 3.79 Passive drug dogs should be used more regularly to support the delivery of the drug strategy.

Good practice

- 3.80 *There was excellent information sharing between stakeholder departments involved with IDTS, facilitating prisoners' treatment and care.*

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 The establishment's diversity and equality policy did not sufficiently detail how the needs of prisoners would be met. A diversity inclusivity and consultation event (DICE) had been held and facilitated consultation with prisoners and staff about a range of diversity issues. It had identified concerns for prisoners and staff about existing systems for supporting and managing some of the strands of diversity and identified gaps in provision. There was a range of diversity representatives but none had job descriptions and they were not appropriately supported to ensure that they represented the needs of prisoners.
- 4.2 The establishment's diversity and equality policy did not sufficiently detail how the needs of prisoners would be met and there was no mention of the needs of gay or transgender prisoners. The quarterly race and diversity management meeting (see section on race equality) did not address each aspect of diversity.
- 4.3 Senior managers were aware that diversity arrangements were underdeveloped. The diversity manager for Group 4 Securicor (G4S), in conjunction with managers from other G4S establishments, had held a diversity and inclusivity consultation event (DICE) at Wolds in August 2009. There had been consultation with prisoners and staff about a range of diversity issues. It had identified concerns for prisoners and staff about existing systems for supporting and managing some of the strands of diversity, and identified gaps in provision.
- 4.4 A diversity action plan had been developed from the event and was in the process of being finalised during the inspection. The objectives set would go some way to providing support to prisoners in minority groups but had not been implemented, so there remained some prisoners from these minority groups who felt unsupported and vulnerable at the time of the inspection.
- 4.5 There was a range of diversity representatives, but none had job descriptions and they were not appropriately supported to ensure that they represented the needs of prisoners and effectively communicated the outcome of the meetings they attended. The establishment had a diversity complaint form, but not all units displayed this alongside the range of complaint forms held on the units.

Recommendations

- 4.6 The diversity management meeting should monitor and coordinate activities for prisoners under each diversity strand.
- 4.7 Equality of treatment and access should be monitored for all diversity strands and appropriate action taken to rectify any inequalities.
- 4.8 All prisoner representatives should have job descriptions and be fully supported, to ensure that they are able to fulfil their role, represent the views of prisoners and share information from the meetings they attend.

- 4.9 The diversity complaint forms should be publicised to staff and prisoners and should be available on all the residential units.

Race equality

- 4.10 Black and minority ethnic prisoners and Muslim prisoners had more negative perceptions than their white and non-Muslim counterparts about feelings of safety and respect. The monthly race equality action team (REAT) meeting was poorly attended, but the race and diversity management meeting had good attendance. There was insufficient trend analysis at these meetings, and a limited range of ethnic monitoring data was discussed. Too few staff had received diversity training. Some of the responses to the racist incident report forms were dismissive. Some staff lacked understanding of diversity issues.
- 4.11 The director chaired the quarterly race and diversity management meeting, which was attended by a range of managers and staff from across the establishment, and also by a representative from Hull All Nations Alliance (HANA). This meeting was the strategic forum where all diversity issues were supposed to be discussed and responded to.
- 4.12 The membership of the monthly race equality action team (REAT) meeting was well publicised, but this meeting, chaired by the head of custody, was poorly attended. Many of the agenda items and discussions which took place at the two meetings were similar. We were told by the head of custody that the REAT meeting was operational and should also have determined the priorities that needed to be discussed at the strategic meeting, but was not yet doing so, although managers were in the process of reviewing and amending the format of this meeting.
- 4.13 There was insufficient trend analysis at these meetings and a limited range of ethnic monitoring data was discussed. The race equality action plan had not yet been completed but was part of the agenda to be discussed at the meetings. Some difficult issues had arisen, particularly in relation to Muslim prisoners, which had been discussed and appropriately responded to at the REAT meeting. There were no systems to ensure that the work that was taking place in these meetings was effectively communicated with the wider prisoner population.
- 4.14 Approximately 19% of the population were from black and minority ethnic groups. In our survey, black and minority ethnic and Muslim prisoners had more negative perceptions about feelings of safety and respect. Feedback from DICE had highlighted that prisoners had little confidence in the racist incident reporting system and that there were insufficient awareness events to promote cultural and religious understanding among staff and prisoners. Poor communication with prisoners about ethnic monitoring, to challenge their perceptions, had also been identified as an issue (see main recommendation HP50).
- 4.15 The black and minority ethnic prisoners we spoke to felt that staff lacked cultural awareness, and that they did not respond appropriately to the use of offensive language and behaviour by other prisoners. There had been a number of racist incidents on A wing, concerning racist graffiti and behaviour by prisoners. This was in the process of being investigated and had not yet been concluded at the time of the inspection. Prisoners we spoke to who were not located on A wing were aware of these incidents and raised it as an example of the poor management of race equality by staff. Other incidents that had occurred involved Muslim prisoners mistakenly being given meals containing pork, which compounded some of their negative perceptions (see section on catering).

- 4.16 During the inspection, while we saw some staff being responsive and respectful to prisoners, we also heard staff inappropriately referring to minority groups as 'coloureds and ethnics'. During our discussions with staff, they lacked understanding of diversity issues, and while some staff were keen to treat all prisoners equally, some were unable to understand the inequality that might exist in a custodial setting for minority groups. There were no black and minority ethnic staff in contact positions at the establishment.
- 4.17 Only about 40% of staff had received diversity training. This consisted of a two-hour session as part of their initial training course and a further hour of refresher training. Training had been identified as a priority by the diversity manager and a new training package was being sourced which incorporated all the diversity strands.
- 4.18 The diversity officer had been in post since April 2009 and had undertaken training, including managing and promoting race equality and simple investigation training. He was supported by the training manager and the head of custody. Despite having been in post for only six months, he had sometimes been redeployed to work on the residential units. Although this practice had been stopped before the inspection, it had resulted in him not having a full overview of all aspects of the job and not yet developing systems to assist with the role.
- 4.19 The diversity officer was supported by five prisoner representatives, who were unclear of their role or remit but were committed to the job and had undertaken similar jobs in their previous establishments (see section on diversity). They met as a group sporadically, but the diversity officer had met them only once. The representatives were invited to the REAT and quarterly meetings but said that they did not always receive the minutes and were unclear how they were expected to provide feedback to prisoners of relevant items that were discussed at the meetings.

Managing racist incidents

- 4.20 The number of racist incident report forms (RIRFs) submitted had increased from 21 in 2008 to 44 in 2009 to date. A small number of RIRFs were submitted by staff who had observed a racist incident or been accused of being racist, but there was no evidence that they had addressed the incidents with the prisoners concerned. The RIRF system did not ensure that complainants were adequately protected, and many prisoners we spoke to were not confident in the system. Some of the responses we looked at were dismissive. The diversity manager and head of custody acknowledged that the quality of responses could be improved.
- 4.21 The process for investigating such issues was being changed. At the time of the inspection, the diversity officer had started investigating RIRFs but the previous system had involved the head of custody receiving the complaints and then disseminating them to unit managers and staff to investigate and respond to. Consequently, the responses varied, lacked consistency and few acknowledged that prisoners might have felt unfairly treated, even if the investigation had not borne this out.
- 4.22 The Yorkshire and Humberside diversity lead, as well as a representative from HANA, looked at a random sample of RIRFs, and the diversity manager planned to contribute to this to ensure that the responses improved. There were no interventions for the perpetrators of racist behaviour.

Race equality duty

- 4.23 The establishment had a list of impact assessments that were to be undertaken in the forthcoming year and had been supported by DICE to improve the quality of these assessments and to engage staff and prisoners in the process.
- 4.24 Black History Month had been celebrated with a variety of events, displays and cultural food. Gypsy and Traveller Month, Eid and Ramadan were supported by the establishment, and prisoners were positive about these events, but some were concerned that they had not been consulted in order to plan the event. At the time of the inspection, there was no forum for black and minority ethnic prisoners, but there were plans to introduce one.
- 4.25 There was no process to identify prisoners convicted of a current or previous racially aggravated offence or of an incident of racist bullying in the prison. We were told that a prisoner who had been convicted of a racially aggravated offence had been openly identified as racist by a member of staff in front of prisoners. This prisoner was subsequently assaulted by a group of prisoners, seemingly because of the comment made by the member of staff. The matter was being investigated during the inspection, but highlighted the lack of guidance and poor management of prisoners who were potentially racist. Managers were unable to tell us how many prisoners at the establishment had racist convictions or had been associated with racist incidents, and there was no monitoring of them.

Recommendations

- 4.26 The terms of reference for the race and diversity committee and the race equality action team (REAT) meetings should be clearly defined to ensure that they do not replicate issues and operate effectively to manage diversity issues.
- 4.27 Trends should be analysed at the REAT meeting and a range of ethnic monitoring data should be reviewed to ensure that any areas of inequality are acted on and eliminated.
- 4.28 The work of the REAT should be regularly communicated to prisoners in an accessible format.
- 4.29 All staff should receive diversity training that covers all the strands of diversity and is relevant to the issues at the establishment, including the use of inappropriate language.
- 4.30 Responses to racist incident report forms (RIRFs) should be improved and there should be a quality assurance system to monitor this. The quality of RIRFs should be discussed at the REAT meeting.
- 4.31 The diversity officer should be given sufficient time to undertake the role.
- 4.32 There should be frequent involvement of black and minority ethnic prisoners in consultation events, and communication of the results of these.
- 4.33 There should be a process to identify any prisoners convicted of a current or previous racially aggravated offence or of an incident of racist bullying, and to draw the attention of staff to these individuals.

Housekeeping point

- 4.34 Membership of the REAT meeting should be re-issued to relevant staff and they should be encouraged to attend or send a representative in their absence.

Religion

- 4.35 A member of the chaplaincy team attended the race and diversity management meeting but religion was not a specific agenda item and there was no overall system for ensuring that all faith groups were treated equitably.
- 4.36 There was no specific action plan or policy relating to how the religious needs of prisoners would be met but the chaplaincy team monitored the religious faiths of the population and took appropriate action to ensure that they were adequately responded to as part of the regular chaplaincy meeting (see section on faith and other religious activity).
- 4.37 A member of the chaplaincy team attended the race and diversity management meeting but religion was not a specific agenda item and there was no overall system for ensuring that all faith groups were treated equitably (see section on diversity). The diversity training provided to staff included limited information about religious diversity but this was insufficient and further diversity training was being explored (see section on race equality).

Recommendations

- 4.38 Equality of access and treatment according to prisoners' religious faiths should be monitored.
- 4.39 Religious diversity training should be delivered to staff.

Foreign nationals

- 4.40 The number of foreign national prisoners had significantly reduced. Despite the foreign nationals policy being available to all staff, some unit staff were unaware of the entitlements of this prisoner group or how to access them. The UK Border Agency attended the establishment quarterly but there were no immigration advice and support services. There were two foreign national prisoners being detained post-sentence.
- 4.41 The number of foreign national prisoners had significantly reduced since the previous inspection and there were 11 at the establishment at the time of the inspection. The foreign nationals policy was descriptive and process orientated, and lacked detail about some of the specific needs of this group of prisoners, particularly the impact of lack of family contact and the anxiety caused by possible deportation. Despite the policy being available to all staff, some unit staff we spoke to were unaware of the entitlements of this group of prisoners or how to access them. For example, some unit staff were unclear how foreign national prisoners could access airmail letters and believed that they had to purchase them from the prison shop list. This was not the case; foreign national prisoners were permitted to exchange two ordinary letters for an international airmail letter.

- 4.42 A bi-monthly foreign national prisoner meeting was held, chaired by the foreign national coordinator. Attendance was limited to the foreign nationals clerk and a prisoner representative; there was little engagement from other staff from across the establishment. There were few agenda items, and, due to the limited membership of the meeting, little detailed discussion was recorded in the minutes. Foreign national prisoners did not know who the coordinator was and there was no forum for them to discuss any concerns. It was unclear why the small number of foreign national prisoners could not attend the meeting.
- 4.43 The UK Border Agency (UKBA) attended the establishment quarterly but there were no immigration advice and support services. Two foreign national prisoners were being detained post-sentence, one since August 2009. The latter prisoner preferred to remain at the establishment, as he had been there for three years, had a responsible job and was well regarded by staff. The other detainee had been served with the immigration warrant the day before he was due to be released. This prisoner told us that he had been shocked when he was served with the IS91 (Immigration Department Order no. 91), but felt supported by his immigration solicitor and the foreign national prisoner representative.
- 4.44 We were told by staff and the foreign nationals clerk that there were significant delays in immigration warrants being sent to the establishment and served on prisoners. The foreign nationals coordinator was on leave during the inspection and we were unable to establish from other staff or managers what links had been made with the immigration casework department to develop working relationships or to address the delays in immigration warrants being issued.
- 4.45 There was a reasonable range of translated information available and telephone interpreting services were reasonably well used.

Recommendations

- 4.46 The foreign nationals policy should clearly outline the needs and support arrangements for foreign national prisoners.
- 4.47 Staff should be fully briefed about the entitlements of foreign national prisoners and these should be publicised on the units.
- 4.48 Foreign national prisoners should be invited to the foreign national prisoner meeting and the terms of reference and membership of the meeting should be clearly outlined and include unit staff and managers.
- 4.49 The foreign nationals coordinator should meet all foreign national prisoners to outline his role and responsibilities.
- 4.50 The delay in issuing immigration warrants should be addressed with the UK Border Agency and appropriate systems developed to ensure that any deportation notices are served at the earliest opportunity.
- 4.51 Immigration support and advice services should be available to foreign national prisoners.

Disability

- 4.52 The arrangements for prisoners with a disability were limited and in the process of being developed as part of their overall diversity action plan. There was no mentoring or carers scheme at the establishment. Significantly fewer prisoners who considered themselves to have a disability than other prisoners said that they had felt safe on their first night. The resettlement needs of prisoners with a disability were adequately dealt with by the resettlement department.
- 4.53 The establishment had nine prisoners recorded on their disability register, but in our survey, 12 prisoners considered themselves to have a disability. The diversity officer told us that some prisoners at the establishment had a disability but did not wish to declare it or did not know how to do so during their sentence.
- 4.54 At the time of the inspection, there was no disability policy and the arrangements for prisoners with a disability were limited, although an action plan was in development. Prisoners were asked about any disabilities during the initial health screening. If they consented to this information being shared with staff, the diversity officer met them and conducted an interview. Prisoners who wanted to declare their disability thereafter had to inform a member of the health services team but they were unaware of this and there was no literature or information to inform them of it.
- 4.55 The diversity officer's interview with these prisoners sought to ensure that they could access the regime and activities, and that any barriers were appropriately responded to. However, this did not result in a care plan being developed, and prisoners' needs were not regularly reviewed or monitored to ensure that any changing needs were adequately addressed. There was no mentoring or carers scheme at the establishment. In our survey, significantly fewer prisoners who considered themselves to have a disability than other prisoners said that they had felt safe on their first night (84% against 95%). Prisoners with a disability had poorer perceptions about accessing regime activities and gaining enhanced status than their counterparts.
- 4.56 Monthly disability meetings were chaired by the diversity officer and attended by members of the health care department, including a health care lead for prisoners with disabilities, gym staff and a learning and skills manager. The prisoner disability representative also attended and raised issues on behalf of other prisoners. The agenda focused on ensuring that prisoners' needs were being adequately met, and monitored outstanding adaptations that needed to be made.
- 4.57 Prisoners with learning difficulties were assessed by the education department but no direct action was taken by the diversity officer, no interviews were undertaken with these prisoners and they were not included in the overall disability register. Prisoners with restricted mobility were referred to the fire safety officer, who completed a prisoner emergency evacuation plan (PEEP) in conjunction with the prisoners. When we spoke to unit staff about these plans, they did not know what they were or which prisoners in their charge had one, although they were aware of prisoners who had a disability located on the unit.
- 4.58 There was one adapted cell, located on the induction unit and occupied by a prisoner who had suffered a severe stroke. At the time of the inspection, there were no prisoners using a wheelchair. Adaptations such as grab rails and emergency bells had been installed in some prisoners' cells. Although most of the establishment was accessible to those with restricted

mobility, the education department was located up a flight of stairs, but we were told that education was provided to such prisoners on the unit.

- 4.59 The prisoner disability representative was unclear about his role and remit, as he did not have a job description, and although he met some prisoners during their induction, his photograph was not displayed on the residential units.
- 4.60 Disability pay was set at £3.25 a week. Although prisoners who were unable to work because of their disability were unlocked during the core day, there were no in-cell or unit activities available for them. The resettlement needs of these prisoners were adequately dealt with by the resettlement department (see section on resettlement).

Recommendations

- 4.61 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.
- 4.62 In-cell and location-based activities should be organised for prisoners who cannot access work because of their disability and for those who are retired.
- 4.63 Staff should be made aware of the arrangements in place for older prisoners and those with disabilities located on their unit, including the purpose of prisoner emergency evacuation plans and those prisoners who have them.
- 4.64 Carers should be recruited for prisoners with disabilities.

Housekeeping point

- 4.65 The role of the disability representative should be publicised on the wings.

Older prisoners

- 4.66 Prisoners who had age-related needs were identified by the health care department but there was no other route by which prisoners could declare a need for extra support.
- 4.67 There was insufficient provision for older prisoners and no policy, although at the time of the inspection only 6% of prisoners at the establishment were over the age of 50. An over-40s gym session was available.
- 4.68 Prisoners who had age-related needs were identified by the health care department, but there was no other route by which prisoners could declare the need for extra support. The diversity officer was unaware of any older prisoners who required support, other than those who had declared a disability.
- 4.69 Retirement pay was set at £3.25. Prisoners who were of retirement age, none at the time of the inspection, were still required to pay 50 pence a week for their television.

Recommendation

- 4.70 Retired prisoners should not be required to pay for their television.

Gender and sexual orientation

- 4.71 There was no policy for transgender or gay prisoners, and no services were provided. The diversity inclusivity and consultation event (DICE) had highlighted homophobic views from the prisoners consulted but managers had not provided any support to gay prisoners.
- 4.72 There was no policy for transgender or gay prisoners, and no services were provided. This had been raised at one of the diversity management meetings and an action plan was in the process of being devised.
- 4.73 In our survey, 3% of respondents said that they were gay or bisexual, which was similar to the response at comparator establishments. One prisoner who was openly gay told us that he had been threatened by other prisoners, and had had 10 or more cell mates during his three months at the establishment because of cell mates being teased by other prisoners for sharing a cell with a gay prisoner. He told us that he had considered harming himself and was feeling vulnerable. Staff and managers were aware that prisoners had requested to change cells because of this prisoner's sexuality, but he had not been prioritised for a single cell or spoken to, to identify the best course of action. DICE had highlighted homophobic views from the prisoners consulted, and managers were aware of this. Despite this, no support was offered to this particular prisoner. Staff who worked on the unit where he was located were unclear about how they could offer him support and were not sufficiently aware of the discrimination and bullying that this prisoner could potentially be subjected to in a custodial setting due to his sexuality. The diversity officer had met the prisoner and told us that the only support that had been offered was access to a Listener. During the inspection, we made known our concerns about this prisoner to the head of custody. The response was not adequately prioritised; the unit manager was tasked with meeting the gay prisoner but had not done so nearly 48 hours after we raised our concerns.

Recommendation

- 4.74 Staff should receive sufficient training to be able to offer gay and transgender prisoners support, and identify and respond to any discrimination they might experience.

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 Despite a wide range of health services being in place, access to many clinics, and overall delivery and development of most health services, was severely restricted because of staff shortages. Chronic disease management was reasonably good but compromised by infrequent clinics and the lack of training for staff. Access to services such as chiropody was delayed because of inappropriate regulations. Pharmacy services were poor and medication procedures often put at risk because of staff shortages. There was an over-reliance on the use of opiate pain relief. Mental health support was generally good but primary mental health services were, again, compromised because of workforce issues. There was inadequate mental health awareness training to meet the needs of all staff.

General

- 5.2 Health services were provided by Primecare Services Limited. A health needs analysis had been conducted in March 2009 and updated in December 2009. There were links with the East Riding of Yorkshire NHS Trust, and the primary care trust (PCT) provided strategic and practical support where necessary. Health services staff attended appropriate prison committees and meetings, including safer custody, disability, race and diversity, and drug strategy. The health care manager attended prison partnership boards and clinical governance meetings. In general, however, prisoners did not have equity of access to all NHS services.
- 5.3 The health care centre was located centrally and occupied the ground floor of a two storey building. The facility was bright and appeared clean and generally tidy. The department was cleaned daily by prisoners. There was good access for prisoners with disabilities. A range of health promotion material was distributed throughout the department and available to prisoners. The prisoner waiting room was large but austere, with wooden bench seating, and there was nothing to occupy waiting prisoners. All prisoners attending the department were held here, including those on methadone administration, which had the potential to breach medical confidentiality for the latter prisoners.
- 5.4 There were various offices, treatment rooms and a pharmacy. The main treatment room was located next to the staff room and separated only by a pull-across room divider, which was open most of the time, potentially breaching confidentiality. SystmOne had been fully implemented and there was an extensive network throughout the department. The pharmacy room was located next to the doctor's office and all medicines were held here in secure cabinets. The pharmacy room was large, clean and tidy. There were no wing-based treatment rooms.
- 5.5 The dental surgery was well equipped and cross-infection control measures appeared satisfactory, although there had not been a surgery inspection recently. The Health and Safety Executive had not been notified that X-ray equipment had been installed on the premises.

- 5.6 The induction wing had a dedicated health care room and included a SystmOne terminal. This room was grubby and in a poor state of decoration.
- 5.7 Prisoners were treated with respect, and this was supported by our survey. The number of prisoners rating the overall quality of health care delivered by doctors and dentists as good or very good was similar to that at other training establishments, and the number rating nursing staff highly was significantly higher than the comparator.
- 5.8 There was no lead nurse for older prisoners but there was a designated nurse for prisoners with disabilities. There was no dedicated officer support to the health care department, and nurses were often used as gatekeepers for clinics. Officers were available in the mornings to supervise waiting prisoners but there was no discipline support for clinics held in the afternoon, including for nurse-led clinics. This meant that nurses had to open the main gate to the health care department, locate prisoners in the waiting room, collect them for clinics and escort them off the premises. This was a waste of clinical time and could compromise security in the department.
- 5.9 Written information on health services were not available in any languages other than English.

Clinical governance

- 5.10 There were sound clinical governance arrangements, which included the management and accountability of staff. Staffing levels were comparatively poor across the board. While the skill mix was good, there were too few qualified staff to meet clinical need. The health care manager was a full-time registered mental health nurse (RMN), who had been at the prison since it had opened and had been the manager since 2008. He was a member of the senior management team and was supported by the director.
- 5.11 Supporting the manager were three registered general nurses (RGNs), one other RMN and a registered nurse (mental handicap) (RNMH), all of whom were full time. Unqualified staff included three full-time health care assistants (HCAs), none of whom had completed National Vocational Qualifications in care. The qualified nurses and HCAs were overstretched, so there was little time to deliver and implement additional services. Most nursing staff worked three 12-hour shifts a week, from 7.30am until 8.30pm. The health care centre was open from 7.30am until 8.30pm from Monday to Thursday, 7.30am until 6pm on Fridays and from 7.30am until 4.30pm on Saturdays and Sundays. At the weekend, two nurses were on duty until 11am, to cover methadone administration, after which there was one nurse. The poor staffing situation meant that clinics had to be cancelled from time to time, due to sickness or unexpected leave. Staff told us that some clinics had only recently been introduced as a result of successful recruitment. Ongoing professional training was limited to short duration courses covering subjects such as drug awareness and skills training for HCAs. Clinical supervision was supported but rarely accessed.
- 5.12 Medical cover was provided from a local GP practice, and a GP attended the prison every weekday morning or afternoon. The same GPs provided the out-of-hours and weekend service.
- 5.13 Administrative staffing levels were also poor, with just one part-time (30 hours) administrator in post. The post holder provided an excellent service but was unable to meet the administrative needs of this busy department. All essential tasks, such as internal clinic and NHS appointments, were met, but others, including the management and storage of defunct paper clinical records, were not done regularly.

- 5.14 Emergency resuscitation equipment was located in a wheeled suitcase-type container in the pharmacy room. Some items were missing; for example, there was no airway, but one had been ordered from the pharmacy suppliers three weeks previously. Equipment checks were made, but infrequently. There was no policy regarding the checking of emergency equipment. The frequency of checks ranged from every one to three weeks, and checks were documented. While the equipment held in the suitcase was appropriate, it was heavy and would have been difficult to transport around the prison, especially when a single member of staff was on duty, and staff were concerned about this. Staff had not undertaken annual cardiopulmonary resuscitation training in the previous year. The code system for emergency calls had recently changed following recommendations relating to deaths in custody. However, emergency health care information for the old system was still on the residential units and could have caused confusion for residential staff.
- 5.15 Medical equipment could be borrowed from local NHS sources or through Primecare.
- 5.16 An electronic clinical record information system, SystmOne, had been introduced in April 2009. The system worked well and all staff had been trained in its use. A review of records showed that clinical entries were appropriate.
- 5.17 NHS and company policies were located in the manager's office and in clinical rooms.
- 5.18 There was no health care forum for prisoners to address general enquiries to a senior manager. Complaints were forwarded by the complaints clerk to the health care manager, who investigated the complaint and responded to the prisoner through the complaints clerk. This was a cumbersome system and meant that non-medical staff had access to clinical information. Prisoners could complain directly to Primecare if necessary.
- 5.19 Communicable diseases were managed well and there were links with the public health section of the PCT. The prison held stocks of flu vaccine and equipment, and there was a pandemic policy in place. Immunisations were offered through the admission procedure, and this included MMR and meningitis vaccinations. Hepatitis B vaccination was offered routinely.
- 5.20 Prisoners were asked to consent to the sharing of appropriate information between health services staff and other interested parties during the induction programme.

Primary care

- 5.21 All new arrivals were seen in the induction unit on their day of arrival. HCAs took their clinical history and assessed them without supervision. Secondary health screens were not carried out. Any prisoners needing to see the GP were seen the same day and anyone presenting with mental health concerns were referred to the mental health lead. New admissions were told about health services and how to access them.
- 5.22 Once on the residential units, prisoners accessed health services through an application form system, and forms were held on all units. The form was basic and only contained appointment boxes for the doctor or the dentist. It included a tear-off strip at the bottom, which was returned to the prisoner. Anyone requesting to see the chiropodist or optician had to be seen by the doctor first. This caused the doctor's waiting list to be unnecessarily long and increased the length of time that prisoners had to wait to be seen by a health professional. The form was placed in the internal mail, without an envelope, and collected by the prison 'postie', who placed it in the health care pigeonhole in the general mail room. The postie then delivered it to the health care department at his next appropriate visit there. This application could take up to

three days to arrive. The administrator made all health care appointments and returned the appointment to the prisoner through the same system. The system was not confidential and was subject to abuse. There was evidence that prisoners took blank application forms, completed false appointment times and arrived at the health care department in order to see the doctor or dentist more quickly.

- 5.23 GP clinics were held four days a week. The GP waiting list was up to seven days and occasionally longer.
- 5.24 Nurse triage clinics were scheduled every weekday morning. Nurses and HCAs undertook triage, using triage algorithms, but had not received training. If the nurse or HCA carrying out triage was concerned about a patient, he would be referred to the doctor, who saw him the same day. An HCA we spoke to told us that if he had concerns about a patient he would call an RGN immediately.
- 5.25 Health promotion was strongly supported, and there was a good level of material available, but there were not always enough staff to provide health promotion sessions. A smoking cessation course had been postponed because the member of staff due to deliver it had left the establishment. A member of staff was scheduled to undergo training to deliver this course but training was not due to start until January 2010. Condoms were available, as was preventative health information, on request.
- 5.26 Prisoners' GPs were only contacted if there was a need to do so. In general, the range of primary care services available to prisoners reflected their health needs.
- 5.27 The number of prisoners failing to attend appointments varied. The GP failure to attend rate in October 2009 had been 24% and in November 47%. We were unable to obtain non-attendance figures for the dental service.
- 5.28 Chronic disease management policies were in place, but clinics could not be run regularly because of staffing levels. A diabetic clinic had just been reinstated and was managed by one of the RGNs, although she had not received any specialist training. Diabetic patients were identified through the admission screening and referred to her immediately. She ensured that they were seen by the chiropodist and that they were scheduled for retinopathy screening. She had made contact with local community specialist nurses and diabetic associations. She tried to see these prisoners as often as possible, and was supported by the GPs on a day-to-day basis. Diabetic prisoners were able to get additional dietary requirements, including fruit and brown bread. Other nurses had responsibility for patients with chronic heart disease, epilepsy and asthma, but none had received training and clinics were not run regularly.
- 5.29 Sexual health clinics were delivered by a visiting genito-urinary consultant. One of the HCAs assisted him and supervised prisoners self-medicating drugs such as interferon. The relationship between patients and this HCA was good. She had arranged for a local charity support organisation to come to the prison and speak to prisoners with HIV or other long-term communicable diseases. This organisation provided professional counselling support for these prisoners. A PCT sexual health specialist held a quarterly chlamydia screening clinic.
- 5.30 Physiotherapist services were provided in the community by a local GP practice with a physiotherapist on site. However, there was a long waiting list, and sending prisoners out for this service exacerbated the escort problems (see section on secondary care).
- 5.31 Prisoners in the care and separation unit were seen by a member of the health services team every day.

- 5.32 There was wing-based nursing for prisoners with long-term physical or mental health conditions to support and promote their independence.

Pharmacy

- 5.33 Pharmacy services were provided by Primecare, and supplies delivered to the prison from a warehouse in Sheffield. At the time of the inspection, this delivery system had recently changed and was causing considerable problems, with medicines not arriving at the prison on time without explanation. Pharmacy orders were faxed to the pharmacy and should have been returned within 24–48 hours. Prisoners complained about long delays in receiving repeat medication. We were told that one prisoner had been waiting for five weeks for a specific mouthwash. Emergency medications were obtained from a local pharmacy, at substantial expense. One of the nurses was allocated to collect medications from local sources, which she did regularly. The same nurse also delivered blood samples and collected results from a local hospital, to ensure that delivery times were met.
- 5.34 A pharmacist visited every six to eight weeks and saw prisoners, but the gap between visits was too long. Patients had to request to see the pharmacist; a notice was put up by health services staff to advertise this facility, but not all prisoners would be able to see it. Routine medication reviews only took place at the request of the prisoner. There were no pharmacy technicians employed.
- 5.35 Nurses undertook all administration of medications. We were told that staff had received training on patient group directions (PGDs), but these were not yet in place.
- 5.36 Prescription and administration charts were paper based. We reviewed a random selection of charts and found gaps in the records of administration. There were also prescriptions which had not been signed by the doctor, and on which review dates were not filled in. A dual-labelling system was used for medications supplied from stock, with the spare copy of the label being attached to the prescription chart.
- 5.37 Heat-sensitive products were stored in a suitable refrigerator and temperatures recorded daily. The temperature probe was sited at the top of the refrigerator instead of the middle, and recorded temperatures were high, but no remedial action had been taken. Nurses appeared unaware of correct temperature range.
- 5.38 Methadone was measured out using an automatic dispensing machine. We were told that the machine was calibrated each morning, but there was no evidence to support this. Suitable calibrated glass measures were available in the pharmacy room for administering methadone.
- 5.39 Prescriptions were kept in files in the pharmacy room. We found some prescriptions outside of these files in between administration times. Completed prescriptions were stored in the paper clinical record.
- 5.40 Out-of-hours medication was provided by the on-call GP service. The pharmacy key was kept at the gate overnight. The on-call doctor was escorted by an officer but we did not see a central register of access to the pharmacy. For out-of-hours call-outs, a record was kept of the medical condition and the time of call-out. A limited amount of commonly used stock was kept in the pharmacy room for use out of hours. Officers were able to supply paracetamol to prisoners at night, and this was recorded in a register and the health care department notified.

- 5.41 Patients could only request a repeat of their medications by attending the health care department at medicine administration times.
- 5.42 Medicines were administered at 8.30am, 1.45pm and 5.30pm from Monday to Thursday. On Fridays, Saturdays and Sundays, the timings were 8.45am, 12.30–1.00pm and 3.30pm; this meant that patients received evening doses in-possession on these days, despite the fact that they may not have been assessed as suitable for having in-possession medication or may have had a medicine which was susceptible to diversion.
- 5.43 Medicines were administered from the pharmacy room through a gated hatch into a corridor. Medications were also given as in-possession for up to a month. An in-possession policy was in place and had been reviewed in March 2009; the next review dates were not indicated. Documented in-possession risk assessments had not been completed since SystmOne had been introduced. The decision as to whether or not to give medication in-possession was made subjectively by the doctor. There was also a written policy for medications on discharge or transfer.
- 5.44 Medications such as paracetamol were given as special sick, but there was no formal written special sick policy. Any medication issued as special sick was recorded, but only reviewed on an ad hoc basis by the administering nurse. There was no formal set limit to the number of times that packs of 16 paracetamol tablets could be given out before referring the patient to the doctor.
- 5.45 Patient information leaflets were supplied only to patients receiving in-possession medications. There were no signs to inform patients that they could request a patient information leaflet and no leaflets held in the pharmacy.
- 5.46 Many prisoners were prescribed tramadol and/or gabapentin regularly. We were told that many prisoners arrived from other prisons already on these medications and that doctors appeared to be reluctant to change their prescribing habits. Prescribing data were not recorded and collated adequately, which meant that there was no overview of prescription practice or means of quality assuring it.
- 5.47 A medicines and therapeutics committee had met only twice in 2009. Meetings were chaired by the pharmacist but were hard to organise because of poor attendance. The most recent meeting had been cancelled for this reason. We were told that the PCT had frequently been invited to meetings but had not attended.
- 5.48 A formulary was available, but was undated, and several medications which had been prescribed were not in it. Even though there was no procedure for the prescriber to follow when prescribing off-formulary, such drugs were still prescribed.
- 5.49 As prescribing and administration records were still paper based, it was difficult to obtain prescribing data. If such data were required it had to be retrieved manually. PGDs were not used. Staff had received some training in the use of PGDs, but all PGDs we saw were out of date and had not been signed off by relevant staff such as the director and, in the case of antimicrobials, a microbiologist.
- 5.50 Normal stock medications were ordered on an ad hoc basis by the nursing staff, but there was no stock levels list available. Stock medications were separated from named patient medications. Internal and external medications were also segregated. Controlled drugs were ordered as stock.

- 5.51 Medication date checks were carried out every other month and recorded. Waste medications were removed by contractors. Medicines were generally managed well, but one loose tablet was found in a drawer among the supervised medications. In-possession medicines were supplied either in original packs, white dispensing boxes or Henley bags.
- 5.52 We saw old copies of the BNF in the health care office and pharmacy room.

Dentistry

- 5.53 Primecare provided dental services and was contracted to provide eight dental sessions a month. Six of the sessions were provided by one of two dentists, and the other two sessions by a dental hygienist, supported by qualified dental nurses. Approximately 12 patients were seen per session. The waiting list was managed by the administrator, with some degree of prioritisation. On the day we visited, 16 prisoners were on the waiting list, with the longest wait being 10 weeks. Following an initial assessment, treatment normally started within a month. The waiting time for an appointment with the hygienist was approximately five months. Oral health information was provided on a one-to-one basis by the hygienist, and both the dentist and dental nurse were keen to improve oral health promotion.
- 5.54 No figures were available for the failure-to-attend rate for dental appointments and no work had been done to investigate the reasons why patients failed to attend. The prison had no means of monitoring the dental contract, as no information had been submitted. Dental checks and treatment availability were comparable with those found in the NHS. Some private work had been provided, both by the dentists and the hygienist, which was against prison dental policy, and on occasion prison staff had been treated. We were told that this had been stopped forthwith. There were no protocols for providing out-of-hours cover but the dentists covered each other's leave.
- 5.55 Dental records were appropriately annotated and stored but the dentists did not have access to SystmOne. There was no current written medical history questionnaire completed for all patients, and details of the local anaesthetics used were not documented.

Secondary care

- 5.56 External NHS appointments were managed by the administrator. Only one prisoner was allowed out for outpatient appointments each day, which severely limited access to NHS hospitals. In October 2009, two appointments had been cancelled because of other prisoners taking priority, and a further two had been cancelled due to lack of escorting staff. In November, four appointments had been cancelled because of staff shortages. We came across one prisoner whose hospital appointment had been cancelled three times because of staff shortages.

Mental health

- 5.57 Mental health services were provided in-house and by the visiting Humber Mental Health Teaching NHS Trust. In-house primary mental health was managed by Primecare staff. A senior RMN provided day-to-day care wherever possible but the service was limited because of staffing issues and the requirement for him to undertake generic nursing duties (including methadone administration), represent the health care department at prison meetings and attend discipline boards. There were two other mental health nurses on the staff, but one was the health care manager and the other provided the integrated drug treatment system.

Prisoners identified through the reception screening as needing mental health support were referred to the nurse, and prisoners arriving with a history of self-harm or depression were automatically referred to him. Referrals were also accepted from all prison staff and prisoners themselves. The routine waiting time for an appointment was approximately seven days but urgent referrals were seen as soon as possible. There had been 128 referrals in 2009 to date. It was difficult to carry out regular reviews because of staff shortages and the need to undertake other clinical duties. At the time of the inspection, the RMN was seeing two patients regularly, and most diagnoses related to depression or anxiety. There were no official counselling services, other than those provided by the chaplaincy team. The relationship between primary and secondary mental health teams was generally good and the RMN felt well supported by his in-reach colleagues. There was excellent support from the visiting psychiatrists. There were links with resident GPs, and prisoners' medication was discussed regularly. Few patients failed to attend appointments. There were few formal multidisciplinary meetings between the primary and secondary mental health teams, psychiatrists and GPs.

- 5.58 Secondary services were good, and in-reach staff were shared with HMP Everthorpe. The small visiting in-reach team was led by a band seven RMN, who also worked in the community and at HMPs Hull and Everthorpe. She was supported by a full-time support, time and recovery (STAR) worker, who also worked at HMP Everthorpe. Both staff were accessible through a pager system. The team leader had access to additional facilities, such as clinical psychology, speech and language, occupational therapy and learning disabled resources. A Trust forensic consultant psychiatrist was shared between HMP Everthorpe and Wolds. Another psychiatrist was contracted in for one session a month by Primecare. The same service covered the courts, which enhanced throughcare at all levels.
- 5.59 The team's caseload was six prisoners, who were seen on a one-to-one basis. The STAR worker was highly visible throughout the prison and had established good working relationships with prisoners and staff. There was no day care facility but there were plans to include group work. Any prisoner becoming acutely ill was transferred to HMP Hull for inpatient assessment. Prisoners failing to attend appointments were followed up. The team leader provided mental health awareness training for new discipline staff but there was no ongoing training.

Recommendations

- 5.60 There should be separate waiting areas for prisoners receiving methadone treatment.
- 5.61 A full inspection of the dental surgery should be carried out.
- 5.62 A registered nurse or health care assistant should be identified as the lead for older prisoners.
- 5.63 Discipline support should be provided in the health care department whenever prisoners are attending clinics.
- 5.64 A full staffing and skill mix review should be undertaken to ensure that sufficient appropriately qualified nursing staff are available to provide a range of services to meet the health care needs of prisoners.
- 5.65 The nurses' shift system should be reviewed to ensure that it provides appropriate care for prisoners and value for money.

- 5.66 The role of the administrator should be reviewed and additional staff employed to ensure that there is sufficient administrative support to the health services team.
- 5.67 Nurses should receive appropriate training to undertake regular clinics.
- 5.68 All staff, including visiting allied health professionals, should have annual resuscitation training, including the use of an automated external defibrillator.
- 5.69 Resuscitation equipment should be reviewed to ensure that nurses responding to emergency calls are able to transport the equipment speedily to patients.
- 5.70 Managers should satisfy themselves that emergencies are responded to swiftly and effectively.
- 5.71 Emergency equipment should be checked at least weekly.
- 5.72 Orders for additional emergency equipment should be rigorously followed up.
- 5.73 A dedicated prisoner forum should be initiated to allow prisoner representatives to bring matters of general concern directly to the attention of senior health care managers.
- 5.74 Complaints should be dealt with by health services staff and should not be part of the prison complaints system. Appropriate records should be maintained to inform prison authorities if required.
- 5.75 Prisoners should receive secondary health screenings.
- 5.76 Health care assistants should not complete admission screening unless they are supervised.
- 5.77 The health care application system should be reviewed to provide better options for prisoners, confidentiality and secure dedicated health care boxes on all units, and appointment slips should be separate from application forms.
- 5.78 Patients should not have to see a doctor before referral to the optician or chiropodist; nurse triage should identify the need to be seen by such professionals.
- 5.79 Nurse triage should only be carried out by trained staff.
- 5.80 More than one member of staff should be trained to deliver the smoking cessation course.
- 5.81 The non-attendance rate for all health care appointments should be investigated regularly and policies put in place to reduce this.
- 5.82 In-reach services for specialities such as physiotherapy should be used.
- 5.83 Health services staff should not be used as couriers to deliver or collect pharmacy or specimens. The pharmacy should deliver all items, and arrangements for the collection of specimens should be negotiated with local NHS sources.

- 5.84 Full and complete records should be made of the administration of medicines. 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.
- 5.85 All prescriptions should be legally written, include the quantity and date prescribed, and be signed by the prescriber.
- 5.86 A pharmacist and/or pharmacy technicians should be involved in the provision of the pharmacy service.
- 5.87 Patient group directions (PGDs) should be used and up to date, and have been signed off by the relevant people. Signed copies of the PGDs should be kept in the pharmacy room, and records should be kept to demonstrate that staff working with them have had appropriate training.
- 5.88 The health care manager should ensure that all medications removed from the pharmacy out of hours are recorded in a register, which should be checked daily.
- 5.89 Requests for repeat prescriptions should be paper based, and it should not be necessary for prisoners to have to see a member of staff to make such requests.
- 5.90 There should be a formal system of documented risk assessment for all patients, to ensure consistency when determining suitability for in-possession medication.
- 5.91 The routine administration of medicines subject to abuse as in-possession on Friday, Saturday and Sunday nights should be reviewed.
- 5.92 Medication times should be reviewed to ensure that patients get the best treatment possible.
- 5.93 The dispensing of medicines at the hatches should be supervised by officers at all times.
- 5.94 A special sick policy should be implemented and reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate medicines can be supplied.
- 5.95 A step-wise approach to pain management, such as the World Health Organization analgesic ladder, modified for the prison environment, to reduce opiate usage, should be used.
- 5.96 The medicines and therapeutics committee should meet regularly, at least four times a year, and all stakeholders should attend.
- 5.97 Oral health sessions should be provided by oral health educators.
- 5.98 The dental contract should be monitored.
- 5.99 The dental policy should be clarified so that the full range of treatments available on the NHS is provided and based on clinical need.
- 5.100 A protocol should be developed for dental out-of-hours cover.

- 5.101 The dentists should have access to SystmOne.
- 5.102 A written, signed and dated medical history questionnaire should be completed for all patients.
- 5.103 The director should review the number of prisoners allowed out to attend NHS appointments, with a view to increasing the number.
- 5.104 Administrative staff should maintain a log of all outpatient appointments and bring to the attention of senior managers any appointments which have been rearranged more than once.
- 5.105 The RMN should be given protected time to undertake mental health duties.
- 5.106 Counselling services should be available to prisoners.
- 5.107 There should be regular documented, multidisciplinary meetings between primary and secondary mental health teams.
- 5.108 Mental health awareness training for staff should be ongoing.
- 5.109 Day care support should be available.

Housekeeping points

- 5.110 The waiting room should contain health information. Health information should be provided through a monitor in the waiting room.
- 5.111 The Health and Safety Executive should be notified that X-ray equipment has been installed on the premises.
- 5.112 The induction health care room should be painted and have a regular cleaning schedule.
- 5.113 The room divider in the treatment and staff room should be kept closed when patients are being seen.
- 5.114 Health information should be available in languages other than English.
- 5.115 Emergency health care information should be updated to reflect current practices.
- 5.116 Details of local anaesthetics used in the dental surgery should be documented.
- 5.117 The pharmacy service provided by Primecare should be reviewed to ensure that patients receive their medications promptly.
- 5.118 Notices informing prisoners how they can access the pharmacist or other health services should be displayed on residential units.
- 5.119 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and pharmacy, 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.

- 5.120 Records should be kept of when the dispensing machine is calibrated.
- 5.121 Prescription charts should always be returned to their folder after drug administration.
- 5.122 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request.
- 5.123 Old reference books should be discarded, and only the most recent copy should be kept, to ensure that any information used is up to date.
- 5.124 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management.
- 5.125 There should be agreed stock levels, to ensure that required medications do not run out. Stock levels should be checked regularly by the nursing staff.
- 5.126 Loose tablets and tablet foils do not satisfy labelling requirements and should not be present in stock.

Good practice

- 5.127 *The health care assistants brought in specialist counselling services for prisoners with HIV.*

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 The leadership and management of learning and skills were satisfactory. The prison strategy positioned learning and skills centrally in the regime, and used partnerships well to support this. Efforts had been made to ensure that all prisoners had access to paid employment, but much of this was mundane and did not fully occupy them. Many prisoners were involved in education. Too many prisoners worked as cleaners. Information, advice and guidance were satisfactory, but the staff resource was insufficient to plan and coordinate this effectively throughout each prisoner's sentence. The management of education was good and provided a wide and responsive programme. Qualification outcomes were high. Most vocational training and vocational qualifications had been introduced recently, and it was too soon to judge their effectiveness. Library access was good and the resource well used.

Leadership and management

- 6.2 Leadership and management of learning and skills were satisfactory. The strategy for learning and skills was good and articulated links with sentence planning, although these were not fully established in practice. The prison's good strategic links with a range of external partners helped to extend work opportunities and meet prisoners' support needs. The prison had insufficient resources to support some of its more significant strategic objectives, such as the improvement of information, advice and guidance (IAG). The Skills for Life strategy placed emphasis on a whole organisation approach. Residential unit staff had received some awareness-raising training about their role in supporting learning, but no specific Skills for Life training.
- 6.3 The curriculum management and resources for education were good. Quality assurance systems were focused on teaching and learning. The outcomes of the observation of teaching and learning were analysed carefully to identify development needs. Staff appraisal was thorough and staff development opportunities were good, but not sufficiently linked to the observation process.
- 6.4 The self-assessment process was inclusive but not identified within the quality framework. The prison had responded promptly to the revised Ofsted common inspection framework. Its report accurately identified most areas for improvement, but we deemed many of the prison's identified strengths to be normal practice. The collection and use of data had improved and was beginning to be used effectively in planning and quality monitoring.
- 6.5 The promotion of equality of opportunity was satisfactory. In education, tutors actively used the curriculum to promote equality and diversity through topic work, such as a Travellers project. Education achievements were consistently high for different groups, but too few prisoners took

vocational qualifications. Physical access to education was difficult for prisoners with restricted mobility, but satisfactory in other areas. The identification of, and support for, prisoners with dyslexia were satisfactory. Standards of behaviour were good and interactions between staff and prisoners respectful.

Induction

- 6.6 Induction was satisfactory. A specific learning and skills induction supplemented the prison's generic induction, to provide course information, conduct initial assessments and set up individual learning plans. A vocationally relevant initial assessment tool enabled testing up to level 2. The allocation of low-scoring prisoners to a small, supportive group helped to develop their skills and confidence, but sentence plan targets in literacy and numeracy for this group were not systematically set. Offender managers invited education staff to sentence planning meetings, but sentence planning targets for education, training and employment were not always clearly recorded.
- 6.7 The improved work allocation process was transparent, fair and followed a clear timescale. All relevant information and risk assessments were collated centrally before decision making. Successful applicants followed an application and interview process for their potential jobs. Unsuccessful applicants received feedback and the opportunity to reapply once they had received clearance.

Work

- 6.8 The prison had enough work places for its population, but the range was too narrow to meet prisoners' needs and aspirations (see main recommendation HP52). The largest single work area, cleaning, engaged 90 prisoners. The loss of the double glazing workshop and the suspension of the Railtrack work programmes had significantly reduced the range of skilled work activities. The prison had worked hard to replace these through external links but much of the work offered few opportunities for training or skills development. For example, the prison's contract to pack small items, such as hair clips, for shops developed few skills. Other work, to test and repack goods for return to a national retailer, offered a National Vocational Qualification (NVQ) in performing manufacturing operations, but the relaxed atmosphere in the workshop did not encourage prisoners to develop a purposeful work ethic. More recently, the prison had started small businesses in making briquettes for open fires and for transferring photographs to mugs and T-shirts. Its plans to use these to develop prisoners' business skills were not in place at the time of the inspection.

Vocational training

- 6.9 The prison contracted its vocational training to the private training providers Aramark, N-Ergy Group Ltd and Summit Media (Summit). Most of the NVQs and other vocational qualifications offered had been running for only two months and involved few prisoners, and it was too soon to judge their effectiveness. Ten prisoners were taking qualifications in electrical installation, 30 in customer service, nine in performing manufacturing operations and nine in work skills. Qualifications in catering had been running for some time but, at only five prisoners, the take-up was low. The prisoners taking these qualifications were making satisfactory progress. Well-advanced plans to introduce NVQs in horticulture awaited security clearance for the assessor. The 90 cleaners across the prison no longer had the opportunity to take industrial cleaning qualifications, although some were taking the NVQ in customer service. Facilities were generally satisfactory, as were health and safety arrangements.

- 6.10 The prison had some effective partnerships with private training providers and other companies to broaden the range of the provision, although much of this work had yet to provide benefits to prisoners. The development of training opportunities was based on researched regional skill gaps and advice from the local Chamber of Commerce.
- 6.11 The partnership with Summit provided excellent opportunities for 22 prisoners to develop high-level skills in information and communications technology (ICT)-related work. Prisoners worked with some high-profile national customers. Facilities were modern, professional and well managed. Summit funded many of these prisoners to take a wide additional range of commercially recognised courses, in which they made good progress, and gave effective individual support after their release. There were many examples where they had obtained well-paid work as a result.

Education

- 6.12 The prison had 134 prisoners in full-time education, representing around a third of the prison population. The range of education was broad and provided a coherent programme, offering progression from entry level up to postgraduate study. This included skills for life, ICT, art and crafts, humanities, languages and literature, and family learning.
- 6.13 Outcomes were good, and well over 90% of those who started courses achieved their qualification. Many prisoners found success in external awards such as the Koestler Award. In 2009, 68% of those entering for Koestler prizes were successful and included a particularly high number of awards in art and crafts and creative writing. Prisoners made a positive contribution to the community through fundraising and making large-print books for visually impaired readers in the community.
- 6.14 The standard of work in literacy and numeracy sessions was good. Keen learners rapidly acquired literacy and numeracy skills and made good progress. Toe-by-Toe peer mentors supported less confident readers.
- 6.15 Family learning provision helped prisoners to maintain family links and develop good parenting skills. Teaching and learning were excellent, and the range and quality of resources good. Family learning lunchtime sessions promoted healthy eating. Safeguarding was given a high profile, particularly in relation to children attending family learning. Prisoners taking this programme effectively applied their developing knowledge and skills to interactions with their children. The provision was well organised and supported by partnerships. Links with organisations such as the Pre-school Learning Alliance and the local children's centre contributed through the supply of additional resources and funding for staff. Storybook Dads operated well.
- 6.16 Individual timetables supported personalised learning well. Access to courses was available at any point in the year. Topic and interest-based learning enabled coverage of a wide range of subjects, many of which were accredited. Good progression routes were well communicated and coordinated. Staff provided good personal support and peer tutors supported a range of learning activities. Open University and distance learning students received good tutorial support.
- 6.17 Assessment was satisfactory and met awarding body requirements. IAG was satisfactory. Tutors, the IAG worker, and personal officers readily supplied information on progression routes and career opportunities. Staff responded well to personal learner needs but this was not always planned and recorded.

- 6.18 The planning for, and recording of, individualised learning was not sufficiently coherent. A range of documents was used that detailed prisoners' starting points, prior learning and general learning goals. Progress was monitored and achievement appropriately recorded. However, targets were often too general. The separate records were not related to each other and did not clearly and coherently reflect learners' experiences. Information technology-based records used on A unit more clearly identified prisoners' starting points, prior learning, target setting and records of progress and attainment. Tutors contributed to sentence planning and provided social and life skills reports. They also supported prisoners in preparing written material for meetings, but this was not recorded on learning plans or in review records.

Library

- 6.19 The library was open six days a week, and access was good. The library was small but well used. Three orderlies, who were trained for their role and could achieve customer service qualifications, supported the service. The promotion of library services was good and a range of attractive displays routinely presented special interest collections, such as Black History Month, easy-read books or a specific author's work. A pilot writer-in-residence project had just started, with eight targeted prisoners.
- 6.20 The range of fiction and non-fiction books was good and met the needs and interests of the population. The range of vocationally related books was satisfactory, as most tutors maintained their own supply. The selection of English newspapers was satisfactory and the librarian readily responded to additional requests, including obtaining foreign language newspapers as required. Prison Service Orders and legal texts were readily available and had been recently reorganised to improve access. Although the in-stock range of foreign language books was low, specific requests were readily met through the inter-library loans service. The survey completed in November 2009 was positive, but the response rate relatively low. No concerns were identified about excessive book losses, with the exception of bilingual dictionaries.

Recommendations

- 6.21 Information, advice and guidance resources should be increased.
- 6.22 The promotion of, and participation in, accredited courses in the kitchen should be increased.
- 6.23 Relevant vocational qualifications should be reintroduced in industrial cleaning.
- 6.24 The process to plan, monitor and record individualised learning should be improved to include better target setting and coherent recording of progress and achievement.
- 6.25 Education, training and employment information and targets should be incorporated into sentence planning, and prioritisation of prisoners for these should be sequenced.
- 6.26 Prisoners who are not native speakers of English should have their own bilingual dictionary for constant reference.

Housekeeping point

- 6.27 Residential staff awareness-raising training about their role in supporting learning should be underpinned by specific skills for life training.

Good practice

- 6.28 *The partnership with Summit provided excellent opportunities for prisoners to develop high-level skills in information and communications technology and to gain work on release.*

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.

- 6.29 Access to the gym was satisfactory for all prisoners and good for many. Facilities were satisfactory overall, although there were still no outdoor sports facilities. Risk assessment, used to plan gym programmes, included an assessment by health services staff. Accredited programmes linked to employment were offered, but participation was low.
- 6.30 All prisoners were assessed to determine their ability to participate in gym activities as part of their induction. This included an assessment by health services staff. Before taking part in any exercise, all prisoners completed a detailed questionnaire. A specific programme of exercise was designed to meet prisoners' individual needs. The PE facilities were adequate and included a gym containing weightlifting and cardiovascular equipment, and a good-sized sports hall. The recommendation, from the previous inspection, for the renewal of gym equipment had been met and almost all equipment replaced with nothing more than two years old. However, the recommendation to provide outdoor sports facilities had not been met. The sports centre had no showering facilities, but the prison had made appropriate arrangements for prisoners to return to residential units to shower. Prisoners used their own gym kit or kit issued by the prison, which, together with their towel, was washed once a week.
- 6.31 Prisoners were encouraged to use the sports centre. Only 65% of prisoners responding to our survey went to the gym at least twice a week, but the most recent figures collated by the establishment suggested that almost 90% attended regularly. All prisoners were able to access the facilities at least twice a week, with most accessing them four or more times a week. Sessions were offered every morning, afternoon and evening during the week and all day at weekends.
- 6.32 The sports centre had a strong emphasis on health promotion. Programmes for those wishing to lose weight were promoted, and programmes targeting the wider prison population had been developed to improve physical and mental health. There was also a programme to meet the specific needs of prisoners over 40. A range of accredited programmes, including an NVQ at levels one and two, was available, although the number of prisoners taking these programmes was small, and restricted to orderlies.
- 6.33 For operational reasons, PE staff were sometimes redeployed to other parts of the prison. On a few occasions, unqualified staff from other parts of the prison supervised PE sessions. Five orderlies supported staff, some of whom were fully trained fitness instructors. Appropriate records were kept of any accidents and injuries which occurred in the sports centre.

Recommendations

- 6.34 Outdoor sports facilities should be provided.
- 6.35 The number of prisoners taking accredited vocational qualifications should be increased.
- 6.36 Staffing arrangements should ensure that prisoners are always supervised by appropriately qualified staff.

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.

- 6.37 The establishment recorded 9.3 hours unlocked on weekdays, which was achievable for most prisoners. During our roll check, few prisoners were locked in their cells. Evening association was rarely cancelled. Outdoor exercise was available in the morning and evening, and during the afternoon on weekends.
- 6.38 Since the establishment had implemented the national core day in September 2009, there had been a reduction in the time unlocked, from around 12 hours to just over nine hours. The key performance targets for the establishment recorded 9.3 hours unlocked on weekdays, which was achievable for most prisoners. In our survey, 20% of prisoners, against 16% at comparator establishments, said that they spent 10 or more hours out of their cell. During the weekend, prisoners could be unlocked for between six and eight hours.
- 6.39 During our roll check, few prisoners were locked in their cells. There were many prisoners on the wing, engaging in education, working on the wings or waiting for work allocation. Those not in employment, having been sacked (21 prisoners at the time of the inspection), were unlocked throughout the core day until employment was found for them.
- 6.40 The core day was not widely publicised on the wings. Evening association was rarely cancelled and we observed relaxed interactions between prisoners and staff, although on some units staff remained in the office during association and did not actively supervise prisoners on the wing (see section on staff–prisoner relationships). The association areas were adequate to meet prisoners' needs, and the equipment was in a good state of repair, well used during association, and consisted of table tennis, pool, board games and playing cards.
- 6.41 Outdoor exercise was available in the morning and evening, and during the afternoon on weekends. Prisoners located on the segregation unit were offered daily exercise. All the residential wings had the opportunity to exercise in a central exercise yard, which was well supervised by staff, but was bleak and had poor lighting during evening association. There was some seating around the perimeter. Waterproof clothing was not provided.
- 6.42 Prisoners' movement to and from activities was punctual, and free flow movement facilitated prisoners getting to and from activities and appointments without undue delay.

Recommendation

- 6.43 Waterproof clothing should be provided.

Housekeeping point

- 6.44 The core day should be published on all residential units.

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 The availability and use of drugs, mobile telephones and illicit alcohol (hooch) were the main security concerns. Despite efforts to curb the supply of unauthorised items, the security department lacked the resources to analyse, monitor and address the problem.

Security

- 7.2 The main concern relating to physical security was the vulnerability of the perimeter. The location of the prison, which was surrounded in parts by woodland, and the proximity of the internal buildings to the perimeter wall had resulted in packages containing illicit items such as drugs, mobile telephones, syringes and needles being thrown over the wall. There had been 18 packages recovered between April and September 2009.
- 7.3 The prison had taken a number of steps to reduce 'throw-overs', including increased cooperation with the police, additional patrols and installing catch fences. The measures appeared to be having a positive effect but it was not possible fully to gauge their effectiveness at the time of the inspection. One consequence was an increase in the number of attempts to smuggle unauthorised items through visits.
- 7.4 The elements of dynamic security were under strain and although staff-prisoner relationships were generally positive, there was inadequate supervision of prisoners in some areas (see section on staff-prisoner relationships). Levels of procedural security appeared appropriate and did not impede prisoners' access to activities.
- 7.5 The security department consisted of the security and operations director, a security manager, a prison custody officer and an administrative officer.
- 7.6 A total of 2,325 security information reports (SIRs) had been submitted since the beginning of 2009 but there was no computerised intelligence analysis tool to assist in the management and interpretation of the data. The main issues were drugs, mobile telephones and illicit alcohol (hooch). Between April and October 2009, there had been approximately 60 finds of mobile telephones and 21 SIM cards. There were also significant finds of drugs, including steroids, and hooch.
- 7.7 The department had identified a large number of prolific offenders but did not have the resources to monitor their activities (see recommendation 7.13). Identified actions from SIRs were not completed promptly. The situation was similar for suspicion mandatory drug testing (see section on substance use). Some residential staff expressed frustration that information which they passed on to the security department about drugs and mobile telephones was not acted on swiftly. Their frustration was shared by security staff, who did not have the resources to collate, analyse and act on the information it received.

- 7.8 New arrivals were routinely strip-searched in reception and all prisoners were strip-searched as part of a routine or target search. A random sample of 10% of prisoners attending visits were strip-searched, and any prisoner who used the toilet during a visits session was strip-searched before being able to return to his visitors. Prisoners were not routinely asked to squat on a routine strip-search, but searching records did not record whether they had been required to squat on target searches.
- 7.9 The prison had difficulties in meeting its routine cell searching target, resulting in a significant proportion of the searching taking place toward the end of the monitoring period, which limited the effectiveness of the searching. Although the prison employed a drug dog handler, he had been on sick leave for some time and, despite assistance from the area search team, which provided some drug dog cover, this was a significant issue, as a drugs dog was not available for all visits sessions.
- 7.10 A security committee met monthly but was not multidisciplinary. On most occasions in the previous six months, the only attendees were the police liaison officer and members of the security team. The meeting did not analyse trends and patterns. A monthly intelligence meeting had started in September 2009, but was not multidisciplinary and appeared to focus on updates about particular prisoners identified as prolific offenders.
- 7.11 The security committee reviewed prisoners subject to closed visits and banned visitors every month. At the time of the inspection, there were 19 banned visitors and 24 prisoners subject to closed visits. The policy inappropriately indicated that prisoners could be placed on closed visits as a result of a single positive mandatory drug test for a class A drug or for possession of a mobile telephone, without any supporting intelligence to suggest that the prisoner was involved in trafficking through visits. One prisoner who had been subject to closed visits since August 2009 for refusing a mandatory drug test had been told in response to a complaint in December 2009 that he had to apply for a risk assessment mandatory drug test and have a negative result before he would be taken off closed visits. There was no evidence that he had been informed of this before making his complaint.

Rules

- 7.12 The prison rules and the expected standards of behaviour were set out in a behaviour compact that was explained to prisoners on their first night and during induction. Although prisoners were asked to sign a copy of the compact, which was retained on their file, they were not given a copy to keep for future reference. Prisoners we spoke to understood the rules and routines of the prison.

Recommendations

- 7.13 The prison should review the work of the security department and allocate sufficient resources to enable it to complete its work effectively.
- 7.14 Searching forms issued to searching staff should indicate whether there is a need to squat-search and record if the prisoner has been requested to squat.
- 7.15 The security department should keep a log of target searches, including when the need for the search was identified, when it was completed and the outcome, and evaluate effectiveness and timeliness.

- 7.16 Prisoners should not be routinely strip-searched in reception or after using the toilets during visits.
- 7.17 The prison should ensure that a drugs dog is available to check visitors.
- 7.18 Prisoners should not be placed on closed visits unless there is evidence or intelligence to suggest they are involved in the trafficking of unauthorised items through visits.

Housekeeping point

- 7.19 Prisoners should be given a copy of the behaviour compact that they sign.

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.

- 7.20 Failings in the conduct and recording of adjudications had resulted in a large number of quashed adjudications. There was no system of quality assurance. There was little use of force and when incidents occurred they were quickly de-escalated. The quality of some of the paperwork was poor and use of force was not monitored by a multidisciplinary committee. The segregation unit was clean and well organised, and prisoners received their basic entitlements. There were difficulties in arranging transfers, resulting in some prisoners spending too long on the unit. Prisoners held in segregation did not have detailed care and management plans.

Disciplinary procedures

- 7.21 There had been 412 adjudications in the six months to November 2009, an average of 69 hearings a month, of which 266 had been proven. Many were related to possession of drugs or mobile telephones, although it was difficult to establish the exact number, as they were recorded under the type of charge rather than the subject.
- 7.22 Before their adjudication, prisoners were seen by a nurse, who completed a safety algorithm indicating whether they were fit to be segregated if they were to receive a punishment of cellular confinement. The expectation was that the adjudicator would judge whether the prisoner was fit for the adjudication in accordance with Prison Service procedures.
- 7.23 The adjudication room was located in the segregation unit. It was clean and spacious and prisoners had access to writing materials if they wished to take notes. Before their adjudication, prisoners were given a rub-down search unless specific intelligence indicated that a strip-search was necessary.
- 7.24 In the hearings we observed, the prisoner was addressed appropriately and asked if he understood the procedures and the evidence. In one case, the prisoner was not asked if he wanted to say anything in mitigation, or whether he wanted to comment on the wing report.
- 7.25 There had been a large number of quashed adjudications, and our review of adjudication paperwork procedures indicated a number of issues with the conduct of adjudications and

recording of information. These included: not having the reporting officer present, not recording the start time of the hearing, insufficient enquiry into the circumstances and failure to record the details of any mitigation. The quality of wing behaviour reports was poor; they did not give a clear picture of the prisoner's previous behaviour and did not contain any input from their activity area.

- 7.26 In the previous six months, 23 adjudications had been referred to an independent adjudicator, who attended the prison at least once a month.
- 7.27 There was a quarterly adjudication review meeting attended by adjudicators and care and separation unit staff. The meeting considered quashed adjudications, reviewed the tariff and discussed general issues, but did not include any in-house quality assurance of adjudications or monitoring of trends.

The use of force

- 7.28 There had been only 11 uses of forces in the six months before the inspection. Most had been spontaneous. In our survey, only 4% said that they had been restrained in the previous six months, which was lower than the 7% comparator.
- 7.29 We reviewed the paperwork for all of the above incidents. The quality of some officers' reports was poor and contained insufficient detail, but there was no evidence of excessive force being used and the incidents were quickly de-escalated. All prisoners were seen by a health services professional after the incident. A video camera was available to record any planned incidents, but had not been used in every instance.
- 7.30 Only one prisoner had been held in a special or unfurnished cell in the previous six months. He had been located in an unfurnished cell, equipped only with a fixed steel bed, after becoming violent and non-compliant during a Rule 45 (good order or discipline) review. He had refused to engage or speak to staff, or to move voluntarily to a normal segregation cell. As a result, he had spent over 30 days in the unfurnished cell. Although the paperwork associated with the use of special accommodation had been correctly completed, no care or management plan had been put in place to manage this individual.

Segregation unit

- 7.31 The unit was arranged over two floors. It had 15 normal cells with integral sanitation and three unfurnished cells. One of these was a special cell, equipped with only a low plinth; the others were unfurnished, except for the room containing a steel bed frame (see section on use of force). The unfurnished cells were mainly used to hold prisoners waiting for adjudication, and they all had large amounts of graffiti written or scratched into the walls and doors.
- 7.32 The unit had two exercise yards. Both were surrounded by high walls and were austere, with no seating. The shower areas were clean, but damp had caused the paint on the walls and ceilings to peel. Meals were collected from a servery but there was no opportunity for prisoners to dine in association, despite the fact that the ground floor landing was equipped with fixed dining tables and chairs.
- 7.33 On arrival in the unit, all prisoners were strip-searched. They were told the reasons why they had been located in segregation and were given a leaflet explaining the unit rules and regime. Records indicated that segregation had been properly authorised.

- 7.34 Access to incentives and earned privileges (IEP) benefits, including private cash and visits, was restricted by a policy which maintained a prisoner's IEP level but reduced most of their privileges to the level of a basic prisoner while in segregation.
- 7.35 All staff on the unit had been selected to work there and their appointment had been approved by the director. They had all received training in control and restraint, first aid and adjudication liaison duties, but had not received any training in mental health awareness, motivational interviewing or diversity. Some had not received any recent refresher training in assessment, care in custody and teamwork (ACCT) or suicide prevention.
- 7.36 We spoke to all the prisoners located on the unit and they confirmed that they had daily access to showers, exercise and the telephone, and good access to cleaning materials, clean clothes and bedding. Records indicated that prisoners were visited daily by the duty director, the Home Office controller, a health services professional and a member of the chaplaincy team. The doctor saw all prisoners every three days and the Independent Monitoring Board visited several times a week. There was a small unit library, which was well stocked with a range of fiction and non-fiction books.
- 7.37 We observed appropriate and respectful interactions between staff and prisoners on the unit, and staff demonstrated an understanding of the prisoners in their care. Prisoners' cell cards had recently been amended to include their first name as well as their surname.
- 7.38 Written records were mainly brief and observational. Rule 45 review boards were multidisciplinary but the behaviour targets set were not meaningful and no prisoners had care or management plans.
- 7.39 Some prisoners spent long periods on the unit because of difficulties in arranging transfers for those held under Rule 45 for their own interests and for those removed from normal location due to security concerns.
- 7.40 There was no in-cell electricity but prisoners were issued with portable radios, subject to a risk assessment. Prisoners had no access to the gym or to religious services, although exceptions had been made recently for two Muslim prisoners to attend Eid celebrations. There was no access to mainstream activities and no phased returns to normal location. In-cell education was available on request.
- 7.41 In our survey, significantly more black and minority ethnic prisoners said that they had spent a night in segregation (22% compared with 12% of white prisoners). The establishment's ethnic monitoring and our own review of the data did not support this belief, and indicated that black and minority ethnic prisoners were under- rather than over-represented. Data relating to segregation were produced every quarter, but were not monitored by a multidisciplinary group.

Recommendations

- 7.42 A senior manager should conduct a quality check of a sample of adjudications each month and record the findings and any action taken. Any issues should be discussed at the adjudication review meeting.
- 7.43 The adjudication review meeting should monitor any patterns or trends.
- 7.44 The quality of use of force paperwork should be improved.

- 7.45 All planned uses of force should be video-recorded.
- 7.46 The segregation exercise yards should be equipped with seating.
- 7.47 Prisoners should only be strip-searched on admission to the segregation unit if justified by a risk assessment.
- 7.48 Prisoners held in segregation should retain their level of privileges under the incentives and earned privileges (IEP) scheme unless they have lost them as a result of an adjudication punishment or have been demoted as the result of an IEP review.
- 7.49 Segregation staff should be up to date with assessment, care in custody and teamwork (ACCT) training and receive additional training in order to fulfil this specialist role.
- 7.50 Prisoners held on the segregation unit for more than 72 hours should have a care and management plan.
- 7.51 A multidisciplinary staff group should monitor the use of segregation at least quarterly.

Housekeeping points

- 7.52 All prisoners found guilty on adjudication should be asked if there is anything they wish to say in mitigation. Any comments should be recorded and taken into consideration when deciding on the punishment.
- 7.53 Wing reports should include a statement from staff in the prisoner's activity area. Prisoners should be asked if they wish to make any comments about the accuracy or content of the reports, and any comments they make should be recorded and taken into account.
- 7.54 All cells in the segregation unit should be kept clear of graffiti.
- 7.55 Subject to a risk assessment, prisoners held on the segregation unit under Rule 45 should be able to dine in association.
- 7.56 Written records should detail interaction with prisoners held in the segregation unit, and Rule 45 targets should be relevant to prisoners' individual risks and needs.

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.

- 7.57 Prisoners understood the incentives and earned privileges (IEP) scheme, and the differences in the privileges between the levels appeared to foster good behaviour. Prisoners who were demoted were not warned beforehand or given the opportunity to contribute to the review. There was no system of quality assurance or management checks. The scheme was reviewed annually, with a contribution from prisoners. Warnings issued by the security department if

prisoners were suspected of being involved in the supply or use of illicit items were used as IEP warnings.

- 7.58 The IEP scheme was explained during induction, and the prisoners we spoke to understood how it operated.
- 7.59 There were four levels: basic, standard, enhanced and premium enhanced. Approximately 34% of prisoners were enhanced and 37% were on premium enhanced; only one prisoner was on basic. In our survey, 63% of prisoners said that they had been fairly treated in their experience of the scheme. Prisoners could retain their previous IEP level on transfer to the establishment.
- 7.60 The differences in the privileges between the levels appeared to foster good behaviour; in our survey, 56% said that the different levels encouraged them to change their behaviour, which was significantly higher than the 46% comparator.
- 7.61 Prisoners' pay was dependent on their IEP level, with prisoners on enhanced and premium enhanced earning higher wages for the same job as prisoners on the standard level of the scheme.
- 7.62 Prisoners who were demoted were not warned beforehand or given the opportunity to contribute to the review in person or in writing, although any decisions were communicated to them, together with details on how to appeal.
- 7.63 The policy did not specify any system of quality assurance or management checks and there appeared to be no mechanism to ensure that the scheme operated fairly and consistently across the establishment. The scheme was reviewed annually and prisoners were asked to contribute to the review.
- 7.64 The security department issued written warnings to prisoners if they were suspected of being involved in the supply or use of drugs, mobile telephones or alcohol. These warnings were recorded on the prisoner's file and were inappropriately used as IEP warnings.

Recommendations

- 7.65 Prisoners should not receive different levels of pay for the same job.
- 7.66 Prisoners who are reviewed for the purposes of demotion in the IEP scheme should be advised beforehand and invited to contribute to the review in person, or in writing if they prefer.
- 7.67 Warnings based on unsubstantiated security information should not count as IEP warnings.

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 The main kitchen and serveries were clean and adequately equipped. Prisoners had a choice of several options for lunch and the evening meal, but fruit was provided only as an either/or option with a dessert choice. Food was served efficiently, although the temperature was not always taken and logged at the point of serving. Many prisoners complained about the quality of meals and consultation with them was limited. Prisoners generally dined in association. Accredited training was available only to prisoners working in the kitchen.
- 8.2 The main kitchen was clean and well maintained, with all equipment functioning at the time of inspection. However, during an evening visit to the kitchen there was food waste left on the floor and in food preparation areas. Aside from this, food was appropriately stored and prepared in suitable conditions, and staff and prisoners working in the kitchen were appropriately dressed. The kitchen was adequately staffed and employed a total of 32 prisoners on a rota basis.
- 8.3 All prisoners working in the kitchen and serveries had received hygiene training, and National Vocational Qualifications were available to prisoners working in the main kitchen, although take-up was low at the time of the inspection (see recommendation 6.22). Food was taken to wing serveries in trolleys and arranged on the servery by the discipline staff, to negate any bullying issues. Food temperatures were taken before leaving the kitchen, although in some cases not on arrival at the wings or at the point of serving.
- 8.4 Serveries were clean and adequately equipped, although prisoners were not appropriately dressed to serve food because of a difficulty in obtaining prison-issue clothing. During the inspection, prisoners served food wearing flip flops and trainers at some serveries. The food comment books we saw demonstrated some review by kitchen staff but there were no actions or responses listed. Staff and prisoners we spoke to told us that catering staff were not present on the wings at mealtimes.
- 8.5 All diets were catered for, and prisoners pre-selected their meals from a four-week menu cycle, which included a range of choices including halal, vegetarian, vegan and 'healthy' options. Only some of the lunch and evening meal choices included a piece of fruit. Prisoners had to choose between a dessert and fruit. As a result of concerns raised by prisoners about contamination of halal foods and equipment and incorrect labelling of food, there had been a re-organising of catering equipment, and kitchen and servery staff and prisoners were now clear about the handling of food and use of equipment.
- 8.6 In our survey, the number of Muslim prisoners reporting the food as being good or very good was significantly lower (18%) than that of non-Muslim prisoners (41%). This may have been a result of the issue of contamination of halal food and equipment mentioned above.

- 8.7 Food was served at noon and 5pm. Breakfast was served on the morning it was eaten and consisted of cereal, bread and jam during the week and sausages or eggs at the weekend. Supervision of prisoners waiting to be served was good, with a controlled number of prisoners being unlocked. Prisoners generally dined in association. When prisoners chose to dine in their cell, toilets were, on the whole, appropriately screened. Prisoners were dissatisfied that the evening meal at weekends (Friday, Saturday and Sunday) was always a cold choice
- 8.8 The catering manager had not attended race equality action team meetings, and wing catering meetings had lapsed. Few formal complaints were submitted about food but prisoners complained to us about its quality and quantity. The most recent food survey had been conducted in September 2008. The quality of the food we tasted and the portion sizes appeared reasonable.
- 8.9 Not all prisoners had kettles in their cells and they were not automatically provided with flasks if they could not afford to buy their own kettle or flask. The cold water in the cells was drinkable.
- 8.10 Microwaves and toasters/grills were available in the serveries for prisoners to use during all association periods, including mealtimes and periods outside normal working hours.

Recommendations

- 8.11 The kitchen should be left in a clean and tidy state at the end of each day, with all food waste appropriately disposed of.
- 8.12 Prisoners working on the serveries should be equipped with suitable clothing.
- 8.13 Fruit should be provided freely to all prisoners, irrespective of whether or not they have a dessert.
- 8.14 A survey should be conducted about the quality and quantity of the food served.
- 8.15 Prisoner consultative committees should be held monthly and attended by the catering manager.

Housekeeping points

- 8.16 Food temperatures should be taken and recorded at the point of serving.
- 8.17 Wing food comments books should be regularly monitored and responses and actions recorded.
- 8.18 Catering staff should periodically attend wings to observe serving.
- 8.19 The catering manager should attend race equality action team meetings.

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.

- 8.20 Prisoners had weekly access to the shop and were also able to order goods from a small number of catalogues. Newly arrived prisoners sometimes waited up to a week to use the shop. Muslim and black and minority ethnic prisoners did not feel that the range of goods available met their needs.
- 8.21 The prison shop was contracted to Aramark, which held stock items on site, although the space allocated appeared cramped. The current shop list comprised approximately 380 items of the 750 available. This had been reviewed but not in full consultation with prisoners, and black and minority ethnic prisoners in our groups expressed dissatisfaction with the range of specific goods available to them. In our survey, the percentages of black and ethnic minority and Muslim prisoners reporting satisfaction with the range of goods offered by the shop (30% and 27%, respectively) were significantly worse than those of white and non-Muslim prisoners (49% and 47%). The ordering system resulted in some new prisoners having to wait almost a week for access to the prison shop beyond the initial smokers'/non-smokers' pack.
- 8.22 Shop orders were issued on Thursdays, with forms collected on Saturdays. Goods were delivered on different days, depending on location. Prisoners in our groups reported issues with the cost of goods; the local pricing policy was set against prices in convenience stores, rather than supermarkets. Following complaints over 'premium only' goods, cheaper 'own brand' goods had been added to the shop list.
- 8.23 There was no regular shop consultative meeting, but canteen was a standing agenda item on the general prisoner council.
- 8.24 There was a catalogue service, but access to one of the small number of catalogues available was restricted to prisoners who had not received visits for three months. This led to prisoners opting to forfeit visits in order to access a catalogue.

Recommendations

- 8.25 The space available for the prison shop should be increased.
- 8.26 Prisoners should be routinely consulted about the shop and the items available to them.
- 8.27 Access to catalogue goods should not affect family contact.

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 The reducing reoffending and resettlement action plan was clear and set priorities in line with the regional plan. The quarterly resettlement strategy meeting provided the formal means of monitoring progress. However, project plans for each work stream had not been developed, and this reduced accountability and management oversight. The plan did not include an analysis of diversity requirements and there were gaps in the types of accredited offending behaviour programmes provided. Release on temporary licence was not sufficiently well developed.
- 9.2 The reducing reoffending strategy and action plan focused on the seven pathways in the regional plan but had not been updated to reflect those recently set by the director of offender management (DOM). Although it did not provide a role for outside organisations working in the prison, it set out the connection with community-based resettlement resources.
- 9.3 An analysis of prisoner needs had been undertaken. It was comprehensive and looked at needs against each pathway in the reducing reoffending strategy. It did not include an analysis of diversity requirements. At the time of the inspection, the needs of older prisoners were being considered to inform the possible development of a dedicated wing. There was little evidence of offenders' views being collected or used to inform strategic direction.
- 9.4 The Service Level Agreement required the establishment to deliver accredited offending behaviour programmes (thinking skills, cognitive skills booster, controlling anger and learning to manage it (CALM)), but there were insufficient places on these programmes to meet demand. The prison had responded to the demand for continuing work with a number of prisoners who had completed blocks of the cognitive self-change programme and had funded trained staff to provide individual sessions of block five (see section on attitudes, thinking and behaviour).
- 9.5 Domestic violence and alcohol programmes were not available, despite high demand. Some prisoners with domestic violence issues were referred to CALM, without plans for the completion of a domestic violence programme on release.
- 9.6 Victim awareness and other social and life-skills programmes were provided by the education department. A much higher than average percentage of prisoners replying to our survey said that they had undertaken work on victim awareness. It was not clear from the offender management unit (OMU) records whether prisoners' victim awareness had improved.
- 9.7 The resettlement strategy group, chaired by the head of offender management, met quarterly to monitor the action plan. It was attended by chaplaincy, health services, counselling, assessment, referral, advice and throughcare (CARAT) and education staff, as well as resettlement staff, including prisoner assistants. The work of the group updated the

resettlement strategy but there were not individual action plans for each work stream, which reduced accountability and strategic management oversight.

- 9.8 Resettlement was supported by a high number (352 in the year to the end of November 2009) of releases on temporary licence (ROTLs) but this number mainly comprised prisoners who worked daily in the prison grounds.

Recommendations

- 9.9 The prison's reducing reoffending strategy should be updated to reflect the most recent version of the regional reducing reoffending plan.
- 9.10 The needs of specific groups of prisoners should be identified in the resettlement needs analysis to ensure that the diverse interests of prisoners are recognised.
- 9.11 The resettlement strategy should be supported by a clear action plan which details each work stream, identifies responsible staff and sets timescales for completion.
- 9.12 The use of release on temporary licence should be broadened to provide more opportunities for resettlement support.

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.

- 9.13 The offender management unit (OMU) included prison and probation staff. The lack of a central case record was exacerbated by poor information exchange between the wings, some interventions and the OMU. Most prisoners had a sentence plan and were actively involved in the planning process. Sentence plans were of inadequate quality in too many cases. Recording of diversity needs and the achievement of sentence plan objectives were inadequate in most cases. The prison did not have a reliable record of prisoners subject to public protection arrangements. Home detention curfew arrangements were well managed and timely. Categorisation reviews were held on time and considered an appropriate range of information. There was a small lifer team but no dedicated resource for prisoners serving an indeterminate sentence for public protection (IPP). There were long delays in reviews for indeterminate-sentenced prisoners. Facilities for lifers included escorted temporary release, family days, a drop-in advice centre and consultative meetings, but services for IPP prisoners were poorly developed.

Sentence planning and offender management

- 9.14 Eleven offender supervisors (including probation staff) and three case administrators were designated to the OMU. They were fully trained and committed to their role. Prison staff offender supervisors were often allocated to operational duties at short notice, which reduced the amount of time available for offender management tasks and interfered with work planning,

but completion of offender assessment system (OASys) assessments and sentence planning was mostly up to date.

- 9.15 Offender supervisors were allocated cases according to availability, rather than prison location or home area, the type of case or officers' skills and experience. Each offender supervisor managed between 20 and 30 cases. They made contact with the 172 prisoners in scope of offender management once a month, but the contact often amounted to a short conversation on the wing or during work time. In our survey, 53% of prisoners felt supported by their offender supervisor, which compared favourably with the percentage at similar prisons (41%).
- 9.16 Prisoners who were out of scope of offender management who were sentenced to longer than 12 months had an OASys assessment and targets set, but no ongoing contact with an offender supervisor. Recalled prisoners were seen on induction and brought into the offender management process appropriately according to their sentence.
- 9.17 The concepts, principles and processes of offender management were not fully integrated across the wider establishment. Some discipline staff lacked knowledge about offender management and their role within it. Since the introduction of offender management model, the role of personal officers had become unclear and their attendance at sentence planning boards was infrequent.
- 9.18 Poor information exchange and the lack of a centralised case record resulted in offender supervisors having to seek out information held by individual departments or members of staff; this was time consuming and an inefficient use of scarce resources. The exception to this was in relation to accredited programmes, where tutors involved offender supervisors in end-of-programme three-way meetings and provided good quality post-programme reports.
- 9.19 All prisoners were interviewed during their induction and a resettlement needs assessment carried out. A file was opened for each prisoner, so that any assistance given could be planned and recorded. The resettlement service was provided by two custody staff and three prisoner assistants, of whom two had been trained in advice services at their previous establishment. There was no provision of accredited training in advice and guidance in the prison. In our survey, prisoners were positive about resettlement, with 21% reporting that staff had helped them prepare for release, against a comparator of 17%. This was endorsed in our prisoner groups. A pre-discharge interview was held a week before release, which gave little time for remedial action on any needs outstanding.
- 9.20 Sentence plans were in place for all prisoners with more than six months left to serve. In our survey, 94% of prisoners said that they had a sentence plan and 71% said that they had been fully involved in its development. Sentence planning boards had been held on time in most of the cases we inspected. Offender managers had attended or participated by telephone in all but one of nine cases. The OMU had adopted a policy of not holding the board if the offender manager was unavailable. While this meant that some plans were late, it had resulted in the full involvement of the offender manager.
- 9.21 Sentence plans contained objectives to address the risk of harm to others in 75% of cases viewed and 90% had objectives to address the likelihood of reoffending. However, only one plan included outcome-focused objectives, few plans contained sequenced interventions (two out of 10) and one plan failed to define the roles and responsibilities of all involved. A few OASys plans did not fully reflect the objectives agreed at the board, despite the OMU having sent the offender manager a copy of the minutes.

- 9.22 We found evidence of assessment and planning for diversity needs in only one case, as there was poor recording in OMU files. The results of the offender management survey showed that 53% of those surveyed felt that their needs had been taken into account.
- 9.23 Evidence of the full achievement of sentence plan objectives was only available in one of the cases we inspected, and objectives had been partly achieved in three, leaving four cases where none of the objectives had been achieved at the time of the inspection. In our survey, 78% of offenders said that they were less likely to reoffend in the future.
- 9.24 Home detention curfew (HDC) was proactively managed, and prisoners were invited to apply 10 weeks before their eligibility date. Those requiring accommodation were offered the services of the ClearSprings organisation.
- 9.25 In the previous six months, 57 prisoners had been considered for HDC and 16 had been successful. Only one had been released after his eligibility date and that was because he was from Northern Ireland, and the prison had had to find a probation area in the jurisdiction willing to take him.

Categorisation

- 9.26 There was a weekly recategorisation board and prisoners were reviewed on time. Contributions were received from all relevant prison departments and from home probation officers. The prisoner was invited to make representations, and the decision of the board was explained to him by the head of offender management, who chaired the meeting. Those who were recategorised to category D were invited to state a preference for the prison they would be transferred to. At the time of the inspection, there were nine category D prisoners, and places had been found for all but two of them, apart from those held back for outside work.
- 9.27 A foreign national prisoner's recategorisation had been delayed because the prison was waiting for a decision from the UK Border Agency about its intention to deport him, rather than going ahead with its own security assessment.
- 9.28 Occasionally, prisoners were recategorised to a higher category, for security reasons. These cases were considered on the basis of a pattern of behaviour rather than a single incident, and the prison was able to transfer such prisoners quickly.

Public protection

- 9.29 The OMU was unable to provide reliable reports on the number of cases eligible for multi-agency public protection arrangements (MAPPA) and their level of management. Information from the local inmate database system (LIDS) was used to provide a monthly report to the safer custody meeting, even though it was inaccurate.
- 9.30 There was a monthly meeting to assess newly arrived prisoners who had been identified as potentially requiring public protection monitoring and to review those currently being monitored. There was no system to assess monitoring requirements for prisoners arriving at the establishment between these meetings, resulting in some prisoners being subject to unnecessary restrictions until their case was assessed.
- 9.31 In all but one of the cases we examined, the risk of harm to others had been screened and a full analysis completed if required. However, only two of the analyses were sufficiently comprehensive for the case. In six out of 10 cases, previous relevant behaviour was not

adequately considered. Risk of harm to other prisoners was not correctly assessed in two cases. In three cases, the risk of harm to the public was also incorrectly assessed. In most cases, there was little evidence of the assessment being communicated to other staff.

- 9.32 All but one relevant case had a risk management plan but four out of seven were not sufficiently comprehensive. In most cases, the plan just listed actions, rather than allocating them to specific people and imposing timescales. All but one risk management plan failed to detail how the sentence plan objectives would minimise risk of harm to others.

Indeterminate-sentenced prisoners

- 9.33 There were 77 life-sentenced prisoners and 45 prisoners serving an indeterminate sentence for public protection (IPP). The life-sentenced prisoners were allocated to one of two offender supervisors but IPP prisoners were more widely spread between offender supervisors.
- 9.34 All newly received IPP prisoners were seen by an offender supervisor on induction and their sentence was explained to them. A trained lifer manager had been in post for 18 months, supported by two trained offender supervisors.
- 9.35 Most lifers were located on C unit and approximately 25 were accommodated on other units. Some of the lifers on other units shared cells with determinate-sentenced prisoners. Prisoners complained that there had been little consistency of experienced lifer staff on C unit since a new duty roster had been introduced.
- 9.36 There were long delays in parole board reviews for indeterminate-sentenced prisoners. At the time of the inspection, out of 42 cases due for review, 23 were past the scheduled date by up to eight months. The prison asserted that it had submitted dossiers on time or within two weeks of the set date in almost all cases, and we were told delays were mostly due to the parole board.
- 9.37 In the previous six months, 93 lifers had been granted release for escorted town visits as preparation for scheduled parole board reviews.
- 9.38 Three lifer days had been held in 2009. Two had been family days, to which children had been invited, and the other had been for adults only and had focused on post-release accommodation.
- 9.39 Lifers could raise their concerns with staff through monthly lifer representative meetings and a drop-in facility provided on C unit, which was open to prisoners on all units every Friday.
- 9.40 The prison had tried to extend the range of activities available to lifers by establishing an allotment, but vocational training was still poor with the loss of important providers such as Railtrack and the double glazing workshop (see section on learning and skills and work activities).

Recommendations

- 9.41 All prison staff should have clear roles and responsibilities in delivering offender management for prisoners according to their sentence lengths and risk levels.
- 9.42 Case recording and information exchange between prison departments and the offender management unit (OMU) should be improved.

- 9.43 Details of all contact and communication relating to a case should be logged in a single record.
- 9.44 Prisoner resettlement assistants should have access to accredited training leading to a qualification.
- 9.45 Prisoners' resettlement needs should be assessed at least four weeks before discharge.
- 9.46 Contact between the offender supervisor and the prisoner should include discussion and support to achieve sentence plan objectives.
- 9.47 Sentence plans should contain outcome-focused objectives and include diversity factors where relevant.
- 9.48 Accurate data on the number of prisoners within multi-agency public protection arrangements (MAPPA) and their level of management should be made available through the offender management unit (OMU) for use by relevant departments and meetings.
- 9.49 An assessment should be made of the public protection measures required for each prisoner within a week of their arrival.
- 9.50 Risk of harm should be thoroughly analysed, and a comprehensive plan put in place and communicated to all those involved in the management of the prisoner.
- 9.51 The categorisation of foreign national prisoners should proceed regardless of outstanding UK Border Agency decisions on deportation.
- 9.52 There should be a consistent staff group on C unit who are experienced in working with life-sentenced prisoners.
- 9.53 Long-term prisoners should not be required to share cells with short-term prisoners.
- 9.54 Special facilities should be developed for prisoners serving an indeterminate sentence for public protection, where possible, to mirror those available for lifers, such as consultative groups, advice centres, family days and temporary release.
- 9.55 The NOMS should liaise with the parole board in order to reduce delays in reviews.

Housekeeping point

- 9.56 OMU case files should contain copies of all assessments and interventions delivered.

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

- 9.57 Reintegration services were well developed and all prisoners' resettlement needs were assessed. There were links with accommodation providers, and the prison achieved its target of prisoners released with an address. There was insufficient focus on pre-release education, training and employment. Resettlement staff identified support needs at induction and explained how to access support, but access was not systematically planned. Some aspects of preparation for work were provided in education, but potential areas of duplication between education and resettlement were not clearly identified. All prisoners were invited to attend a pre-release health clinic about 10 days before release. Debt and benefits advice was good. Prisoners were not able to set up bank accounts before release but they were helped to obtain identification documents.

Accommodation

- 9.58 As well as making referrals to local authorities, voluntary organisations and probation accommodation, resettlement staff provided a range of accommodation-related services to new prisoners. These included closing down tenancies, transferring housing benefit to partners and maintaining tenancies where possible. They also set up repayment of rent arrears, so that prisoners did not get barred from local authority waiting lists.
- 9.59 The prison reported that around 90% of prisoners had been released to an address in each month of 2009, except for November, when it dropped to just under 80%. An examination of the last 20 prisoners released showed that 12 had gone to permanent accommodation, two to supported accommodation, three to probation hostels and one temporarily to his parents. The two who had been released without accommodation had been provided with one night's lodgings and a referral to the local authority's homelessness service.

Education, training and employment

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

- 9.60 The prison's resettlement function did not place enough emphasis on pre-release education, training and employment. Information, advice and guidance (IAG) were provided from a range of sources, including the OMU, learning and skills staff and resettlement staff. The process was not effectively coordinated and records were kept separately. Resettlement staff identified support needs at induction and explained how to access education, training and employment support, but access was not systematically planned. A 2009 survey indicated that over 60% of prisoners did not access such support. Prisoners were invited to attend pre-release IAG eight weeks before release but did not routinely attend. The operational responsibilities of the full-time officer with responsibility in this area sometimes led to office closure. The part-time dedicated IAG staff resource was insufficient to coordinate education, training and employment services.
- 9.61 Resettlement officers supervised internet job searches, and external support was available for prisoners requesting help with CV development. Some aspects of preparation for work were provided in education, for those with needs identified in their sentence plan, but potential areas of duplication between education and resettlement were not clearly identified. The prison no longer provided a planned pre-release course. Jobcentre Plus staff no longer visited each week, but individual appointments could be made.

- 9.62 The collection of data about the education, training and employment resettlement function had begun earlier in 2009. The data collected, used to measure key performance targets, related only to 'intention to work'. The 2009 resettlement survey indicated that 40 of the 57 respondents had had no job to go to on release and only a small proportion had completed qualifications and courses that would help them to get a job. Nearly half of the responses indicated that there were not enough vocational courses to help prisoners get a job.

Mental and physical health

- 9.63 Release procedures were good for this resettlement pathway. All prisoners were invited to attend a pre-release clinic about 10 days before release, and most prisoners chose to attend. Prisoners were weighed and asked if they had any concerns about their release. Where appropriate, their medications were discussed and they were told that they would be given up to seven days' supply. If they did not have a GP, they were advised on how to get one and given a letter for their GP outlining their care while in prison.
- 9.64 Prisoners going to court were given sufficient quantities of medication to last for the duration of the court process. The medication was given to escorting officers for them to supply to the prisoner. Prisoners receiving methadone treatment were given this before leaving the prison for court appearances. Those under the care of the mental health in-reach team were discussed by these staff and the appropriate community mental health teams, who were invited to the prison for a review of the prisoner before discharge.

Finance, benefit and debt

- 9.65 Prisoners with debt problems were given help in contacting creditors, setting up voluntary agreements and claiming arrears of benefits. They could also obtain legal advice on bankruptcy.
- 9.66 Resettlement staff gave advice on benefits entitlement, set up interviews to make new claims for released prisoners and provided assistance in making community care grant applications. They were also a reference point for benefits offices wishing to verify information about newly released prisoner claimants.
- 9.67 There were no facilities for prisoners to open bank accounts before release. Resettlement staff could apply for birth certificates and driving licences for prisoners requiring identification evidence on release.

Recommendations

- 9.68 The links between resettlement and learning and skills should be clarified, to reduce potential duplication and maximise pre-release learning opportunities.
- 9.69 Prisoners should be made aware of the range and content of information, advice and guidance available throughout their sentence, that the support is adequately resourced and that prisoners are encouraged to access it.
- 9.70 New employer links should be developed and maintained, to promote post-release employment opportunities.

- 9.71 The collection and use of data for monitoring resettlement activities should be reviewed and improved to provide accurate and useful data sets.
- 9.72 Prisoners should be provided with the opportunity to open a bank account before release.

Drugs and alcohol

- 9.73 The drug and alcohol strategies were not up to date, and the needs analyses were not renewed annually. The counselling, assessment, referral, advice and throughcare (CARAT) team did not deliver any group work programmes. Drug awareness programmes were run by various departments, but provision was variable. Voluntary drug testing was available but there were issues with security information reports following refusals to provide a sample.
- 9.74 There were separate drug and alcohol strategies, although they were dated 2006 and therefore took no account of the issues around prisoners' needs under the integrated drug treatment system (IDTS) or the current supply reduction needs of the establishment. The regularity of needs analyses to inform the strategies was stated as being due for renewal 'at least every three years'. There was no action plan in the drug strategy document.
- 9.75 The CARAT team was not funded to work with primary alcohol users, although they worked with poly-users. The team comprised a senior practitioner, two full-time officers, one part-time civilian worker and one full-time administration worker shared with IDTS. The caseload numbered 90 active and 12 suspended cases. The relatively small number of workers in the team was cited as being the main reason for its inability to deliver IDTS group work or any other group work programmes. The IDTS 28-day psycho-social programme was, however, delivered on a one-to-one basis, as were all other CARAT interventions, including alcohol brief interventions (to poly-users only).
- 9.76 The learning and skills department also delivered a drug awareness course and a separate alcohol awareness course. Neither of these courses had therapeutic components.
- 9.77 A further Correctional Services Accreditation Panel accredited programme, entitled 'drugs awareness through sport', was being piloted. Run by gym staff, the course taught basic drugs awareness alongside healthy living and exercise training. It was aimed solely at IDTS prisoners, although it was hoped to widen its availability to other prisoners using the CARAT service in 2010.
- 9.78 There were no other drug rehabilitation programmes available, although we were told that referral pathways were in place for prisoners to transfer to other establishments, such as HMP Everthorpe (adjacent to HMP Wolds), for the Rehabilitation of Addicted Prisoners trust (RAPt) 12-step drug and alcohol rehabilitation programme, and the prison addressing substance related offending (P-ASRO) course.
- 9.79 CARAT links with the drug intervention programme (DIP) were good, although, increasingly, DIP workers only worked directly with class A drug users on release. Other substance users were signposted by the DIP workers to other community services.
- 9.80 Hull DIP workers were the most frequent DIP visitors to the establishment, although their gate pick-up scheme was reported as becoming less well resourced.

- 9.81 Voluntary drug testing (VDT) was available, but there was no dedicated suite; tests were conducted using mobile kits in toilet recesses on the units. A total of 221 compacts were in place, tested 1.5 times a month. The average positive rate for the six months between May and October 2009 was 3.3%
- 9.82 Staff told us that they had serious concerns that prisoners were 'bagging up' to take tests (concealing a bag of drug-free urine). New testing procedures meant that only one officer was available for tests, so only rub-down searches could be conducted.
- 9.83 Prisoners refusing to provide a VDT sample were routinely subject to security information reports and even mandatory drug testing target test requests, contrary to Prison Service Order 31/2009.

Recommendations

- 9.84 The drug strategy document should be updated, include alcohol services, and contain detailed action plans and performance measures.
- 9.85 The establishment should repeat its substance use needs analysis annually to ensure that service provision matches the current need of the prisoner population.
- 9.86 The CARAT team should be adequately resourced to deliver the integrated drug treatment system group work programme.
- 9.87 Voluntary drug testing (VDT) should be suitably staffed to ensure the integrity of the testing process.
- 9.88 Refusals to provide a sample for VDT should not lead to a security information report being submitted or a target mandatory drug test being requested or conducted.

Children and families of offenders

- 9.89 Prisoners were positive about having received support to maintain contact with family and friends while at the establishment. The visitors centre was a welcoming environment with appropriate facilities. The visits hall was regimented in layout but visits were relaxed and started on time. Flexibility was shown by the visits managers in response to requests from prisoners to have more time with family and friends. There was a range of services to help prisoners to maintain contact with their families, and partnerships with external organisations to help prisoners to develop skills which could strengthen family relationships.
- 9.90 Prisoners were positive about having received support to maintain contact with family and friends while at the establishment (47% compared with 38%). They were able to arrange a visit within seven days of arrival, and the overall entitlement levels were good, particularly for premium enhanced prisoners.
- 9.91 Visit sessions were available every afternoon except Mondays, and there were two evening sessions each week. The visitors centre, where families and friends were required to book in and could leave property brought in for prisoners, was a welcoming environment with appropriate facilities. There was a range of information in translated formats, including a bullying hotline and a play room, which was staffed by the Pre-school Learning Alliance, which

also supervised the play/activities area in the visits hall. Staff were responsive to visitors' queries, particularly about prisoners' property entitlements.

- 9.92 Visitors were able to book visits through a telephone booking line or during a visit. There was a maximum of 22 visits per session. Visitors were booked in efficiently and taken over to the visits hall in a timely manner, in order of booking. They were appropriately searched at the gate and passed through a metal detector, and all visitors over the age of 18 were required to wear blue wrist bands. There had been no dog handler available for some months (see section on security and rules), but he was due to return imminently.
- 9.93 Once in the visits hall, a further rub-down search was conducted in a random selection of visitors, as well as in those for whom there was drug-related intelligence about the prisoner they were visiting. Prisoners were permitted to arrive for a visit up to 30 minutes before the end of the visits sessions. They were only brought across to the hall once their visitors had booked into the visitors centre, so did not have long waits in the holding room.
- 9.94 The visits hall was regimented in layout but visits were relaxed and started on time. The establishment monitored the start times of individual prisoners' visits and this was discussed at the weekly matrix meeting, alongside other performance data.
- 9.95 Refreshments were available and prisoners were permitted to wear their own clothes.
- 9.96 There was a good activity area for children, which was supervised from Thursday to Sunday. A set of six comfortable chairs was available for premium enhanced prisoners, which they could book for their visits. Staff supervision of the area and the amount of physical contact that prisoners were permitted were appropriate. During the inspection, two prisoners received visits from volunteers; this was organised by the chaplaincy team.
- 9.97 We saw applications that prisoners had made to have extended visits because family members lived a long way from the prison; these had been granted, and flexibility was shown by the visits managers in response to such requests.
- 9.98 Prisoners located in the segregation unit under good order or discipline were limited to one-hour visit sessions, as were those placed on closed visits. There were six private booths, three of which were used for closed visits.
- 9.99 There was a full-time children and families coordinator, who had developed a range of provision. She coordinated services for prisoners and the facilities provided for children and family support in visits.
- 9.100 Every Monday, a family learning course was held for six prisoners, their partners and children under five. This was complemented by a relationships course, run in partnership with Relate and the Time for Families organisation every two months in place of the family learning course.
- 9.101 A six-week parenting course was run eight times a year, which ended with a family visit. Family days were also held in the school holidays.
- 9.102 In the dedicated family and children's unit, prisoners could make gifts for their children in craft classes and record stories onto audio or visual media as part of a Storybook Dads project.
- 9.103 A 'kids visiting' consultation group had been established for prisoners and their visitors. This met monthly and the minutes were sent to the senior management team for action.

Attitudes, thinking and behaviour

- 9.104** The range of accredited programmes was suitable for the prison population but they were over-subscribed. Waiting lists were managed appropriately and there was a purpose-built programme delivery suite. The range of non-accredited programmes was limited.
- 9.105** The prison provided three accredited programmes, which were appropriate to the population. The programme delivery team comprised a mixture of discipline and psychology staff. The thinking skills programme ran four times a year, providing 40 places. There were 46 prisoners assessed as suitable and waiting for a place at the time of the inspection. The CALM programme ran three times a year, providing 24 places. All the places for 2010 had already been allocated. There were some places available on the more advanced cognitive skills booster programme for long-term prisoners. It ran four times a year, providing 32 places, and there were 19 prisoners waiting at the time of the inspection.
- 9.106** Prioritisation for programmes was managed appropriately, with emphasis on parole review dates, risk levels and release dates. The composition of prisoner groups was also considered, so that prisoners from certain backgrounds or age groups did not feel isolated.
- 9.107** A recent development was the training of staff to deliver block five of the cognitive self-change programme. This was a maintenance programme for prisoners serving longer sentences who had already completed the earlier blocks of the programme. It was run on the basis of individual monthly check-in sessions, which were recorded in the prisoner's offender management file.
- 9.108** Programmes were run in a purpose-built suite of four rooms, which provided a comfortable and well-equipped environment.
- 9.109** The range of non-accredited programmes was limited. The chaplaincy provided the Sycamore Tree victim awareness programme through the Prison Fellowship three times a year and there were victim awareness classes in education.

Recommendations

- 9.110** The number of places on accredited courses should be increased to meet the need of the population.
- 9.111** There should be a range of programmes and individual work for prisoners who do not get a place on accredited programmes.

Good practice

- 9.112** *The prison recognised prisoners' need for continuing work on the cognitive self-change programme and funded the provision of trained staff.*

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendations

To the Director

- 10.1 All staff should be trained in assessment, care in custody and teamwork (ACCT) procedures. (HP47)
- 10.2 Managers should ensure that effective security measures are in place to reduce the supply of drugs. (HP48)
- 10.3 A comprehensive diversity policy outlining how the establishment will meet the needs of all minority groups should be developed and implemented. (HP49)
- 10.4 The poor perceptions of black and minority ethnic and Muslim prisoners should be investigated, the outcome communicated to prisoners and action taken to improve perceptions. (HP50)
- 10.5 Senior managers should be visible in residential areas and actively support staff in challenging poor behaviour and encouraging engagement of prisoners in sentence planning targets. (HP51)
- 10.6 The range and balance of purposeful work and accredited vocational training opportunities should be increased to enable the prison to meet its training function fully. (HP52)

Recommendation

To the Director General of NOMS

- 10.7 The NOMS should liaise with the parole board in order to reduce delays in reviews. (9.55)

Recommendations

To the Director

Courts, escorts and transfers

- 10.8 Reception should be staffed before prisoners arrive, to prevent prisoners having to wait on vans. (1.7)

First days in custody

- 10.9 The vulnerable prisoner policy should be withdrawn and a new policy developed that ensures staff understand their responsibilities while not resorting to stereotyping. (1.20)
- 10.10 Prisoners should be supervised in the reception waiting area and a call bell installed for emergencies. (1.21)

- 10.11 Reception and induction should be staffed by trained staff from the dedicated staff group. (1.22)
- 10.12 Prisoners should not be held in reception for long periods. (1.23)
- 10.13 Prisoners on the induction programme should be fully occupied during this time. (1.24)
- 10.14 Cell sharing risk assessments should be completed before prisoners are located to cells. (1.25)
- 10.15 Prisoners on the induction unit should receive the same association time as prisoners on other units. (1.26)
- 10.16 Vulnerable prisoners and those with disabilities should not be located permanently on the induction unit. (1.27)
- 10.17 All induction staff should be trained to deliver the induction modules. (1.28)
- 10.18 The induction programme and booklet should be reviewed and updated. (1.29)

Residential units

- 10.19 Two prisoners should not share cells meant for one. (2.16)
- 10.20 Toilet areas should be fully screened and all toilets fitted with seats and lids. (2.17)
- 10.21 Lockable cupboards should be provided in double cells, so that prisoners can secure their personal possessions. (2.18)
- 10.22 An offensive display policy should be published and staff supported in implementing it. (2.19)
- 10.23 Sufficient prison-issue clothing should be provided. (2.20)
- 10.24 The communal showers should be redesigned to allow privacy both within the shower area between those showering and from outside. (2.21)
- 10.25 Sufficient clean bedding should be available. (2.22)
- 10.26 Charges for telephone calls should be brought into line with those in the community. (2.23)

Staff-prisoner relationships

- 10.27 All staff should actively engage with and supervise prisoners during association on the residential units. (2.32)
- 10.28 Wider consultation, involving different groups represented at the establishment, should take place regularly, both to test out policies and to gain an understanding of prisoners' experience of the prison. (2.33)

Personal officers

- 10.29 The guidance for personal officers should outline their responsibilities with regard to introducing themselves to prisoners on their caseload, meeting with them weekly to discuss progress, and the type and level of entries required in prisoner history sheets. (2.39)
- 10.30 There should be regular and thorough management checks of the personal officer scheme which evaluates the amount of time spent by personal officers with those on their caseload, as well as the regularity and quality of entries in the wing history sheets. (2.40)

Bullying and violence reduction

- 10.31 The violence reduction strategy should be reviewed to include the most recent survey results and current programme provision, and be consistently and fully applied. (3.9)
- 10.32 A further survey of prisoners' perceptions and experiences of violence and bullying should be conducted and ways found to encourage prisoners to complete this. (3.10)
- 10.33 Information relating to indicators of violence and anti-social behaviour should be analysed to identify and monitor trends and actions required. (3.11)
- 10.34 Cell sharing risk assessment reviews should take place on time. (3.12)
- 10.35 Victim support should be offered and recorded fully. (3.13)
- 10.36 Interventions should be introduced for victims and bullies. (3.14)

Self-harm and suicide

- 10.37 Information relating to self-harm and suicide should be analysed to identify and monitor trends and actions required. (3.25)
- 10.38 Death in custody action plans should be monitored to ensure full compliance. (3.26)
- 10.39 Near-death incidents should be investigated and action plans developed where necessary. (3.27)
- 10.40 Regular management checks should identify weaknesses in the implementation of ACCT procedures and staff should be supported to make the necessary improvements. (3.28)
- 10.41 Night-time and early morning observations of prisoners subject to ACCT procedures should not be predictable. (3.29)
- 10.42 The new Listener suite should not be located on the induction unit. (3.30)

Applications and complaints

- 10.43 Interim replies to complaints should be logged separately and a record kept of the date when the prisoner is given a full reply to their complaint. (3.39)

- 10.44 There should be a system of quality assurance of replies to complaints, with monthly checks of samples by senior managers. Records of the quality checks and any action taken should be retained. (3.40)

Legal rights

- 10.45 Prisoners who require access to a laptop computer should have this facilitated, subject to a risk assessment. (3.46)

Faith and religious activity

- 10.46 Regime activities should be scheduled to enable prisoners to attend corporate worship. (3.56)

Substance use

- 10.47 The integrated drug treatment system (IDTS) 28-day psychosocial group work programme should be made available to all prisoners presenting for treatment under the system for the first time. (3.72)
- 10.48 The management of the health care and IDTS waiting area should be reviewed to ensure suitable levels of patient confidentiality. (3.73)
- 10.49 A discipline officer who has undertaken substance misuse awareness training should be posted in the vicinity of the medication hatch, on the same side as prisoners, during daily methadone administration. (3.74)
- 10.50 The layout of the treatment room should be reviewed to improve nurses' sightlines during methadone administration. (3.75)
- 10.51 The ban on cups in the methadone hatch area should be consistently enforced. (3.76)
- 10.52 Mandatory drug testing should be appropriately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision. (3.77)
- 10.53 A mechanism to manage target testing more effectively should be developed to ensure that tests are undertaken within the required timeframe. (3.78)
- 10.54 Passive drug dogs should be used more regularly to support the delivery of the drug strategy. (3.79)

Diversity

- 10.55 The diversity management meeting should monitor and coordinate activities for prisoners under each diversity strand. (4.6)
- 10.56 Equality of treatment and access should be monitored for all diversity strands and appropriate action taken to rectify any inequalities. (4.7)
- 10.57 All prisoner representatives should have job descriptions and be fully supported, to ensure that they are able to fulfil their role, represent the views of prisoners and share information from the meetings they attend. (4.8)

- 10.58 The diversity complaint forms should be publicised to staff and prisoners and should be available on all the residential units. (4.9)

Diversity: race equality

- 10.59 The terms of reference for the race and diversity committee and the race equality action team (REAT) meetings should be clearly defined to ensure that they do not replicate issues and operate effectively to manage diversity issues. (4.26)
- 10.60 Trends should be analysed at the REAT meeting and a range of ethnic monitoring data should be reviewed to ensure that any areas of inequality are acted on and eliminated. (4.27)
- 10.61 The work of the REAT should be regularly communicated to prisoners in an accessible format. (4.28)
- 10.62 All staff should receive diversity training that covers all the strands of diversity and is relevant to the issues at the establishment, including the use of inappropriate language. (4.29)
- 10.63 Responses to racist incident report forms (RIRFs) should be improved and there should be a quality assurance system to monitor this. The quality of RIRFs should be discussed at the REAT meeting. (4.30)
- 10.64 The diversity officer should be given sufficient time to undertake the role. (4.31)
- 10.65 There should be frequent involvement of black and minority ethnic prisoners in consultation events, and communication of the results of these. (4.32)
- 10.66 There should be a process to identify any prisoners convicted of a current or previous racially aggravated offence or of an incident of racist bullying, and to draw the attention of staff to these individuals. (4.33)

Diversity: religion

- 10.67 Equality of access and treatment according to prisoners' religious faiths should be monitored. (4.38)
- 10.68 Religious diversity training should be delivered to staff. (4.39)

Diversity: foreign nationals

- 10.69 The foreign nationals policy should clearly outline the needs and support arrangements for foreign national prisoners. (4.46)
- 10.70 Staff should be fully briefed about the entitlements of foreign national prisoners and these should be publicised on the units. (4.47)
- 10.71 Foreign national prisoners should be invited to the foreign national prisoner meeting and the terms of reference and membership of the meeting should be clearly outlined and include unit staff and managers. (4.48)
- 10.72 The foreign nationals coordinator should meet all foreign national prisoners to outline his role and responsibilities. (4.49)

- 10.73 The delay in issuing immigration warrants should be addressed with the UK Border Agency and appropriate systems developed to ensure that any deportation notices are served at the earliest opportunity. (4.50)
- 10.74 Immigration support and advice services should be available to foreign national prisoners. (4.51)

Diversity: disability

- 10.75 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. (4.61)
- 10.76 In-cell and location-based activities should be organised for prisoners who cannot access work because of their disability and for those who are retired. (4.62)
- 10.77 Staff should be made aware of the arrangements in place for older prisoners and those with disabilities located on their unit, including the purpose of prisoner emergency evacuation plans and those prisoners who have them. (4.63)
- 10.78 Carers should be recruited for prisoners with disabilities. (4.64)

Diversity: older prisoners

- 10.79 Retired prisoners should not be required to pay for their television. (4.70)

Diversity: gender and sexual orientation

- 10.80 Staff should receive sufficient training to be able to offer gay and transgender prisoners support, and identify and respond to any discrimination they might experience. (4.74)

Health services

- 10.81 There should be separate waiting areas for prisoners receiving methadone treatment. (5.60)
- 10.82 A full inspection of the dental surgery should be carried out. (5.61)
- 10.83 A registered nurse or health care assistant should be identified as the lead for older prisoners. (5.62)
- 10.84 Discipline support should be provided in the health care department whenever prisoners are attending clinics. (5.63)
- 10.85 A full staffing and skill mix review should be undertaken to ensure that sufficient appropriately qualified nursing staff are available to provide a range of services to meet the health care needs of prisoners. (5.64)
- 10.86 The nurses' shift system should be reviewed to ensure that it provides appropriate care for prisoners and value for money. (5.65)

- 10.87 The role of the administrator should be reviewed and additional staff employed to ensure that there is sufficient administrative support to the health services team. (5.66)
- 10.88 Nurses should receive appropriate training to undertake regular clinics. (5.67)
- 10.89 All staff, including visiting allied health professionals, should have annual resuscitation training, including the use of an automated external defibrillator. (5.68)
- 10.90 Resuscitation equipment should be reviewed to ensure that nurses responding to emergency calls are able to transport the equipment speedily to patients. (5.69)
- 10.91 Managers should satisfy themselves that emergencies are responded to swiftly and effectively. (5.70)
- 10.92 Emergency equipment should be checked at least weekly. (5.71)
- 10.93 Orders for additional emergency equipment should be rigorously followed up. (5.72)
- 10.94 A dedicated prisoner forum should be initiated to allow prisoner representatives to bring matters of general concern directly to the attention of senior health care managers. (5.73)
- 10.95 Complaints should be dealt with by health services staff and should not be part of the prison complaints system. Appropriate records should be maintained to inform prison authorities if required. (5.74)
- 10.96 Prisoners should receive secondary health screenings. (5.75)
- 10.97 Health care assistants should not complete admission screening unless they are supervised. (5.76)
- 10.98 The health care application system should be reviewed to provide better options for prisoners, confidentiality and secure dedicated health care boxes on all units, and appointment slips should be separate from application forms. (5.77)
- 10.99 Patients should not have to see a doctor before referral to the optician or chiropodist; nurse triage should identify the need to be seen by such professionals. (5.78)
- 10.100 Nurse triage should only be carried out by trained staff. (5.79)
- 10.101 More than one member of staff should be trained to deliver the smoking cessation course. (5.80)
- 10.102 The non-attendance rate for all health care appointments should be investigated regularly and policies put in place to reduce this. (5.81)
- 10.103 In-reach services for specialities such as physiotherapy should be used. (5.82)
- 10.104 Health services staff should not be used as couriers to deliver or collect pharmacy or specimens. The pharmacy should deliver all items, and arrangements for the collection of specimens should be negotiated with local NHS sources. (5.83)

- 10.105 Full and complete records should be made of the administration of medicines. 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. (5.84)
- 10.106 All prescriptions should be legally written, include the quantity and date prescribed, and be signed by the prescriber. (5.85)
- 10.107 A pharmacist and/or pharmacy technicians should be involved in the provision of the pharmacy service. (5.86)
- 10.108 Patient group directions (PGDs) should be used and up to date, and have been signed off by the relevant people. Signed copies of the PGDs should be kept in the pharmacy room, and records should be kept to demonstrate that staff working with them have had appropriate training. (5.87)
- 10.109 The health care manager should ensure that all medications removed from the pharmacy out of hours are recorded in a register, which should be checked daily. (5.88)
- 10.110 Requests for repeat prescriptions should be paper based, and it should not be necessary for prisoners to have to see a member of staff to make such requests. (5.89)
- 10.111 There should be a formal system of documented risk assessment for all patients, to ensure consistency when determining suitability for in-possession medication. (5.90)
- 10.112 The routine administration of medicines subject to abuse as in-possession on Friday, Saturday and Sunday nights should be reviewed. (5.91)
- 10.113 Medication times should be reviewed to ensure that patients get the best treatment possible. (5.92)
- 10.114 The dispensing of medicines at the hatches should be supervised by officers at all times. (5.93)
- 10.115 A special sick policy should be implemented and reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate medicines can be supplied. (5.94)
- 10.116 A step-wise approach to pain management, such as the World Health Organization analgesic ladder, modified for the prison environment, to reduce opiate usage, should be used. (5.95)
- 10.117 The medicines and therapeutics committee should meet regularly, at least four times a year, and all stakeholders should attend. (5.96)
- 10.118 Oral health sessions should be provided by oral health educators. (5.97)
- 10.119 The dental contract should be monitored. (5.98)
- 10.120 The dental policy should be clarified so that the full range of treatments available on the NHS is provided and based on clinical need. (5.99)
- 10.121 A protocol should be developed for dental out-of-hours cover. (5.100)
- 10.122 The dentists should have access to SystmOne. (5.101)

- 10.123 A written, signed and dated medical history questionnaire should be completed for all patients. (5.102)
- 10.124 The director should review the number of prisoners allowed out to attend NHS appointments, with a view to increasing the number. (5.103)
- 10.125 Administrative staff should maintain a log of all outpatient appointments and bring to the attention of senior managers any appointments which have been rearranged more than once. (5.104)
- 10.126 The RMN should be given protected time to undertake mental health duties. (5.105)
- 10.127 Counselling services should be available to prisoners. (5.106)
- 10.128 There should be regular documented, multidisciplinary meetings between primary and secondary mental health teams. (5.107)
- 10.129 Mental health awareness training for staff should be ongoing. (5.108)
- 10.130 Day care support should be available. (5.109)

Learning and skills and work activities

- 10.131 Information, advice and guidance resources should be increased. (6.21)
- 10.132 The promotion of, and participation in, accredited courses in the kitchen should be increased. (6.22)
- 10.133 Relevant vocational qualifications should be reintroduced in industrial cleaning. (6.23)
- 10.134 The process to plan, monitor and record individualised learning should be improved to include better target setting and coherent recording of progress and achievement. (6.24)
- 10.135 Education, training and employment information and targets should be incorporated into sentence planning, and prioritisation of prisoners for these should be sequenced. (6.25)
- 10.136 Prisoners who are not native speakers of English should have their own bilingual dictionary for constant reference. (6.26)

Physical education and health promotion

- 10.137 Outdoor sports facilities should be provided. (6.34)
- 10.138 The number of prisoners taking accredited vocational qualifications should be increased. (6.35)
- 10.139 Staffing arrangements should ensure that prisoners are always supervised by appropriately qualified staff. (6.36)

Time out of cell

- 10.140 Waterproof clothing should be provided. (6.43)

Security and rules

- 10.141 The prison should review the work of the security department and allocate sufficient resources to enable it to complete its work effectively. (7.13)
- 10.142 Searching forms issued to searching staff should indicate whether there is a need to squat-search and record if the prisoner has been requested to squat. (7.14)
- 10.143 The security department should keep a log of target searches, including when the need for the search was identified, when it was completed and the outcome, and evaluate effectiveness and timeliness. (7.15)
- 10.144 Prisoners should not be routinely strip-searched in reception or after using the toilets during visits. (7.16)
- 10.145 The prison should ensure that a drugs dog is available to check visitors. (7.17)
- 10.146 Prisoners should not be placed on closed visits unless there is evidence or intelligence to suggest they are involved in the trafficking of unauthorised items through visits. (7.18)

Discipline

- 10.147 A senior manager should conduct a quality check of a sample of adjudications each month and record the findings and any action taken. Any issues should be discussed at the adjudication review meeting. (7.42)
- 10.148 The adjudication review meeting should monitor any patterns or trends. (7.43)
- 10.149 The quality of use of force paperwork should be improved. (7.44)
- 10.150 All planned uses of force should be video-recorded. (7.45)
- 10.151 The segregation exercise yards should be equipped with seating. (7.46)
- 10.152 Prisoners should only be strip-searched on admission to the segregation unit if justified by a risk assessment. (7.47)
- 10.153 Prisoners held in segregation should retain their level of privileges under the incentives and earned privileges (IEP) scheme unless they have lost them as a result of an adjudication punishment or have been demoted as the result of an IEP review. (7.48)
- 10.154 Segregation staff should be up to date with assessment, care in custody and teamwork (ACCT) training and receive additional training in order to fulfil this specialist role. (7.49)
- 10.155 Prisoners held on the segregation unit for more than 72 hours should have a care and management plan. (7.50)
- 10.156 A multidisciplinary staff group should monitor the use of segregation at least quarterly. (7.51)

Incentives and earned privileges

- 10.157 Prisoners should not receive different levels of pay for the same job. (7.65)
- 10.158 Prisoners who are reviewed for the purposes of demotion in the IEP scheme should be advised beforehand and invited to contribute to the review in person, or in writing if they prefer. (7.66)
- 10.159 Warnings based on unsubstantiated security information should not count as IEP warnings. (7.67)

Catering

- 10.160 The kitchen should be left in a clean and tidy state at the end of each day, with all food waste appropriately disposed of. (8.11)
- 10.161 Prisoners working on the serveries should be equipped with suitable clothing. (8.12)
- 10.162 Fruit should be provided freely to all prisoners, irrespective of whether or not they have a dessert. (8.13)
- 10.163 A survey should be conducted about the quality and quantity of the food served. (8.14)
- 10.164 Prisoner consultative committees should be held monthly and attended by the catering manager. (8.15)

Prison shop

- 10.165 The space available for the prison shop should be increased. (8.25)
- 10.166 Prisoners should be routinely consulted about the shop and the items available to them. (8.26)
- 10.167 Access to catalogue goods should not affect family contact. (8.27)

Strategic management of resettlement

- 10.168 The prison's reducing reoffending strategy should be updated to reflect the most recent version of the regional reducing reoffending plan. (9.9)
- 10.169 The needs of specific groups of prisoners should be identified in the resettlement needs analysis to ensure that the diverse interests of prisoners are recognised. (9.10)
- 10.170 The resettlement strategy should be supported by a clear action plan which details each work stream, identifies responsible staff and sets timescales for completion. (9.11)
- 10.171 The use of release on temporary licence should be broadened to provide more opportunities for resettlement support. (9.12)

Offender management and planning

- 10.172 All prison staff should have clear roles and responsibilities in delivering offender management for prisoners according to their sentence lengths and risk levels. (9.41)
- 10.173 Case recording and information exchange between prison departments and the offender management unit (OMU) should be improved. (9.42)
- 10.174 Details of all contact and communication relating to a case should be logged in a single record. (9.43)
- 10.175 Prisoner resettlement assistants should have access to accredited training leading to a qualification. (9.44)
- 10.176 Prisoners' resettlement needs should be assessed at least four weeks before discharge. (9.45)
- 10.177 Contact between the offender supervisor and the prisoner should include discussion and support to achieve sentence plan objectives. (9.46)
- 10.178 Sentence plans should contain outcome-focused objectives and include diversity factors where relevant. (9.47)
- 10.179 Accurate data on the number of prisoners within multi-agency public protection arrangements (MAPPA) and their level of management should be made available through the offender management unit (OMU) for use by relevant departments and meetings. (9.48)
- 10.180 An assessment should be made of the public protection measures required for each prisoner within a week of their arrival. (9.49)
- 10.181 Risk of harm should be thoroughly analysed, and a comprehensive plan put in place and communicated to all those involved in the management of the prisoner. (9.50)
- 10.182 The categorisation of foreign national prisoners should proceed regardless of outstanding UK Border Agency decisions on deportation. (9.51)
- 10.183 There should be a consistent staff group on C unit who are experienced in working with life-sentenced prisoners. (9.52)
- 10.184 Long-term prisoners should not be required to share cells with short-term prisoners. (9.53)
- 10.185 Special facilities should be developed for prisoners serving an indeterminate sentence for public protection, where possible, to mirror those available for lifers, such as consultative groups, advice centres, family days and temporary release. (9.54)

Resettlement pathways

- 10.186 The links between resettlement and learning and skills should be clarified, to reduce potential duplication and maximise pre-release learning opportunities. (9.68)

- 10.187 Prisoners should be made aware of the range and content of information, advice and guidance available throughout their sentence, that the support is adequately resourced and that prisoners are encouraged to access it. (9.69)
- 10.188 New employer links should be developed and maintained, to promote post-release employment opportunities. (9.70)
- 10.189 The collection and use of data for monitoring resettlement activities should be reviewed and improved to provide accurate and useful data sets. (9.71)
- 10.190 Prisoners should be provided with the opportunity to open a bank account before release. (9.72)
- 10.191 The drug strategy document should be updated, include alcohol services, and contain detailed action plans and performance measures. (9.84)
- 10.192 The establishment should repeat its substance use needs analysis annually to ensure that service provision matches the current need of the prisoner population. (9.85)
- 10.193 The CARAT team should be adequately resourced to deliver the integrated drug treatment system group work programme. (9.86)
- 10.194 Voluntary drug testing (VDT) should be suitably staffed to ensure the integrity of the testing process. (9.87)
- 10.195 Refusals to provide a sample for VDT should not lead to a security information report being submitted or a target mandatory drug test being requested or conducted. (9.88)
- 10.196 The number of places on accredited courses should be increased to meet the need of the population. (9.110)
- 10.197 There should be a range of programmes and individual work for prisoners who do not get a place on accredited programmes. (9.111)

Housekeeping points

First days in custody

- 10.198 Prisoners should be able to take a copy of the induction booklet with them when they leave the induction unit. (1.30)

Residential units

- 10.199 All basic hygiene items should be readily available. (2.24)

Staff-prisoner relationships

- 10.200 All personal officer allocations should be kept up to date and ensure that prisoners have a personal officer who is currently working on their wing. (2.41)

Self-harm and suicide

10.201 Night staff should be aware of the location and presence of all new arrivals. (3.31)

Legal rights

10.202 Special letters should be made available to prisoners on request, so that they can write to their legal representative. (3.47)

Faith and religious activity

10.203 The programme of chaplaincy activity should be available on prisoner notice boards on all wings. (3.57)

Diversity: race equality

10.204 Membership of the REAT meeting should be re-issued to relevant staff and they should be encouraged to attend or send a representative in their absence. (4.34)

Diversity: disability

10.205 The role of the disability representative should be publicised on the wings. (4.65)

Health services

10.206 The waiting room should contain health information. Health information should be provided through a monitor in the waiting room. (5.110)

10.207 The Health and Safety Executive should be notified that X-ray equipment has been installed on the premises. (5.111)

10.208 The induction health care room should be painted and have a regular cleaning schedule. (5.112)

10.209 The room divider in the treatment and staff room should be kept closed when patients are being seen. (5.113)

10.210 Health information should be available in languages other than English. (5.114)

10.211 Emergency health care information should be updated to reflect current practices. (5.115)

10.212 Details of local anaesthetics used in the dental surgery should be documented. (5.116)

10.213 The pharmacy service provided by Primecare should be reviewed to ensure that patients receive their medications promptly. (5.117)

10.214 Notices informing prisoners how they can access the pharmacist or other health services should be displayed on residential units. (5.118)

- 10.215 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and pharmacy, 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. (5.119)
- 10.216 Records should be kept of when the dispensing machine is calibrated. (5.120)
- 10.217 Prescription charts should always be returned to their folder after drug administration. (5.121)
- 10.218 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request. (5.122)
- 10.219 Old reference books should be discarded, and only the most recent copy should be kept, to ensure that any information used is up to date. (5.123)
- 10.220 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (5.124)
- 10.221 There should be agreed stock levels, to ensure that required medications do not run out. Stock levels should be checked regularly by the nursing staff. (5.125)
- 10.222 Loose tablets and tablet foils do not satisfy labelling requirements and should not be present in stock. (5.126)

Learning and skills and work activities

- 10.223 Residential staff awareness-raising training about their role in supporting learning should be underpinned by specific skills for life training. (6.27)

Time out of cell

- 10.224 The core day should be published on all residential units. (6.44)

Security and rules

- 10.225 Prisoners should be given a copy of the behaviour compact that they sign. (7.19)

Discipline

- 10.226 All prisoners found guilty on adjudication should be asked if there is anything they wish to say in mitigation. Any comments should be recorded and taken into consideration when deciding on the punishment. (7.52)
- 10.227 Wing reports should include a statement from staff in the prisoner's activity area. Prisoners should be asked if they wish to make any comments about the accuracy or content of the reports, and any comments they make should be recorded and taken into account. (7.53)
- 10.228 All cells in the segregation unit should be kept clear of graffiti. (7.54)
- 10.229 Subject to a risk assessment, prisoners held on the segregation unit under Rule 45 should be able to dine in association. (7.55)

- 10.230 Written records should detail interaction with prisoners held in the segregation unit, and Rule 45 targets should be relevant to prisoners' individual risks and needs. (7.56)

Catering

- 10.231 Food temperatures should be taken and recorded at the point of serving. (8.16)
- 10.232 Wing food comments books should be regularly monitored and responses and actions recorded. (8.17)
- 10.233 Catering staff should periodically attend wings to observe serving. (8.18)
- 10.234 The catering manager should attend race equality action team meetings. (8.19)

Offender management and planning

- 10.235 OMU case files should contain copies of all assessments and interventions delivered. (9.56)

Examples of good practice

Substance use

- 10.236 There was excellent information sharing between stakeholder departments involved with IDTS, facilitating prisoners' treatment and care. (3.80)

Health services

- 10.237 The health care assistants brought in specialist counselling services for prisoners with HIV. (5.127)

Activities

- 10.238 The partnership with Summit provided excellent opportunities for prisoners to develop high-level skills in information and communications technology and to gain work on release. (6.28)

Resettlement pathways

- 10.239 The prison recognised prisoners' need for continuing work on the cognitive self-change programme and funded the provision of trained staff. (9.112)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Sara Snell	Team leader
Karen Dillon	Inspector
Andrew Rooke	Inspector
Vinnett Percy	Inspector
Paul Rowlands	Inspector
Lucy Young	Inspector
Bridget McEvilly	Health care inspector
Paul Roberts	Substance misuse inspector
Peter Gibbs	Pharmacy inspector
Simon Denton	Pharmacy inspector
Martin Wall	Dental inspector
Susan Bain	Ofsted inspector
Rosy Belton	Ofsted inspector
Ian Hanscome	Ofsted inspector
Sandra Fieldhouse	OMI Inspector
Samantha Booth	Researcher
Olayinka Macauley	Researcher

Appendix II: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced		355	92
Recall		30	8
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees		1	
Total		386	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced		1	0.26
Less than 6 months		2	0.52
6 months to less than 12 months		3	0.78
12 months to less than 2 years		37	9.59
2 years to less than 4 years		105	27.20
4 years to less than 10 years		106	27.46
10 years and over (not life)		10	2.59
ISPP		45	11.66
Life		77	19.95
Total		386	100

Age	Number of prisoners	%
Please state minimum age	21	
Under 21 years	0	
21 years to 29 years	166	43.01
30 years to 39 years	127	32.90
40 years to 49 years	69	17.88
50 years to 59 years	21	5.44
60 years to 69 years	3	0.78
70 plus years	0	
Please state maximum age	63	
Total	386	100

Nationality	18–20-year-olds	21 and over	%
British		374	97
Foreign nationals		12	3
Total		386	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced		0	
Uncategorised sentenced		0	
Cat A		0	
Cat B		0	
Cat C		377	98

Cat D		9	2
Other		0	
Total		386	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British		306	79.27
Irish		1	0.26
Other white		7	1.81
<i>Mixed</i>		6	1.55
White and black Caribbean		1	0.26
White and black African		2	0.52
White and Asian		4	1.04
Other mixed			
<i>Asian or Asian British</i>			
Indian		7	1.81
Pakistani		13	3.37
Bangladeshi		0	0
Other Asian		8	2.07
<i>Black or Black British</i>			
Caribbean		14	3.63
African		4	1.04
Other black		12	3.11
<i>Chinese or other ethnic group</i>			
Chinese		0	0
Other ethnic group		1	0.26
Not stated			
Total		386	100

Religion	18–20-year-olds	21 and over	%
Baptist		0	0
Church of England		96	24.87
Roman Catholic		64	16.58
Other Christian denominations		7	1.81
Muslim		45	11.66
Sikh		2	0.52
Hindu		1	0.26
Buddhist		13	3.37
Jewish		1	0.26
Other		3	0.78
No religion		154	39.90
Total		386	100

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			44	11.43
1 month to 3 months			76	19.74
3 months to 6 months			85	22.08
6 months to 1 year			86	22.34
1 year to 2 years			57	14.81
2 years to 4 years			33	8.57
4 years or more			2	0.52
Total			386	100

Unsentenced prisoners only

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

Main offence	18–20-year-olds	21 and over	%
Violence against the person		155	40.16
Sexual offences		2	0.52
Burglary		56	14.51
Robbery		65	16.84
Theft and handling		11	2.85
Fraud and forgery		3	0.78
Drugs offences		56	14.51
Other offences		38	9.84
Civil offences		0	0
Offence not recorded/holding warrant		0	0
Total		386	100

Appendix III: Summary of prisoner questionnaires

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 2 November 2009, the prisoner population at HMP Wolds was 388. The sample size was 128. Overall, this represented 33% 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. Nine respondents refused to complete a questionnaire.

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

Methodology

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

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

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

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

Response rates

In total, 105 respondents completed and returned their questionnaires. This represented 27% of the prison population. The response rate was 82%. In addition to the nine respondents who refused to complete a questionnaire, 12 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 2009 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 36 trainer prisons since April 2003.
- The current survey responses in 2009 against the responses of prisoners surveyed at HMP Wolds in 2004.
- A comparison within the 2009 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2009 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2009 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 addition to the main prison survey, an offender management survey was distributed to a small sample of prisoners, randomly selected from the total population of prisoners who fell in scope under offender management. The following analyses were conducted:

- The current survey responses against comparator figures for all (in scope) prisoners surveyed in category C prisons. This comparator is based on all responses from offender management surveys carried out in five category C training prisons.
- The current survey responses against comparator figures for all (in scope) prisoners surveyed across all prisons. This comparator is based on all responses from surveys carried out in 29 prisons of varying functional type.

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

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

Summary

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

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

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

Section 1: About you

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

Q1.2 How old are you?

<i>Under 21</i>	0%
<i>21 - 29</i>	49%
<i>30 - 39</i>	30%
<i>40 - 49</i>	17%
<i>50 - 59</i>	3%
<i>60 - 69</i>	1%
<i>70 and over</i>	0%

Q1.3 Are you sentenced?

<i>Yes</i>	92%
<i>Yes - on recall</i>	8%
<i>No - awaiting trial</i>	0%
<i>No - awaiting sentence</i>	0%
<i>No - awaiting deportation</i>	0%

Q1.4 How long is your sentence?

<i>Not sentenced</i>	0%
<i>Less than 6 months</i>	2%
<i>6 months to less than 1 year</i>	3%
<i>1 year to less than 2 years</i>	10%
<i>2 years to less than 4 years</i>	26%
<i>4 years to less than 10 years</i>	26%
<i>10 years or more</i>	3%
<i>IPP (Indeterminate Sentence for Public Protection)</i>	13%
<i>Life</i>	18%

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>	0%
<i>6 months or less</i>	35%
<i>More than 6 months</i>	65%

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

<i>Less than 1 month</i>	9%
<i>1 to less than 3 months</i>	11%
<i>3 to less than 6 months</i>	14%
<i>6 to less than 12 months</i>	23%
<i>12 months to less than 2 years</i>	17%
<i>2 to less than 4 years</i>	14%
<i>4 years or more</i>	13%

Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)		
	Yes		6%
	No		94%
Q1.8	Is English your first language?		
	Yes		98%
	No		2%
Q1.9	What is your ethnic origin?		
	White - British	76%	Asian or Asian British - Bangladeshi..... 0%
	White - Irish.....	2%	Asian or Asian British - Other..... 1%
	White - Other	1%	Mixed Race - White and Black Caribbean
	Black or Black British - Caribbean...	7%	Mixed Race - White and Black African
	Black or Black British - African.....	1%	Mixed Race - White and Asian..... 2%
	Black or Black British - Other.....	1%	Mixed Race - Other..... 3%
	Asian or Asian British - Indian.....	0%	Chinese..... 0%
	Asian or Asian British - Pakistani	5%	Other ethnic group..... 0%
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?		
	Yes		5%
	No		95%
Q1.11	What is your religion?		
	None.....	32%	Hindu
	Church of England.....	31%	Jewish
	Catholic.....	19%	Muslim..... 11%
	Protestant.....	0%	Sikh..... 0%
	Other Christian denomination	1%	Other..... 3%
	Buddhist.....	4%	
Q1.12	How would you describe your sexual orientation?		
	Heterosexual/straight		97%
	Homosexual/gay		2%
	Bisexual.....		1%
	Other		0%
Q1.13	Do you consider yourself to have a disability?		
	Yes		12%
	No		88%
Q1.14	How many times have you been in prison before?		
	0	1	2 to 5
	26%	13%	36%
			More than 5
			25%

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

1	2 to 5	More than 5
5%	75%	20%

Q1.16 Do you have any children under the age of 18?

Yes	51%
No	49%

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	10%	42%	16%	20%	7%	3%	2%
Your personal safety during the journey	8%	52%	17%	15%	4%	2%	2%
The comfort of the van	4%	12%	11%	31%	40%	1%	2%
The attention paid to your health needs	3%	26%	32%	20%	13%	1%	5%
The frequency of toilet breaks	3%	9%	11%	23%	36%	3%	16%

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>
24%	41%	27%	7%	1%

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
22%	57%	12%	6%	0%	4%

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?	88%	12%	0%
Before you arrived here did you receive any written information about what would happen to you?	40%	59%	1%
When you first arrived here did your property arrive at the same time as you?	92%	8%	0%

Section 3: Reception, first night and induction

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

<i>Didn't ask about any of these</i>	18%	<i>Money worries</i>	15%
<i>Loss of property</i>	16%	<i>Feeling depressed or suicidal</i>	59%
<i>Housing problems</i>	26%	<i>Health problems</i>	68%
<i>Contacting employers</i>	15%	<i>Needing protection from other prisoners</i>	23%
<i>Contacting family</i>	57%	<i>Accessing phone numbers</i>	46%
<i>Ensuring dependants were being looked after</i>	16%	<i>Other</i>	3%

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

<i>Didn't have any problems</i>	52%	<i>Money worries</i>	8%
<i>Loss of property</i>	13%	<i>Feeling depressed or suicidal</i>	11%
<i>Housing problems</i>	11%	<i>Health problems</i>	25%
<i>Contacting employers</i>	5%	<i>Needing protection from other prisoners</i>	2%
<i>Contacting family</i>	12%	<i>Accessing phone numbers</i>	14%
<i>Ensuring dependants were looked after</i>	1%	<i>Other</i>	2%
<i>If Other (please specify in box)</i>			

100%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	83%	15%	2%
When you were searched, was this carried out in a respectful way?	83%	14%	3%

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

Very well	Well	Neither	Badly	Very badly	Don't remember
32%	47%	11%	7%	1%	2%

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

<i>Information about what was going to happen to you</i>	63%
<i>Information about what support was available for people feeling depressed or suicidal</i>	63%
<i>Information about how to make routine requests</i>	56%
<i>Information about your entitlement to visits</i>	64%
<i>Information about health services</i>	72%
<i>Information about the chaplaincy</i>	73%
<i>Not offered anything</i>	15%

- 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> | 90% |
| <i>The opportunity to have a shower.....</i> | 74% |
| <i>The opportunity to make a free telephone call.....</i> | 73% |
| <i>Something to eat.....</i> | 90% |
| <i>Did not receive anything.....</i> | 2% |
- 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> | 73% |
| <i>Someone from health services</i> | 89% |
| <i>A Listener/Samaritans.....</i> | 53% |
| <i>Did not meet any of these people.....</i> | 6% |
- 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> | 21% |
| <i>No.....</i> | 79% |
- Q3.9 Did you feel safe on your first night here?**
- | | |
|----------------------------|-----|
| <i>Yes</i> | 94% |
| <i>No.....</i> | 4% |
| <i>Don't remember.....</i> | 2% |
- Q3.10 How soon after your arrival did you go on an induction course?**
- | | |
|---|-----|
| <i>Have not been on an induction course.....</i> | 18% |
| <i>Within the first week</i> | 69% |
| <i>More than a week</i> | 7% |
| <i>Don't remember.....</i> | 6% |
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
- | | |
|---|-----|
| <i>Have not been on an induction course.....</i> | 19% |
| <i>Yes</i> | 55% |
| <i>No.....</i> | 21% |
| <i>Don't remember.....</i> | 6% |

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?	21%	44%	10%	17%	3%	6%
Attend legal visits?	21%	54%	7%	4%	1%	13%
Obtain bail information?	9%	15%	16%	8%	10%	42%

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 15%
 Yes 25%
 No 60%

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?	37%	35%	4%	25%
Are you normally able to have a shower every day?	99%	1%	0%	0%
Do you normally receive clean sheets every week?	46%	30%	2%	22%
Do you normally get cell cleaning materials every week?	86%	11%	0%	3%
Is your cell call bell normally answered within five minutes?	49%	26%	17%	8%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	84%	15%	0%	1%
Can you normally get your stored property if you need to?	43%	38%	14%	6%

Q4.4 What is the food like here?

Very good	Good	Neither	Bad	Very bad
7%	32%	13%	30%	19%

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

Have not bought anything yet 2%
 Yes 44%
 No 54%

Q4.6 Is it easy or difficult to get:

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	43%	44%	6%	3%	0%	5%
An application form	39%	54%	5%	1%	0%	1%

Q4.7 Have you made an application?

Yes 80%
 No 20%

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?	20%	41%	39%
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	21%	39%	41%

- Q4.9 Have you made a complaint?**
- | | |
|-----------|-----|
| Yes | 58% |
| No | 42% |
- 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? | 43% | 16% | 41% |
| Do you feel <i>complaints</i> are dealt with promptly (within seven days)? | 43% | 27% | 30% |
| Were you given information about how to make an appeal? | 44% | 30% | 26% |
- 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 | 43% |
| Yes | 16% |
| No | 41% |
- 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> |
| 30% | 8% | 21% | 16% | 16% | 9% |
- Q4.13 What level of the IEP scheme are you on now?**
- | | |
|--|-----|
| Don't know what the IEP scheme is | 8% |
| <i>Enhanced</i> | 68% |
| <i>Standard</i> | 20% |
| <i>Basic</i> | 2% |
| <i>Don't know</i> | 2% |
- 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 | 8% |
| Yes | 63% |
| No | 26% |
| <i>Don't know</i> | 3% |
- Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?**
- | | |
|--|-----|
| Don't know what the IEP scheme is | 8% |
| Yes | 56% |
| No | 31% |
| <i>Don't know</i> | 5% |
- 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)? | 4% | 96% |
| In the last six months have you spent a night in the segregation/care and separation unit? | 13% | 87% |

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?	42%	23%	36%
	Are you able to speak to a religious leader of your faith in private if you want to?	57%	9%	34%

Q4.18	Can you speak to a listener at any time if you want to?	Yes	No	<i>Don't know</i>
		66%	4%	30%

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?	79%	21%
	Do most staff treat you with respect?	80%	20%

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?
	Yes 23%
	No 77%

Q5.2	Do you feel unsafe in this prison at the moment?
	Yes 12%
	No 88%

Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)
	<i>Never felt unsafe</i> 77%
	<i>Everywhere</i> 5%
	<i>Segregation unit</i> 2%
	<i>Association areas</i> 6%
	<i>Reception area</i> 3%
	<i>At the gym</i> 5%
	<i>In an exercise yard</i> 6%
	<i>At work</i> 3%
	<i>During movement</i> 5%
	<i>At education</i> 5%
	<i>At mealtimes</i> 4%
	<i>At health services</i> 3%
	<i>Visit's area</i> 1%
	<i>In wing showers</i> 6%
	<i>In gym showers</i> 2%
	<i>In corridors/stairwells</i> 2%
	<i>On your landing/wing</i> 10%
	<i>In your cell</i> 5%
	<i>At religious services</i> 0%

Q5.4	Have you been victimised by another prisoner or group of prisoners here?
	Yes 17%
	No 83%

- 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> | 9% | <i>Because of your sexuality.....</i> | 1% |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 2% | <i>Because you have a disability.....</i> | 0% |
| <i>Sexual abuse.....</i> | 0% | <i>Because of your religion/religious beliefs.....</i> | 1% |
| <i>Because of your race or ethnic origin.....</i> | 2% | <i>Because of your age.....</i> | 1% |
| <i>Because of drugs.....</i> | 3% | <i>Being from a different part of the country than others.....</i> | 3% |
| <i>Having your canteen/property taken.....</i> | 2% | <i>Because of your offence/crime.....</i> | 0% |
| <i>Because you were new here.....</i> | 4% | <i>Because of gang related issues.....</i> | 5% |
- Q5.6 Have you been victimised by a member of staff or group of staff here?**
- | | |
|----------|-----|
| Yes..... | 19% |
| No..... | 81% |
- 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> | 8% | <i>Because you have a disability.....</i> | 0% |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 0% | <i>Because of your religion/religious beliefs.....</i> | 5% |
| <i>Sexual abuse.....</i> | 0% | <i>Because of your age.....</i> | 1% |
| <i>Because of your race or ethnic origin.....</i> | 6% | <i>Being from a different part of the country than others.....</i> | 5% |
| <i>Because of drugs.....</i> | 5% | <i>Because of your offence/crime.....</i> | 2% |
| <i>Because you were new here.....</i> | 1% | <i>Because of gang related issues.....</i> | 3% |
| <i>Because of your sexuality.....</i> | 1% | | |
- Q5.8 If you have been victimised by prisoners or staff, did you report it?**
- | | |
|--|-----|
| <i>Not been victimised</i>..... | 72% |
| Yes..... | 14% |
| No..... | 15% |
- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**
- | | |
|----------|-----|
| Yes..... | 17% |
| No..... | 83% |
- Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**
- | | |
|----------|-----|
| Yes..... | 15% |
| No..... | 85% |

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>
	30%	18%	4%	2%	3%	43%

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	11%	12%	33%	12%	29%	4%
The nurse	9%	31%	43%	6%	9%	1%
The dentist	14%	4%	5%	7%	29%	40%
The optician	34%	3%	9%	10%	20%	24%

Q6.2	Are you able to see a pharmacist?	
	Yes	60%
	No	40%

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	15%	14%	33%	13%	13%	12%
The nurse	11%	33%	31%	13%	5%	6%
The dentist	31%	12%	18%	13%	10%	16%
The optician	47%	11%	9%	14%	9%	9%

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>
	11%	14%	33%	14%	19%

Q6.5	Are you currently taking medication?	
	Yes	40%
	No	60%

Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?	
	<i>Not taking medication</i>	60%
	Yes	27%
	No	13%

Q6.7	Do you feel you have any emotional well-being/mental health issues?	
	Yes	20%
	No	80%

- 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> | 87% |
| <i>Doctor</i> | 8% |
| <i>Nurse</i> | 3% |
| <i>Psychiatrist</i> | 4% |
| <i>Mental health in-reach team</i> | 6% |
| <i>Counsellor</i> | 3% |
| <i>Other</i> | 5% |
- Q6.9 Did you have a problem with either of the following when you came into this prison?**
- | | Yes | No |
|---------|-----|-----|
| Drugs | 20% | 80% |
| Alcohol | 12% | 88% |
- Q6.10 Have you developed a problem with drugs since you have been in this prison?**
- | | |
|-----------|-----|
| Yes | 12% |
| No | 88% |
- Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?**
- | | |
|--|-----|
| Yes | 20% |
| No | 9% |
| <i>Did not/do not have a drug or alcohol problem</i> | 71% |
- Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc) for your drug/alcohol problem, whilst in this prison?**
- | | |
|--|-----|
| Yes | 16% |
| No | 13% |
| <i>Did not/do not have a drug or alcohol problem</i> | 71% |
- Q6.13 Was the intervention or help you received, while in this prison, helpful?**
- | | |
|--|-----|
| Yes | 13% |
| No | 3% |
| <i>Did not have a problem/have not received help</i> | 84% |
- 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 | 8% | 73% | 19% |
| Alcohol | 2% | 83% | 15% |
- Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?**
- | | |
|-----------|-----|
| Yes | 16% |
| No | 13% |
| N/A..... | 71% |

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 | 59% |
| Vocational or skills training | 20% |
| Education (including basic skills) | 40% |
| Offending behaviour programmes | 26% |
| Not involved in any of these | 15% |
- 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 | 26% | 45% | 25% | 4% |
| Vocational or skills training | 54% | 39% | 2% | 5% |
| Education (including basic skills) | 33% | 53% | 14% | 0% |
| Offending behaviour programmes | 43% | 50% | 4% | 2% |
- Q7.3 How often do you go to the library?**
- | | |
|-------------------------------|-----|
| Don't want to go | 12% |
| Never | 7% |
| Less than once a week | 29% |
| About once a week | 21% |
| More than once a week | 23% |
| Don't know | 7% |
- Q7.4 On average how many times do you go to the gym each week?**
- | Don't want to go | 0 | 1 | 2 | 3 to 5 | More than 5 | Don't know |
|-------------------------|----|----|----|--------|-------------|------------|
| 20% | 9% | 2% | 2% | 57% | 6% | 4% |
- Q7.5 On average how many times do you go outside for exercise each week?**
- | Don't want to go | 0 | 1 to 2 | 3 to 5 | More than 5 | Don't know |
|-------------------------|----|--------|--------|-------------|------------|
| 8% | 3% | 21% | 27% | 39% | 2% |
- Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)**
- | | |
|-------------------------------|-----|
| Less than 2 hours | 5% |
| 2 to less than 4 hours | 7% |
| 4 to less than 6 hours | 12% |
| 6 to less than 8 hours | 24% |
| 8 to less than 10 hours | 22% |
| 10 hours or more | 20% |
| Don't know | 8% |
- Q7.7 On average, how many times do you have association each week?**
- | Don't want to go | 0 | 1 to 2 | 3 to 5 | More than 5 | Don't know |
|-------------------------|----|--------|--------|-------------|------------|
| 4% | 1% | 3% | 6% | 82% | 4% |

Q7.8	How often do staff normally speak to you during association time?	
	<i>Do not go on association</i>	4%
	<i>Never</i>	14%
	<i>Rarely</i>	20%
	<i>Some of the time</i>	41%
	<i>Most of the time</i>	15%
	<i>All of the time</i>	6%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	23%
	<i>In the first week</i>	48%
	<i>More than a week</i>	16%
	<i>Don't remember</i>	12%

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>
	23%	26%	23%	9%	11%	8%

Q8.3	Do you have a sentence plan/OASys?	
	<i>Not sentenced</i>	0%
	<i>Yes</i>	83%
	<i>No</i>	17%

Q8.4	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/OASys</i>	17%
	<i>Very involved</i>	22%
	<i>Involved</i>	27%
	<i>Neither</i>	4%
	<i>Not very involved</i>	18%
	<i>Not at all involved</i>	11%

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>	17%
	<i>Yes</i>	69%
	<i>No</i>	13%

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>	17%
	<i>Yes</i>	31%
	<i>No</i>	52%

- Q8.7 Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?**
Not sentenced..... 0%
Yes..... 40%
No..... 60%
- Q8.8 Do you feel that any member of staff has helped you to prepare for your release?**
Yes..... 21%
No..... 79%
- Q8.9 Have you had any problems with sending or receiving mail?**
Yes..... 31%
No..... 63%
Don't know..... 6%
- Q8.10 Have you had any problems getting access to the telephones?**
Yes..... 6%
No..... 93%
Don't know..... 1%
- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet..... 4%
Yes..... 39%
No..... 55%
Don't remember..... 2%
- Q8.12 How many visits did you receive in the last week?**

<i>Not been in a week</i>	0	1 to 2	3 to 4	5 or more
4%	55%	40%	1%	0%
- Q8.13 How are you and your family/friends usually treated by visits staff?**
Not had any visits..... 16%
Very well..... 28%
Well..... 29%
Neither..... 12%
Badly..... 6%
Very badly..... 3%
Don't know..... 6%
- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**
Yes..... 47%
No..... 53%

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

<i>Don't know who to contact</i>	37%	<i>Help with your finances in preparation for release</i>	33%
<i>Maintaining good relationships</i>	31%	<i>Claiming benefits on release</i>	53%
<i>Avoiding bad relationships</i>	24%	<i>Arranging a place at college/continuing education on release</i>	26%
<i>Finding a job on release</i>	30%	<i>Continuity of health services on release</i>	21%
<i>Finding accommodation on release</i>	46%	<i>Opening a bank account</i>	29%

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>	44%	<i>Help with your finances in preparation for release</i>	28%
<i>Maintaining good relationships</i>	10%	<i>Claiming benefits on release</i>	22%
<i>Avoiding bad relationships</i>	15%	<i>Arranging a place at college/continuing education on release</i>	18%
<i>Finding a job on release</i>	44%	<i>Continuity of health services on release</i>	9%
<i>Finding accommodation on release</i>	26%	<i>Opening a bank account</i>	34%

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>	0%
<i>Yes</i>	55%
<i>No</i>	45%

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	How old are you?	
	<i>Under 21</i>	0
	<i>21 - 29</i>	11
	<i>30 - 39</i>	4
	<i>40 - 49</i>	2
	<i>50 - 59</i>	1
	<i>60 - 69</i>	0
	<i>70 and over</i>	0
Q2	Are you a foreign national? (i.e., do not hold UK citizenship)	
	<i>Yes</i>	1
	<i>No</i>	17
Q3	What is your ethnic origin?	
	<i>White - British</i>	14
	<i>White - Irish</i>	0
	<i>White - other</i>	0
	<i>Black or black British - Caribbean</i>	0
	<i>Black or black British - African</i>	0
	<i>Black or black British - other</i>	1
	<i>Asian or Asian British - Indian</i>	0
	<i>Asian or Asian British - Pakistani</i>	2
	<i>Asian or Asian British - Bangladeshi</i>	0
	<i>Asian or Asian British - other</i>	0
	<i>Mixed race - white and black Caribbean</i>	1
	<i>Mixed race - white and black African</i>	0
	<i>Mixed race - white and Asian</i>	0
	<i>Mixed race - other</i>	0
	<i>Chinese</i>	0
	<i>Other ethnic group</i>	0
Q4	Do you consider yourself to have a disability?	
	<i>Yes</i>	1
	<i>No</i>	17
Q5	Which town did you live in before coming into prison on this sentence?	
Q6	Are you on recall?	
	<i>Yes</i>	4
	<i>No</i>	14

Q7	If yes, have you been told why you have been recalled?	
	Yes	4
	No.....	0
Q8	What is the length of your sentence?	
	1 year to less than 2 years	1
	2 years to less than 4 years.....	7
	4 years to less than 10 years	5
	10 years or more.....	0
	IPP.....	5
Q9	Approximately, how long do you have left to serve? (If you are serving an IPP sentence, please use the date of your next review board.)	
	6 months or less	6
	More than 6 months.....	11

Section 2: Reception and induction

Q10	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Housing problems	5
	Contacting employers	0
	Contacting family	2
	Feeling depressed or suicidal	1
	None of the above problems	13
Q11	If you have answered yes to any of the above, were you helped with that problem within the first 24 hours?	
		Yes No
	Housing problems	0 5
	Contacting employers	0 1
	Contacting family	2 0
	Feeling depressed or suicidal	0 1
Q12	How soon after your arrival did you receive an induction?	
	Did not receive an induction	1
	Within the first week.....	14
	More than a week.....	3
Q13	If you have been on an induction, did it cover everything you needed to know about the prison?	
	Yes	8
	No.....	9
Q14	How soon after your arrival did you receive a 'skills for life' assessment (education assessment)?	
	Did not receive a skills for life assessment	5
	Within the first week.....	6
	More than a week.....	7
Q15	How soon after your arrival did you have an interview with staff to ask if you needed help (e.g. for housing problems, contacting family, feeling depressed of suicidal)?	
	Did not receive an interview	3

Within the first week.....	9
More than a week.....	6

Section 3: Sentence planning

Q16	Do you have a sentence plan?	
	Yes	17
	No.....	1

If you have answered no to Q16, please go to Section 4

Q17	Were you involved in the development of your sentence plan?	
	Yes	12
	No.....	5
Q18	Has your sentence plan taken into account your individual needs?	
	Yes	9
	No.....	8
Q19	Can you achieve all or some of your sentence plan targets in this prison?	
	Yes	12
	No.....	5
Q20	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	Yes	7
	No.....	10
Q21	Are there plans for you to achieve all/ some of your sentence plan targets while on licence in the community?	
	Yes	11
	No.....	5
Q22	Have you had any meetings to discuss your sentence plan while in custody?	
	Yes	16
	No.....	1
Q23	If yes, who has attended these meetings? (Please tick all that apply to you.)	
	Offender supervisor	14
	Prison staff from other departments	6
	Offender manager	8
	Other agencies	4
Q24	If you have had meetings, were these meetings useful to you?	
	Yes	9
	No.....	6

Section 4: Offender manager

Q25	Do you have a named offender manager (home probation officer) in the Probation Service?	
	Yes	18

No..... 0

If you have answered no to Q25, please go to Section 5

Q26	Has your offender manager been in contact with you since you have been in custody?	
	Yes	16
	No.....	1
Q27	If yes, what type of contact have you had with your offender manager?	
	Letter.....	7
	Phone.....	6
	Visit.....	12
Q28	Has your offender manager changed since you have been in custody?	
	Yes	11
	No.....	6
Q29	Has your offender manager discussed your sentence plan with you?	
	<i>Do not have a sentence plan</i>	0
	Yes	14
	No.....	3
Q30	Do you think you have been supported by your offender manager while in custody?	
	Yes	11
	No.....	5

Section 5: Offender supervisor

Q31	Do you have an offender supervisor within this prison?	
	Yes	15
	No.....	3

If you have answered no to Q31, please go to Section 6

Q32	How often have you met with your offender supervisor?	
	About every week.....	0
	About every month or less.....	12
	Never	3
Q33	Do you think you have been supported by your offender supervisor in this prison?	
	Yes	8
	No.....	7

Section 6: Your time in custody

Q34	Do any any of the below issues need to be considered so that you can take full part in activities in this prison? (Please tick all that apply to you.)	
	<i>No issues</i>	10
	Religion.....	0
	Race	1

Disability	0
Language	0
Reading/writing skills	4
Other	1

Q35 If you have answered yes to any of the above; were these difficulties dealt with?

	Yes	No
Religion	0	0
Race	1	0
Disability	0	0
Language	0	0
Reading/writing skills	3	1
Other	0	1

Q36 Whilst in custody which of the following have you been helped with? (Please tick all that apply)

Housing	3
Education/training/employment	9
Money and debt	3
Relationships (e.g. family/partner).....	1
Lifestyle (e.g. friendships)	4
Drug use	6
Alcohol use	9
Emotional well-being (e.g. stress, feeling low)	2
Thinking skills (e.g. acting on impulse).....	8
Attitude to offending	8
Health.....	5
Not had any help	1

Q37 Has anyone done any work with you on basic skills?

Yes	6
No.....	5
Don't need it.....	6

Q38 Has anyone done any work with you on victim awareness?

Yes	12
No.....	5

Q39 If yes, how useful was the work you received on victim awareness?

Very Useful.....	8
Useful.....	2
Neither.....	0
Not very useful	2
Not at all useful.....	0

Q40 Has any member of staff helped you to address your offending behaviour while in custody?

Yes	9
No.....	9

Section 7: Resettlement

- Q41** **Has any member of staff helped you to prepare for your release while in custody?**
- Yes 1
- No..... 16
-
- Q42** **Do you think you will have a problem with the following on release from custody? (Please tick all that apply to you.)**
- Maintaining/avoiding relationships 3
- Finding a job 10
- Finding accommodation..... 7
- Money / finances..... 5
- Claiming benefits 6
- Arranging a place at college/continuing education..... 1
- Contacting external drug or alcohol agencies 2
- Accessing healthcare services 3
- Opening a bank account..... 3
- None of the above problems** 6
-
- Q43** **If you have answered yes to any of the above, have you had help with any of the following while in custody:**
- | | Yes | No |
|--|-----|----|
| Maintaining/avoiding relationships | 0 | 3 |
| Finding a job on release | 0 | 6 |
| Finding accommodation on release | 1 | 6 |
| Help with your finances in preparation for release | 1 | 2 |
| Claiming benefits on release | 1 | 5 |
| Arranging a place at college/continuing education on release | 0 | 1 |
| Contacting external drug or alcohol agencies on release | 1 | 1 |
| Continuity of healthcare on release | 0 | 3 |
| Opening a bank account | 0 | 3 |
-
- Q44** **Have you done anything, or has anything happened to you during custody that you think will make you less likely to offend in the future?**
- Yes 14
- No..... 4

Thank you for completing this survey



Prisoner Survey Responses HMP Wolds 2009

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

Key to tables

	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
Number of completed questionnaires returned		105	3810	105	96
SECTION 1: General information					
2	Are you under 21 years of age?	0%	1%	0%	1%
3a	Are you sentenced?	100%	100%	100%	100%
3b	Are you on recall?	8%	9%	8%	0%
4a	Is your sentence less than 12 months?	5%	5%	5%	1%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	13%	3%	13%	
5	Do you have six months or less to serve?	35%	37%	35%	22%
6	Have you been in this prison less than a month?	9%	7%	9%	
7	Are you a foreign national?	6%	13%	6%	9%
8	Is English your first language?	98%	90%	98%	96%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	21%	27%	21%	12%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	3%	5%	
11	Are you Muslim?	11%	11%	11%	
12	Are you homosexual/gay or bisexual?	3%	4%	3%	
13	Do you consider yourself to have a disability?	12%	14%	12%	
14	Is this your first time in prison?	26%	34%	26%	31%
15	Have you been in more than five prisons this time?	20%	12%	20%	
16	Do you have any children under the age of 18?	51%	55%	51%	52%
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?	52%	53%	52%	46%
1b	Was your personal safety during the journey good/very good?	60%	62%	60%	65%
1c	Was the comfort of the van good/very good?	15%	18%	15%	18%
1d	Was the attention paid to your health needs good/very good?	29%	32%	29%	27%
1e	Was the frequency of toilet breaks good/very good?	12%	13%	12%	6%
2	Did you spend more than four hours in the van?	7%	9%	7%	7%
3	Were you treated well/very well by the escort staff?	79%	67%	79%	70%
4a	Did you know where you were going when you left court or when transferred from another prison?	89%	82%	89%	94%
4b	Before you arrived here did you receive any written information about what would happen to you?	40%	17%	40%	14%
4c	When you first arrived here did your property arrive at the same time as you?	92%	88%	92%	91%

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		HMP Wolds 2009	Cat C trainer prisons comparator	HMP Wolds 2009	HMP Wolds 2004
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?	16%	15%	16%	
1c	Housing problems?	26%	21%	26%	
1d	Problems contacting employers?	15%	10%	15%	
1e	Problems contacting family?	57%	46%	57%	
1f	Problems ensuring dependants were looked after?	16%	12%	16%	
1g	Money problems?	15%	16%	15%	
1h	Problems of feeling depressed/suicidal?	59%	49%	59%	
1i	Health problems?	68%	61%	68%	
1j	Problems in needing protection from other prisoners?	23%	19%	23%	
1k	Problems accessing phone numbers?	46%	39%	46%	
2	When you first arrived:				
2a	Did you have any problems?	48%	59%	48%	32%
2b	Did you have any problems with loss of property?	13%	14%	13%	12%
2c	Did you have any housing problems?	11%	16%	11%	6%
2d	Did you have any problems contacting employers?	5%	4%	5%	3%
2e	Did you have any problems contacting family?	12%	21%	12%	7%
2f	Did you have any problems ensuring dependants were being looked after?	1%	5%	1%	3%
2g	Did you have any money worries?	8%	16%	8%	7%
2h	Did you have any problems with feeling depressed or suicidal?	11%	14%	11%	5%
2i	Did you have any health problems?	25%	18%	25%	7%
2j	Did you have any problems with needing protection from other prisoners?	2%	5%	2%	1%
2k	Did you have problems accessing phone numbers?	14%	20%	14%	
3a	Were you seen by a member of health services in reception?	83%	89%	83%	92%
3b	When you were searched in reception, was this carried out in a respectful way?	84%	75%	84%	78%
4	Were you treated well/very well in reception?	79%	71%	79%	91%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	63%	52%	63%	63%
5b	Information about what support was available for people feeling depressed or suicidal?	63%	45%	63%	63%
5c	Information about how to make routine requests?	56%	40%	56%	58%
5d	Information about your entitlement to visits?	64%	46%	64%	72%
5e	Information about health services?	72%	62%	72%	
5f	Information about the chaplaincy?	73%	54%	73%	

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SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	91%	81%	91%	86%
6b	The opportunity to have a shower?	74%	40%	74%	83%
6c	The opportunity to make a free telephone call?	73%	49%	73%	56%
6d	Something to eat?	91%	77%	91%	91%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	73%	49%	73%	74%
7b	Someone from health services?	89%	75%	89%	91%
7c	A Listener/Samaritans?	53%	30%	53%	63%
8	Did you have access to the prison shop/canteen within the first 24 hours?	21%	24%	21%	39%
9	Did you feel safe on your first night here?	94%	83%	94%	96%
10	Have you been on an induction course?	82%	93%	82%	86%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	67%	64%	67%	70%
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?	65%	50%	65%	
1b	Attend legal visits?	75%	55%	75%	
1c	Obtain bail information?	24%	19%	24%	
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	25%	41%	25%	18%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	37%	62%	37%	66%
3b	Are you normally able to have a shower every day?	99%	94%	99%	100%
3c	Do you normally receive clean sheets every week?	46%	83%	46%	71%
3d	Do you normally get cell cleaning materials every week?	86%	75%	86%	91%
3e	Is your cell call bell normally answered within five minutes?	49%	40%	49%	62%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	84%	70%	84%	84%
3g	Can you normally get your stored property, if you need to?	43%	30%	43%	60%
4	Is the food in this prison good/very good?	38%	30%	38%	17%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	47%	44%	46%
6a	Is it easy/very easy to get a complaints form?	86%	85%	86%	88%
6b	Is it easy/very easy to get an application form?	93%	89%	93%	91%
7	Have you made an application?	80%	86%	80%	60%

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SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	51%	60%	51%	54%
8b	Do you feel applications are dealt with promptly (within seven days)?	49%	53%	49%	61%
9	Have you made a complaint?	58%	56%	58%	60%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	28%	35%	28%	41%
10b	Do you feel complaints are dealt with promptly (within seven days)?	47%	40%	47%	50%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	28%	24%	28%	19%
10c	Were you given information about how to make an appeal?	30%	31%	30%	44%
12	Is it easy/very easy to see the Independent Monitoring Board?	29%	39%	29%	41%
13	Are you on the enhanced (top) level of the IEP scheme?	68%	60%	68%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	63%	49%	63%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	56%	46%	56%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	4%	7%	4%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	13%	12%	13%	
13a	Do you feel your religious beliefs are respected?	42%	56%	42%	56%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	57%	59%	57%	60%
14	Are you able to speak to a Listener at any time if you want to?	66%	63%	66%	81%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	79%	73%	79%	82%
15b	Do most staff, in this prison, treat you with respect?	80%	75%	80%	93%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	23%	30%	23%	20%
2	Do you feel unsafe in this prison at the moment?	12%	14%	12%	
4	Have you been victimised by another prisoner?	17%	20%	17%	18%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	9%	10%	9%	9%
5b	Hit, kicked or assaulted you?	2%	5%	2%	6%
5c	Sexually abused you?	0%	1%	0%	0%
5d	Victimised you because of your race or ethnic origin?	2%	4%	2%	2%
5e	Victimised you because of drugs?	3%	3%	3%	0%
5f	Taken your canteen/property?	2%	3%	2%	1%
5g	Victimised you because you were new here?	4%	4%	4%	3%
5h	Victimised you because of your sexuality?	1%	1%	1%	
5i	Victimised you because you have a disability?	0%	2%	0%	
5j	Victimised you because of your religion/religious beliefs?	1%	3%	1%	
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%	3%
5m	Victimised you because of your offence/crime?	0%	3%	0%	
5n	Victimised you because of gang related issues?	5%	4%	5%	

Key to tables

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		HMP Wolds 2009	Cat C trainer prisons comparator	HMP Wolds 2009	HMP Wolds 2004
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	19%	21%	19%	12%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	8%	10%	8%	8%
7b	Hit, kicked or assaulted you?	0%	3%	0%	0%
7c	Sexually abused you?	0%	1%	0%	0%
7d	Victimised you because of your race or ethnic origin?	6%	5%	6%	2%
7e	Victimised you because of drugs?	5%	3%	5%	2%
7f	Victimised you because you were new here?	1%	4%	1%	2%
7g	Victimised you because of your sexuality?	1%	1%	1%	
7h	Victimised you because you have a disability?	0%	2%	0%	
7i	Victimised you because of your religion/religious beliefs?	5%	3%	5%	
7j	Victimised you because of your age?	1%	1%	1%	
7k	Victimised you because you were from a different part of the country?	5%	4%	5%	2%
7l	Victimised you because of your offence/crime?	2%	4%	2%	
7m	Victimised you because of gang related issues?	3%	2%	3%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	48%	38%	48%	33%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	17%	22%	17%	
10	Have you ever felt threatened or intimidated by a member of staff in here?	15%	18%	15%	
11	Is it easy/very easy to get illegal drugs in this prison?	48%	34%	48%	9%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	45%	38%	45%	
1b	Is it easy/very easy to see the nurse?	75%	64%	75%	
1c	Is it easy/very easy to see the dentist?	9%	15%	9%	
1d	Is it easy/very easy to see the optician?	12%	19%	12%	
2	Are you able to see a pharmacist?	60%	51%	60%	
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?	55%	53%	55%	61%
3b	The nurse?	73%	66%	73%	93%
3c	The dentist?	44%	46%	44%	51%
3d	The optician?	39%	49%	39%	58%
4	The overall quality of health services?	52%	48%	52%	65%

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Healthcare continued					
5	Are you currently taking medication?	40%	42%	40%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	68%	89%	68%	
7	Do you feel you have any emotional well-being/mental health issues?	20%	25%	20%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	35%	35%	35%	
8b	A doctor?	30%	34%	30%	
8c	A nurse?	15%	19%	15%	
8d	A psychiatrist?	20%	16%	20%	
8e	The mental health in-reach team?	30%	31%	30%	
8f	A counsellor?	10%	11%	10%	
9a	Did you have a drug problem when you came into this prison?	20%	17%	20%	6%
9b	Did you have an alcohol problem when you came into this prison?	12%	10%	12%	0%
10a	Have you developed a drug problem since you have been in this prison?	12%	12%	12%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	69%	87%	69%	
12	Have you received any help or intervention while in this prison?	55%	74%	55%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	81%	71%	81%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	27%	22%	27%	6%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	17%	16%	17%	4%
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?	55%	57%	55%	48%

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		HMP Wolds 2009	Cat C trainer prisons comparator	HMP Wolds 2009	HMP Wolds 2004
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	59%	63%	59%	
1b	Vocational or skills training?	20%	19%	20%	
1c	Education (including basic skills)?	40%	31%	40%	
1d	Offending behaviour programmes?	26%	17%	26%	
2ai	Have you had a job while in this prison?	74%	85%	74%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	61%	47%	61%	
2bi	Have you been involved in vocational or skills training while in this prison?	46%	69%	46%	
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?	84%	82%	84%	
2ci	Have you been involved in education while in this prison?	67%	80%	67%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	79%	75%	79%	
2di	Have you been involved in offending behaviour programmes while in this prison?	57%	57%	57%	
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?	89%	61%	89%	
3	Do you go to the library at least once a week?	45%	46%	45%	50%
4	On average, do you go to the gym at least twice a week?	65%	53%	65%	77%
5	On average, do you go outside for exercise three or more times a week?	66%	51%	66%	57%
6	On average, do you spend ten or more hours out of your cell on a weekday?	20%	16%	20%	47%
7	On average, do you go on association more than five times each week?	82%	76%	82%	86%
8	Do staff normally speak to you most of the time/all of the time during association?	21%	19%	21%	38%
SECTION 8: Resettlement					
1	Do you have a personal officer?	77%	73%	77%	91%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	64%	64%	64%	80%
For those who are sentenced:					
3	Do you have a sentence plan?	83%	63%	83%	89%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	59%	61%	59%	79%
5	Can you achieve some/all of your sentence plan targets in this prison?	84%	68%	84%	
6	Are there plans for you to achieve some/all your targets in another prison?	37%	37%	37%	
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?	40%	30%	40%	
8	Do you feel that any member of staff has helped you to prepare for release?	21%	17%	21%	
9	Have you had any problems with sending or receiving mail?	31%	37%	31%	23%
10	Have you had any problems getting access to the telephones?	6%	20%	6%	6%
11	Did you have a visit in the first week that you were here?	39%	24%	39%	48%
12	Did you receive one or more visits in the last week?	41%	30%	41%	

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Resettlement continued					
For those who have had visits:					
13	How are you and your family/friends usually treated by visits staff? (Very well/well)	67%	50%	67%	
14	Have you been helped to maintain contact with family/friends while in this prison?	47%	38%	47%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	31%	16%	31%	
15c	Avoiding bad relationships?	24%	11%	24%	
15d	Finding a job on release?	30%	45%	30%	59%
15e	Finding accommodation on release?	46%	46%	46%	63%
15f	With money/finances on release?	33%	32%	33%	51%
15g	Claiming benefits on release?	54%	46%	54%	59%
15h	Arranging a place at college/continuing education on release?	26%	33%	26%	47%
15i	Accessing health services on release?	21%	36%	21%	49%
15j	Opening a bank account on release?	29%	29%	29%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	10%	14%	10%	
16c	Avoiding bad relationships?	15%	14%	15%	
16d	Finding a job?	44%	45%	44%	
16e	Finding accommodation?	26%	40%	26%	
16f	Money/finances?	29%	39%	29%	
16g	Claiming benefits?	22%	30%	22%	
16h	Arranging a place at college/continuing education?	18%	24%	18%	
16i	Accessing health services?	9%	20%	9%	
16j	Opening a bank account?	34%	35%	34%	
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?	55%	57%	55%	52%



Prisoner OM Survey Responses HMP Wolds 2009

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

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Number of completed questionnaires returned		18	107	18	549
SECTION 1: General information					
1	Are you under 21 years of age?	0%	0%	0%	12%
2	Are you a foreign national?	6%	9%	6%	9%
3	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	22%	26%	22%	25%
4	Do you consider yourself to have a disability?	6%	18%	6%	19%
5	Is this prison in your home probation area?	24%	0%	24%	24%
6	Are you on recall?	22%	9%	22%	18%
7	Were you sentenced to less than two years?	6%	9%	6%	12%
8	Do you have six months or less to serve?	35%	28%	35%	28%
SECTION 2: Reception and induction					
9	Did you have any of the following problems when you first arrived here:				
9a	Housing problems?	29%	61%	28%	28%
9b	Problems contacting employers?	0%	17%	0%	10%
9c	Problems contacting family?	11%	17%	11%	17%
9d	Problems of feeling depressed/suicidal?	6%	39%	6%	22%
9e	None of the above problems?	72%	28%	72%	49%
For those who have been on an induction course:					
10	Did you go on an induction within the first week?	82%	82%	82%	74%
11	If you have been on an induction, did it cover everything you needed to know about the prison?	47%	64%	47%	67%
For those who have received a basic skills assessment:					
12	Did you receive a 'basic skills' assessment within the first week?	46%	64%	46%	43%
13	After arrival into this prison did you have an interview with staff to ask if you needed help (e.g. for housing problems, contacting family, feeling depressed or suicidal)?	83%	74%	83%	53%
SECTION 3: Sentence planning					
14	Do you have a sentence plan?	94%	82%	94%	72%
For those who have a sentence plan:					
15	Were you involved in the development of your sentence plan?	71%	66%	71%	74%
16	Has your sentence plan taken into account your individual needs?	53%	60%	53%	61%
17	Can you achieve all or some of your sentence plan targets in this prison?	71%	74%	71%	70%
18	Are there plans for you to achieve some/all your targets in another prison?	41%	28%	41%	33%
19	Are there plans for you to achieve some/all your targets while on licence in the community?	69%	37%	69%	42%
20	Have you had any meetings to discuss your sentence plan while in custody?	94%	75%	94%	83%

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		HMP Wolds	Cat C trainer comparator	HMP Wolds	Overall comparator
21	If you have had sentence planning meetings did any of the following attend:				
21a	Offender supervisor?	88%	67%	88%	58%
21b	Prison staff from other departments?	38%	31%	38%	28%
21c	Offender manager?	50%	54%	50%	49%
21d	Anyone from other agencies?	25%	7%	25%	19%
22	Were these meetings useful to you?	60%	63%	60%	65%
SECTION 4: Offender manager					
23	Do you have a named offender manager in the probation service?	100%	92%	####	89%
For those who have an offender manager:					
24	Has your offender manager been in contact with you since you have been in custody?	94%	81%	94%	78%
25	If you have had contact from your offender manager, what type of contact was it:				
25a	Contact by letter?	44%	66%	44%	48%
25b	Contact by phone?	38%	19%	38%	24%
25c	A visit to the prison?	75%	73%	75%	68%
26	Has your offender manager changed since you have been in custody?	65%	32%	65%	40%
For those who have a sentence plan:					
27	Has your offender manager discussed your sentence plan with you?	82%	63%	82%	70%
28	Do you think you have been supported by your offender manager while in prison?	69%	30%	69%	42%
SECTION 5: Offender supervisor					
29	Do you have an offender supervisor within this prison?	83%	77%	83%	71%
For those who have an offender supervisor:					
30	Do you meet with your offender supervisor every week?	0%	2%	0%	12%
31	Do you think you have been supported by your offender supervisor while in prison?	53%	41%	53%	54%
SECTION 6: Your time in custody					
32	Have any of the following made it more difficult to take full part in the activities in custody:				
32a	No issues?	63%	53%	63%	66%
32b	Difficulties with religion?	0%	13%	0%	9%
32b	Difficulties with race?	6%	13%	6%	7%
32c	Difficulties with a disability?	0%	13%	0%	8%
32d	Difficulties with language?	0%	13%	0%	2%
32e	Difficulties with reading/writing skills?	25%	20%	25%	11%
32f	Difficulties with other issues?	6%	13%	6%	6%

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		HMP Wolds	Cat C trainer comparator	HMP Wolds	Overall comparator
33	While in custody have you been helped with any of the following:				
33a	Housing?	17%	12%	17%	12%
33b	Eductaion/training/employment?	50%	58%	50%	57%
33c	Money and debt?	17%	8%	17%	7%
33d	Relationships (e.g. family/partner)?	6%	15%	6%	14%
33e	Lifestyle (e.g. friendships)?	22%	12%	22%	14%
33f	Drug use?	33%	42%	33%	37%
33g	Alcohol use?	50%	27%	50%	24%
33h	Emotional well-being?	11%	18%	11%	23%
33i	Thinking skills?	44%	41%	44%	38%
33j	Attitude to offending?	44%	31%	44%	32%
33k	Health?	28%	40%	28%	35%
33l	Not had any help?	6%	10%	6%	15%
34	Has anyone done any work with you on basic skills?	55%	67%	55%	54%
35	Has anyone done any work with you on victim awareness?	71%	28%	71%	32%
36	Has any member of staff helped you to address your offending behaviour while in custody?	50%	33%	50%	38%
SECTION 7: Resettlement					
37	Has any member of staff helped to prepare for your release while in custody?	6%	10%	6%	15%
38	Do you think you will have a problem with the following on release from custody:				
38a	Problems maintaining/avoiding good relationships?	18%	26%	18%	19%
38b	Problems finding a job?	59%	63%	59%	61%
38c	Finding accommodation?	41%	58%	41%	47%
38d	Problems with money/finances?	29%	37%	29%	38%
38e	Problems claiming benefits?	35%	58%	35%	38%
38f	Problems arranging a place at college / continuing education?	6%	37%	6%	23%
38g	Problems contacting external drug or alcohol agencies?	12%	21%	12%	11%
38h	Problems accessing healthcare services?	18%	26%	18%	14%
38i	Problems opening a bank account?	18%	32%	18%	29%
38j	None of the above problems?	35%	21%	35%	22%
39	Have you done anything, or has anything happened to you during custody that you think will make you less likely to offend in future?	78%	69%	78%	66%



Key questions (disability analysis) HMP Wolds 2009

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

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Number of completed questionnaires returned		12	91
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	11%	6%
1.8	Is English your first language?	100%	98%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	9%	23%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	9%	4%
1.11	Are you Muslim?	9%	11%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	10%	29%
2.1d	Was the attention paid to your health needs good/very good?	18%	30%
2.3	Were you treated well/very well by the escort staff?	83%	78%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	75%	90%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	63%	58%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	73%	59%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	83%	68%
3.2a	Did you have any problems when you first arrived?	63%	46%
3.3a	Were you seen by a member of healthcare staff in reception?	91%	81%
3.3b	When you were searched in reception, was this carried out in a respectful way?	75%	84%
3.4	Were you treated well/very well in reception?	75%	79%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	91%	90%
3.9	Did you feel safe on your first night here?	84%	95%
3.10	Have you been on an induction course?	91%	82%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	63%	65%

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4.3a	Are you normally offered enough clean, suitable clothes for the week?	54%	33%
4.3b	Are you normally able to have a shower every day?	100%	99%
4.3e	Is your cell call bell normally answered within five minutes?	60%	47%
4.4	Is the food in this prison good/very good?	63%	35%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	43%
4.6a	Is it easy/very easy to get a complaints form?	81%	88%
4.6b	Is it easy/very easy to get an application form?	100%	92%
4.9	Have you made a complaint?	60%	59%
4.13	Are you on the enhanced (top) level of the IEP scheme?	50%	70%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	50%	65%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	58%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	5%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	11%	14%
4.17a	Do you feel your religious beliefs are respected?	63%	39%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	58%	56%
4.18	Are you able to speak to a Listener at any time if you want to?	60%	66%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	81%	79%
4.19b	Do most staff, in this prison, treat you with respect?	81%	81%
5.1	Have you ever felt unsafe in this prison?	19%	23%
5.2	Do you feel unsafe in this prison at the moment?	11%	12%
5.4	Have you been victimised by another prisoner?	27%	16%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%
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)	0%	1%
5.6	Have you been victimised by a member of staff?	11%	19%

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5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	7%
5.7h	Victimised you because you have a disability?	0%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	6%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	19%	17%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	11%	16%
5.11	Is it easy/very easy to get illegal drugs in this prison?	81%	45%
6.1a	Is it easy/very easy to see the doctor?	21%	46%
6.1b	Is it easy/ very easy to see the nurse?	79%	74%
6.2	Are you able to see a pharmacist?	50%	62%
6.5	Are you currently taking medication?	81%	37%
6.7	Do you feel you have any emotional well-being/mental health issues?	50%	17%
7.1a	Are you currently working in the prison?	50%	61%
7.1b	Are you currently undertaking vocational or skills training?	11%	21%
7.1c	Are you currently in education (including basic skills)?	41%	39%
7.1d	Are you currently taking part in an offending behaviour programme?	19%	27%
7.3	Do you go to the library at least once a week?	56%	44%
7.4	On average, do you go to the gym at least twice a week?	50%	68%
7.5	On average, do you go outside for exercise three or more times a week?	50%	69%
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.)	12%	21%
7.7	On average, do you go on association more than five times each week?	70%	84%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	60%	17%
8.1	Do you have a personal officer?	89%	75%
8.9	Have you had any problems sending or receiving mail?	41%	31%
8.10	Have you had any problems getting access to the telephones?	30%	3%



Key question responses (ethnicity and religion) HMP Wolds 2009

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

Key to tables

	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
		BME prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
Number of completed questionnaires returned		21	81	11	93
1.3	Are you sentenced?	100%	100%	100%	100%
1.7	Are you a foreign national?	9%	5%	18%	5%
1.8	Is English your first language?	94%	99%	90%	99%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?			100%	11%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	6%	0%	6%
1.11	Are you Muslim?	53%	0%		
1.12	Do you consider yourself to have a disability?	5%	14%	10%	12%
1.13	Is this your first time in prison?	28%	25%	27%	26%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	19%	32%	0%	33%
2.3	Were you treated well/very well by the escort staff?	67%	82%	73%	79%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	91%	88%	90%	88%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	67%	54%	54%	58%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	67%	56%	46%	60%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	81%	65%	73%	67%
3.2a	Did you have any problems when you first arrived?	66%	42%	85%	43%
3.3a	Were you seen by a member of healthcare staff in reception?	81%	84%	83%	83%
3.3b	When you were searched in reception, was this carried out in a respectful way?	62%	89%	63%	86%
3.4	Were you treated well/very well in reception?	67%	81%	63%	81%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	81%	93%	83%	90%
3.9	Did you feel safe on your first night here?	85%	96%	90%	94%
3.10	Have you been on an induction course?	81%	82%	73%	83%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	76%	62%	90%	63%

Key to tables

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		BME prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
4.3a	Are you normally offered enough clean, suitable clothes for the week?	28%	39%	27%	38%
4.3b	Are you normally able to have a shower every day?	95%	100%	100%	99%
4.3e	Is your cell call bell normally answered within five minutes?	33%	53%	27%	52%
4.4	Is the food in this prison good/very good?	24%	43%	18%	41%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	30%	49%	27%	47%
4.6a	Is it easy/very easy to get a complaints form?	76%	89%	73%	88%
4.6b	Is it easy/very easy to get an application form?	80%	96%	83%	94%
4.9	Have you made a complaint?	76%	54%	73%	56%
4.13	Are you on the enhanced (top) level of the IEP scheme?	62%	71%	54%	71%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	47%	69%	27%	69%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	59%	41%	59%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	4%	10%	3%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	22%	12%	30%	11%
4.17a	Do you feel your religious beliefs are respected?	33%	44%	10%	46%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	60%	57%	54%	58%
4.18	Are you able to speak to a Listener at any time if you want to?	43%	71%	27%	70%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	58%	83%	41%	83%
4.19b	Do most staff, in this prison, treat you with respect?	62%	85%	54%	83%
5.1	Have you ever felt unsafe in this prison?	39%	18%	37%	21%
5.2	Do you feel unsafe in this prison at the moment?	33%	5%	27%	10%
5.4	Have you been victimised by another prisoner?	28%	14%	27%	16%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	0%	18%	0%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	0%	0%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	0%	10%	0%
5.6	Have you been victimised by a member of staff?	35%	16%	50%	16%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	25%	1%	41%	2%

Key to tables

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	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
5.7h	Have you been victimised because you have a disability? (By staff)	0%	0%	0%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	15%	3%	30%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	30%	14%	30%	16%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	25%	12%	19%	14%
5.11	Is it easy/very easy to get illegal drugs in this prison?	42%	47%	67%	46%
6.1a	Is it easy/very easy to see the doctor?	47%	43%	27%	47%
6.1b	Is it easy/ very easy to see the nurse?	76%	73%	73%	75%
6.2	Are you able to see a pharmacist?	55%	61%	67%	60%
6.5	Are you currently taking medication?	53%	38%	63%	38%
6.7	Do you feel you have any emotional well-being/mental health issues?	15%	20%	10%	21%
7.1a	Are you currently working in the prison?	65%	58%	54%	60%
7.1b	Are you currently undertaking vocational or skills training?	15%	22%	0%	23%
7.1c	Are you currently in education (including basic skills)?	35%	42%	27%	42%
7.1d	Are you currently taking part in an offending behaviour programme?	20%	28%	10%	28%
7.3	Do you go to the library at least once a week?	55%	43%	54%	44%
7.4	On average, do you go to the gym at least twice a week?	80%	62%	83%	63%
7.5	On average, do you go outside for exercise three or more times a week?	80%	63%	100%	61%
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.)	21%	21%	27%	20%
7.7	On average, do you go on association more than five times each week?	75%	84%	83%	82%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	20%	21%	27%	21%
8.1	Do you have a personal officer?	65%	79%	46%	80%
8.9	Have you had any problems sending or receiving mail?	50%	25%	46%	29%
8.10	Have you had any problems getting access to the telephones?	10%	5%	18%	5%