

Report on an unannounced full follow-up
inspection of

HMP Woodhill

16 – 20 November 2009

by HM Chief Inspector of Prisons

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Contents

Introduction	5
Fact page	7
1 Healthy prison summary and progress on main recommendations	9
<hr/>	
2 Progress on other recommendations	
<hr/>	
1 Arrival in custody	21
2 Environment and relationships	29
3 Duty of care	41
4 Diversity	53
5 Health services	65
6 Activities	79
7 Good order	87
8 Services	93
9 Resettlement	99
3 Summary of recommendations	115
<hr/>	
4 Appendices	
<hr/>	
I Inspection team	134
II Prison population profile	135
III Wing history sheet analysis	138
IV Summary of prisoner questionnaires	143

Introduction

Woodhill is one of three 'core local' prisons – prisons that are managed within the high security estate and can hold category A prisoners as well as the lower-risk population characteristic of other local prisons. It is not easy to meet the needs of both kinds of prisoner: providing sufficient security for those who require it, without this being too intrusive or stifling opportunities and support for the majority population. The last inspection found that Woodhill had risen to the challenge well, but that the absence of sufficient purposeful activity – in a prison built without any workshops – was a considerable concern. This inspection found that progress had been largely maintained, but so had the deficit in activity.

Woodhill remained a reasonably safe prison, with little use of segregation and sound suicide prevention procedures. Drug use was reasonably low and clinical management of substance users was developing. However, procedures to support prisoners in the early days of custody needed some attention. Reception was too small, not all prisoners were able to benefit from the first night centre, and the induction regime was poor and unsupportive. These are important weaknesses in a prison receiving prisoners directly from court.

Woodhill benefits from some of the best-designed residential accommodation in the prison system – though it also suffers from the overcrowding that means two prisoners share a small, underfurnished cell. Relationships between staff and prisoners were mostly good, and were excellent in the close supervision unit (CSC), which holds some of the most dangerous and challenging men in the prison system. We were, however, concerned at an apparent change of criteria for the CSC, which appeared to have broadened the range of eligible prisoners.

Diversity provision was developing, and the chaplaincy was undertaking some innovative work with some Muslim prisoners. Residential staff, however, lacked confidence in dealing with race and cultural issues. Health services remained of considerable concern, with poor primary mental health services, ineffective appointments and medication administration systems, and no clear governance structures. This was now beginning to be tackled by the prison and the primary care trust.

Resettlement work was reasonable, with effective offender management for those in scope, but a limited service for other prisoners. Some services, such as accommodation and finance, were good, but others, such as work with children and families and support for adult problem drinkers, needed further development.

The key problem at Woodhill remained the shortage of activity places able to provide the education, training and work that prisoners need. Moreover, not all the available spaces were filled. We found nearly half the population locked in their cells during one morning session. Fewer than one in 10 prisoners accessed vocational training, and of the 450 activity spaces available, over a third involved only wing-based activity. This was a considerable frustration to managers, who had made a number of unsuccessful bids for increased capacity, and hoped to be able to increase workshop space soon.

Woodhill had largely maintained its progress since the last inspection. It is a largely safe place, providing appropriate levels of security for a very diverse population, and with improved staff-prisoner relationships. Health services remain a significant concern, and need urgent attention. The most significant deficit, however, is in activity. It is astonishing that a prison opened less than 20 years ago was built without a single workshop space – depriving many prisoners of the chance to obtain essential employability skills. Even at a time of shrinking resources, it should

be a priority to remedy this.

Anne Owers
HM Chief Inspector of Prisons

April 2010

Fact page

Task of the establishment

HMP Woodhill is a core local prison within the high security estate. Situated in the outskirts of Milton Keynes, the prison accommodates a wide variety of prisoners, including remand and convicted, adults and young prisoners, who are categorised from category 'D' to high risk category 'A'. HMP Woodhill's prime role is to serve the Crown and associated magistrates courts within their allotted area.

Area organisation

High Security Directorate with links to South central area

Number held

790

Certified normal accommodation

661

Operational capacity

819

Last inspection

September 2007

Brief history

Woodhill was opened in 1992 and was the last prison to be built by the public sector. The design of Woodhill is unique. The style is known as 'new generation', a term given to the spacious units that hold residential accommodation. Each separate residential unit is broken down into designated house units. These hold different types of prisoners, depending on the function of that house unit.

Description of residential units

Residential groups

Each house unit is divided into two wings, A and B (with the exception of house unit 5, which is a Bedford build, and house unit 6, which has five discrete wings). Each wing on the main house units is designed to hold 60 prisoners in single cells. Some of these cells have been converted into doubles.

House unit 1: Detoxification and maintenance unit

House unit 1 houses adult males subject to maintenance programmes and detoxification, alongside remand and convicted prisoners. HU1A is a methadone maintenance unit and HU1B houses prisoners subject to detoxification using suboxone.

House unit 2

House unit 2A is the designated young prisoner unit, housing young men aged from 18–21 years in single and double accommodation.

House unit 2B is currently an adult wing, housing remand and convicted men aged 21 and over.

House unit 3

House unit 3 houses a mix of remand and convicted prisoners on both wings.

House unit 4

House unit 4A houses a mix of adult remand and convicted prisoners.

House unit 4B is the establishment vulnerable prisoner unit, housing adult males, including category A prisoners.

The first night centre

The first night centre receives all new prisoners into custody at Woodhill and cares for them for the first few days in custody before moving to the induction unit. The unit comprises 28 cells. The first night centre ensures that all prisoners are assessed on arrival at Woodhill, including an initial health screen. The unit houses all prisoners aged 18 and over, regardless of status, on their first night at Woodhill.

House unit 5

House unit 5 was an additional unit that was built after the main prison. The unit comprises 51 cells, but all are purpose built for two prisoners. House unit 5 is used as the induction unit. When a prisoner is received into custody for the first time or on a new sentence, he is placed on this unit for induction.

House unit 6/Close supervision centre (CSC)

House unit 6 comprises five wings (A to E). A wing is the CSC wing and national assessment centre. The prisoners who are located on A wing are deemed to be the most violent and disruptive within the whole prison system. B and C wings hold category A and B prisoners in small units up to a maximum of 16 prisoners. House unit 6 D and E are part of a national protected witness scheme.

Healthy prison summary

Introduction

- HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:
- | | |
|----------------------------|---|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- **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.
- HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a

reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

- HP4 At the last inspection in 2007 we found that Woodhill was performing reasonably well against the healthy prison test of safety. We made 28 recommendations, of which eight had been achieved, 10 had been partially achieved and 10 were not achieved. We have made 40 further recommendations.
- HP5 In 2007 we found that Woodhill was not performing sufficiently well against the healthy prison test of respect. We made 113 recommendations, of which 47 had been achieved, 33 had been partially achieved, 32 were not achieved and one was no longer relevant. We have made 119 further recommendations.
- HP6 In 2007 we found that Woodhill was performing poorly against the healthy prison test of purposeful activity. We made 16 recommendations, of which six had been achieved, two had been partially achieved and eight were not achieved. We have made 11 further recommendations.
- HP7 In 2007 we found that Woodhill was performing reasonably well against the healthy prison test of resettlement. We made 48 recommendations, of which 27 had been achieved, six had been partially achieved, 13 were not achieved and two were no longer relevant. We have made 25 further recommendations.

Safety

- HP8 Reception was too small but welcoming. Most but not all new prisoners were quickly moved to the first night centre, where staff and the environment were respectful. The induction process was poor and the unit unsupportive. Violence reduction measures were underdeveloped but most prisoners felt safe and the quality of self-harm and suicide measures was mostly good. There was little use of segregation but use of force required better governance. Although the integrated drug treatment system had yet to be implemented, the clinical management of substance misuse on house block 1 was good. On the basis of this full follow-up inspection, we considered that the establishment was performing reasonably well against this healthy prison test.
- HP9 Prisoners were held in court cells for long periods before coming to the establishment. No food was offered on journeys and there was little evidence of comfort breaks or access to toilet facilities. Reception was inadequate for the number of prisoners passing through. It was poorly designed, resulting in delays in processing prisoners. The area was clean and reasonably well maintained. All prisoners were handcuffed between vans and reception. Staff were respectful and good humoured. There were good systems for identifying and offering appropriate support to vulnerable and high-risk prisoners and those in custody for the first time. One-to-one interviews and strip-searching were not carried out in sufficient privacy. Staff moved prisoners quickly to first night accommodation once reception procedures were completed.
- HP10 The first night centre was clean and cells were prepared for new arrivals. Insiders and Listeners were on hand to assist. Staff were polite, respectful and mindful of the risks posed by first timers and vulnerable prisoners. Operation of the unit was hampered by the management of non-first night prisoners, which had resulted in new receptions being located off the unit. A considerable amount of first night information was

available in foreign languages. In-depth interviews took place on the next day, although these were carried out on the open landing, restricting confidentiality. Most prisoners remained on the unit for just one night. There were delays getting telephone PIN numbers cleared. More prisoners reported feeling safe on their first night than at other, similar prisons.

- HP11 Induction did not start immediately. It comprised a talk by induction staff but there was no input by staff from other departments. Prisoners had to complete the resettlement and education aspects of induction before being able to undertake the gym induction. Staff on the induction unit (house block 5) did not actively engage with prisoners and the regime was poor. Young adults were inappropriately relocated to the unit. Prisoners experienced a number of wing moves in their early days at the establishment, which was unsettling and prevented them from receiving various services.
- HP12 Safer custody was managed by a dedicated team. The policy was detailed but did not reflect the results of the most recent anti-bullying survey. There had been an emphasis on self-harm and suicide procedures following recent deaths in custody which had resulted in some slippage in violence reduction and anti-bullying and a lack of linkage between the two. Monitoring and analysis of violence indicators was not as robust as for self-harm and suicide. Application of the policy was inconsistent and there was little written evidence of support being offered to victims of violence and bullying or of work with bullies. Apart from vulnerable prisoners, more prisoners than the comparator reported feeling safe.
- HP13 The self-harm and suicide policy was comprehensive. Levels of self-harm were static and lower than at comparator prisons. Monitoring and analysis of information was well developed and the monthly meetings were attended by appropriate staff. Daily entries in assessment, care in custody and teamwork (ACCT) documents reflected a good level of care for and knowledge of prisoners who were at risk. Night-time observations were predictable in many cases. Some initial and follow-up ACCT reviews were either missed or late, and attendance was not always multidisciplinary. Listeners were well utilised but were sometimes overused. There was a good system for investigating and following up serious incidents of self-harm and a comprehensive death in custody action plan was regularly reviewed and updated.
- HP14 The flow of intelligence into the security department was good and subsequent analysis comprehensive, and security arrangements were largely proportionate. Prisoners were aware of rules relating to them, and staff appeared to apply them consistently, challenging inappropriate behaviour when necessary.
- HP15 The segregation unit was not over-used and prisoners rarely stayed there for long periods. There were new arrangements to improve the previously restricted access to the regime, subject to risk assessments. Prisoners were routinely strip-searched on relocating to the segregation unit.
- HP16 Management scrutiny of use of force incidents had not picked up some instances where the paperwork indicated concerns. Special accommodation had been used considerably more often than at the time of the previous inspection. While prisoners remained in such cells for short periods and were relocated to furnished cells at the earliest opportunity, documentation suggested that in some cases prisoners could have been removed earlier.

HP17 The prison had not yet implemented the integrated drug treatment system (IDTS), but treatment regimes were flexible and included weekend prescribing. A specialist substance misuse service provided a good level of care but this was not jointly planned and coordinated with the counselling, assessment, referral, advice and throughcare (CARAT) service. Not all prisoners on detoxification/stabilisation regimes were located on house block 1 as intended. There was no dedicated stabilisation unit with 24-hour nurse cover and cell door hatches. The year-to-date random mandatory drug testing rate was below target, although there were a high number of refusals. The suspicion testing positive rate was low. Fewer prisoners than at other local prisons said that it was easy to obtain illegal drugs.

Respect

HP18 The environment was well kept, open and light. Shared cells could not contain sufficient furniture for two prisoners. Staff-prisoner relationships were mainly good. Care for prisoners in the close supervision centre (CSC) and protected witness unit (PWU) was good but the environment in the PWU limited and the criteria for the CSC had changed. The personal officer scheme varied across the wings. Wider diversity provision was developing well, particularly for older prisoners and those with a disability. Staff lacked confidence in dealing with race and cultural issues. Foreign national provision had improved. Primary health care services were poor and prisoner access to it problematic. On the basis of this full follow-up inspection, we considered that the establishment was performing reasonably well against this healthy prison test, although we had serious concerns about healthcare.

HP19 Prisoners' cells were mostly clean and well decorated. Communal areas were also clean and tidy. Despite ongoing refurbishment, shower ventilation and privacy remained unaddressed. Shared cells did not have enough room for furniture for two prisoners, and some prisoners lacked pillows, towels and kettles. There were no curtains at the windows.

HP20 There were not enough telephones on the wings and no mail service at weekends. The 'email a prisoner' service was offered and well used.

HP21 Changes to the CSC manual included revised selection criteria for prisoners which now covered those deemed to have 'undermined good order', which brought significant issues with it. There was good multidisciplinary work with the range of professionals co-located on the unit and support from elsewhere. Other regime activities were limited. Staff engagement and practice were excellent. There was a range of one-to-one interventions with psychology and mental health workers, and a new group-based coping skills intervention. None of the work was accredited. Force was used as a last resort and managed well.

HP22 National protected witness facilities had been concentrated at Woodhill since September 2009. The two self-contained units held eight prisoners, with the capacity for twice as many. The regime and environment were restricted and limited, although prisoners were out of cell for most of the day and there was good engagement with staff. There was no input from resettlement, sentence planning arrangements or access to offending behaviour programmes.

- HP23 The regime for young adults was slightly more restricted than for the rest of the population but dining in association had been reintroduced and staff supervised recreational activities to ensure that gang-related issues were properly managed.
- HP24 Staff–prisoner relationships were mostly good. Prisoners reported favourably about being treated with respect and having someone they could approach. There was good interaction between staff and prisoners on association, other than on house block 5, and evidence of staff dealing well with issues brought to their attention.
- HP25 The personal officer scheme varied across wings, with some prisoners having five personal officers and others having a dedicated member of staff. Wing file entries were wide ranging in the issues included, although not all were made by personal officers and there were no management checks.
- HP26 Prisoner perceptions of the quality of the food were similar to the comparator. The lunchtime meal portions were too small. There were good arrangements for dining in association, and training for those involved in food preparation. The standards of cleanliness in the kitchen and some serveries were not adequate. Effort had gone into ensuring that prison shop arrangements met prisoner need and that any problems were resolved quickly.
- HP27 The strategic management of diversity was in a process of transition. Apart from the race equality action team (REAT), there was no forum dedicated to prisoner matters. There was a three-year diversity and equality strategy document and an associated action plan, which had clear objectives but did not include sexual orientation and transgender issues. Prisoner diversity representatives had been recruited but had received insufficient training to fulfil this role. Only half of the scheduled prisoner diversity meetings had taken place in the previous six months. Support and engagement with older prisoners and those with disabilities was improving, although more prisoners with a disability than without felt unsafe and reported being victimised by prisoners and staff. Reasonable adjustments had been made and there was a range of activities and meetings that this group could attend, with the exception of education, which was inaccessible to those with restricted mobility. Two carers provided support to prisoners with significant needs.
- HP28 The REAT meeting was reasonably well attended, and trends were monitored and actively responded to, but not always effectively communicated to the wider prisoner population. Black and minority ethnic prisoners felt less favourably treated than their white counterparts. Foreign national and Muslim prisoners responded significantly more negatively than their counterparts about having been victimised by staff because of their race or ethnic origin, and prisoners lacked confidence in the complaints system for reporting such matters. The submission of racist incident report forms (RIRFs) had reduced considerably since the previous year. The quality of the investigation into some RIRFs was poor and staff were not confident in dealing with race and cultural issues.
- HP29 The foreign national policy was available only in English. Although translation services were well used, notices and important information were not translated into other languages, so some foreign national prisoners were not aware of how to access airmail letters or international telephone cards. There were links with immigration services and monthly clinics were held. There were six prisoners detained post-sentence. Immigration support services did not attend the establishment and few foreign national prisoners found it easy to communicate with their solicitor.

- HP30 The chaplaincy team made efforts to ensure that all prisoners had the opportunity to worship and had contact with a member of the team. A range of religious festivals had been celebrated and supported by the team. The chaplaincy provided a much valued range of services and activities.
- HP31 Applications dealt with off the living units were not always responded to. This had resulted in high levels of complaints, and particularly high levels of inappropriate confidential access complaints. Most responses to complaints were comprehensive and addressed the issues raised. Monitoring and analysis of complaints was thorough and identified trends had been addressed.
- HP32 The prison and the primary care trust had recently begun to work together to improve poor services. Governance was not well developed. Some primary care was of reasonable quality but other areas were poor. The applications line did not deliver the service required. The central medication system did not work well. Too many prescription charts were mislaid, causing some prisoners to miss doses or have them administered very late. Dental services were good, the waiting list was minimal and dental nurses carried out dental triage on the wings. Inpatient services were good with excellent interaction between patients and staff. There were no structured day care services. The relationship between primary and secondary mental health services was fractured and separate operational management arrangements disadvantaged patients. Primary mental health services were poor. There were no structured referral systems and practices were ad hoc. Secondary services were good and there was good access to visiting forensic psychiatrists.

Purposeful activity

HP33 There were far too few work and training activity places and those available were not maximised. Nearly half the prisoners were locked in cells during the morning. The quality of the training and education available was good but only 7% of prisoners could access vocational training. Provision had been made in the timetable to ensure that prisoners had time out of their cells during the day but association was too often cancelled. The library offered basic services. Access to PE was good. On the basis of this full follow-up inspection, we considered that the establishment was performing poorly against this healthy prison test.

- HP34 There was a clear strategic vision for learning and skills. Education was well managed and there were high pass rates on most courses but only 17% of the population could access education and at any one time. Teaching and learning had improved significantly. The range of short courses better met the needs of prisoners at the establishment, although most courses did not go beyond level two and classes were not always full. Support was provided for those in education, as well as on the small range of vocational training, distance learning and Open University courses.
- HP35 There was insufficient accredited vocational training, with less than 7% of the population accessing courses. There was insufficient promotion of accredited courses at induction.
- HP36 There were too few workplaces to meet the needs of the prison population, and many of the jobs available required low levels of skill, had no accredited qualifications and occupied little of the day. 170 of the 450 spaces available were wing-based activity.

Labour allocation had improved, although prisoners did not receive a full explanation of the outcome. Waiting lists were short and attendance low in many workshops.

- HP37 New workshop facilities were being built. There were far too few activity places, and the completed facilities would still be too small to address the significant shortfall in work places. The quality improvement group met regularly.
- HP38 The recorded time of 9.6 hours unlocked on weekdays applied only to the maximum time available out of cell. During our roll checks, 18% of prisoners in the afternoon and 47% in the morning were locked in their cells. Evening association was regularly cancelled because of staff shortages and this was not equitably spread across the residential units. Exercise yards were bleak and some were dirty. Prisoners were not provided with waterproof clothing and exercise did not take place on wet days.
- HP39 The book stock had been increased and eight computers installed in the library, although were not yet operational. There was no evening or weekend provision. Access to the library for young adults was poor, at 45 minutes a week, but was reasonable for other prisoners.
- HP40 PE provision was well managed. A range of recreational PE was offered, and facilities and resources were adequate and well maintained. Prisoners in most locations could attend the gym for a minimum of five hours a week and most accessed it regularly. Sessions were available for prisoners aged 50 or over. There were links with the healthcare department and CARAT service to provide a programme of remedial PE for prisoners who needed it. A range of accredited PE courses was available and pass rates were high. Links had been established with a local school and community centre for those with learning difficulties, who accessed supervised PE sessions each week.

Resettlement

- HP41 The resettlement policy was up to date and based on a needs analysis but did not specify how the different needs of the population would be met. Offender management operated effectively for those in scope. There was a limited service for those who were not in scope, on remand or serving short sentences. Accommodation and finance provision was good. Information, advice and guidance services were insufficient for the need. Provision for children and families was undeveloped. There was no service for alcohol-dependent prisoners. On the basis of this full follow-up inspection, we considered that the establishment was performing reasonably well against this healthy prison test.
- HP42 The resettlement strategy addressed relevant resettlement pathways and was complemented by an action plan. The strategy was informed by a needs analysis, which had identified the priorities of some groups of the prison population but did not specify how their needs would be met. It was not linked to a regional strategy. Oversight of delivery of the strategy was through an operational group, which met monthly and included partner organisations.
- HP43 The offender management team facilitated links with offender managers in the community. Prisoners in scope of phases two and three of offender management received a comprehensive service from offender supervisors, who maintained

monthly contact with them. Prisoners sentenced to 12 months or more who were not in scope of offender management received a limited service. All prisoners underwent resettlement assessments shortly after arrival at the prison and a resettlement plan was formulated which led to referrals to resettlement pathway providers. Prisoners who did not attend were followed up and a database was maintained in the resettlement department to monitor the progress of referrals. The discharge board aimed to ensure that resettlement needs were met for all prisoners due for release but was not held early enough to be effective in some cases.

- HP44 There was some use of release on temporary licence. The home detention curfew process was well managed but failed to happen by the eligibility date of most successful applicants.
- HP45 Daily resettlement clinics visited each wing in turn and were open to all prisoners on a drop-in basis. The recently appointed and trained lifer and IPP manager was beginning to address the deficit of specialist services for this group.
- HP46 Initial categorisation of newly sentenced prisoners was efficient. All sentenced prisoners received categorisation reviews at least annually. Prisoners received detailed written notification of review decisions. There were significant difficulties in moving prisoners on effectively.
- HP47 Provision for reintegrating prisoners into the community was mixed. Accommodation services were comprehensive and 96% of prisoners discharged in 2009 to date had had an address to go to. A 'how to be a good tenant' course run in partnership with the local council and Northampton Council provided a monthly advice clinic for prisoners from the area. Citizens Advice staff provided a debt counselling and advice service. A Jobcentre Plus worker helped prisoners with a range of benefit services.
- HP48 Work was also undertaken through Jobcentre Plus to help short-term prisoners retain their employment outside the prison. Links with local employers were in the process of being developed but there was no job club. Around 35% of discharged prisoners went into jobs or further education or training. The quality of information, advice and guidance was good, although there were insufficient staff to be able to offer a full service.
- HP49 Although health services staff attended discharge boards, prisoners were not seen routinely by clinicians before discharge or given information about how to access health services on release. Severe and enduring mental health patients received good referral care to community services.
- HP50 Both drug and the alcohol strategy documents were out of date, and did not contain action plans or performance measures. The strategies lacked coordination and consistent management. The CARAT service no longer included primary alcohol use. CARAT links with drug intervention programme teams were comprehensive. The short duration programme had re-started.
- HP51 The children and families of offenders pathway was undeveloped. Prisoners were encouraged to maintain contact with their children through father and children's days and family visits, but these were only open to enhanced prisoners. Prisoners and visitors had difficulties in booking visits. The visitors' centre provided an excellent service. The identification and searching of visitors took a long time and could delay the start of a visit. Security was over-prescriptive, leading to some visitors being

denied access to their visit. The visits hall offered a welcoming environment, staff were courteous and prisoners were allowed an appropriate level of contact and privacy.

- HP52 The number of enhanced thinking skills courses had been increased but there was a long waiting list and prisoners were transferred or released before taking part. The control of violence for angry and impulsive drinkers (COVAID) programme was appropriate for many young violent offenders and 30 places a year were offered to remand and short-sentenced prisoners. There was nothing in place to challenge those denying their offence. Access to offending behaviour programmes was not necessarily determined by sentence planning targets.

Main recommendations

- HP53 All prisoners should have the opportunity for a comprehensive and immediate induction into the prison.
- HP54 A prisoner diversity policy should be produced that meets the requirements of anti-discrimination legislation and outlines how the needs of minority groups can be met. Additional work and activity spaces should be provided so that more prisoners can engage in purposeful activity daily.
- HP55 All prisoners should be able to engage in purposeful activity, and the number of vocational training places should be significantly expanded.
- HP56 All activity places should be filled. There should be a waiting list for vacancies which arise daily and wing staff should be proactive in getting prisoners to fill these vacancies.
- HP57 Staff should be supported and developed to have a better understanding of race and cultural issues and to deal with issues as they arise.
- HP58 The recommendations in the 2009 health needs assessment should have a detailed and specific, measurable, achievable, realistic and time bound (SMART) action plan to ensure that they are met, in order to improve healthcare provision – particularly primary care services.
- HP59 Measures to support contact with children and families should be developed and extended to all prisoners.
- HP60 Juveniles should not be held at Woodhill.
- HP61 Prisoners should not be required to move location more than once during their first days at the establishment unless in extreme circumstances.

Progress on main recommendations since the previous report

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

Main recommendations

MR1 Juveniles should not be held at Woodhill. (HP45)

Partially achieved. Managers had taken positive steps to end the practice of holding juveniles at Woodhill. They had achieved some success in this, with assurances from Prison Service head office and the Youth Justice Board that this would only happen in exceptional circumstances. Nevertheless, juveniles had been held at the prison in March 2009 and there were no guarantees that this would not happen again.

See main recommendation HP60.

MR2 A prisoner diversity policy should be produced that meets the requirements of anti-discrimination legislation and outlines how the needs of minority groups can be met. (HP46)

Not achieved. The establishment had produced a three-year diversity and equality strategy document which was largely descriptive and outlined the establishment's commitment to equality of treatment. It did not detail how it would, by law, meet the needs of the minority groups at the establishment. There was an older prisoners strategy document which outlined the vision of the services they wanted to provide for this group but this was not yet being put into practice. The disability policy covered all aspects of the prison regime and services and detailed how staff across the establishment needed to ensure that the needs of prisoners with disabilities were taken into consideration and responded to. There were no policy documents regarding transgender prisoners or sexual orientation.

See main recommendation HP54.

MR3 A race equality action plan should be devised that specifically includes the mainstreaming of race equality work. (HP47)

Partially achieved. A race equality action plan had been devised which identified action points to ensure that race equality work had a high profile across the establishment and that there was good engagement with staff and prisoners around diversity issues. Race information folders were located on each of the wings, which included some of the minutes of the race equality action team (REAT) meetings and ethnic monitoring data, as well as action plans. The membership of the REAT was displayed on all the units. The full-time race equality officer (REO) had insufficient time to complete all the tasks that came under his remit (also see paragraph 4.21). There were nominated assistant REOs who were supposed to provide 41 hours' assistance each week but this rarely happened because the time was not ring-fenced. There was a perception by some staff that the REO dealt with all race equality issues, and a lack of confidence by some staff in dealing with race and cultural issues (see section on race equality). This was demonstrated in the contents of some of the racist incident report forms that were submitted by staff, who, instead of addressing the issues with prisoners, referred matters to the REO. Although there were seven prisoner diversity representatives, they were

not sufficiently trained and their role was not advertised on the units.
See section on diversity.

MR4 A full health needs analysis should be undertaken to determine the health requirements of prisoners. (HP48)

Achieved. A comprehensive and detailed health needs analysis had been completed in January 2009, which also made some evidence-based recommendations.

MR5 A simplified version of the reducing reoffending action plan should be produced that identifies key priorities for each resettlement pathway. (HP49)

Achieved. The reducing reoffending action plan had been updated in November 2009. It contained priorities for each pathway, with grades of progress marked by a traffic light system.

MR6 Additional work and activity spaces should be provided so that more prisoners can engage in purposeful activity daily. (HP54)

Not achieved. There remained insufficient activity places available for the prison population, at around 450, although there had been a small increase in the number of prisoners involved in vocational training and work. A high proportion of jobs, around 170, were on the wings. Many of these were insufficiently demanding in time and skill.
See main recommendation HP55.

MR7 All activity places should be filled. There should be a waiting list to fill vacancies which arise daily and wing staff should be proactive in getting prisoners to fill these vacancies. (HP55)

Not achieved. Many activity places were not full and waiting lists were exceptionally short considering the lack of spaces available. For example, during the inspection, only seven of the 15 places on the Prisons Information Communication Technology Academy (PICTA) programme were routinely filled and no waiting list was available, and the opportunities in waste management were not fully utilised every day. The allocation of prisoners to activities did not take sufficient account of the number of prisoners who, for legitimate reasons, would not be able to attend, and these places were left unoccupied.
See main recommendation HP56.

Progress on recommendations since the last report

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Prisoners should always be offered comfort breaks during transport to and from prison. (1.10)

Not achieved. Prisoners in our groups and those we spoke to in reception said, and prisoner escort records (PERs) showed, that comfort breaks were not routinely offered to prisoners during transport to and from the prison.

We repeat the recommendation

- 1.2 Greater use should be made of the video conferencing facilities. (1.11)

Partially achieved. There were extensive video conferencing facilities. These consisted of three courts and two studios, which were used by solicitors, probation officers and for inter-prison visits. The use of the video link had increased significantly. However, the recent decision to remove the Hertfordshire courts from Woodhill to ease overcrowding had significantly reduced the number of court hearings carried out via the video link.

We repeat the recommendation.

- 1.3 Prisoners who do not possess their own clothing should be provided with suitable alternative provision if they are attending court. (1.12)

Achieved. A supply of clean clothing in different sizes was available for prisoners who did not have their own clothes for court appearances or on discharge.

- 1.4 Vulnerable prisoners should not be held under Operation Safeguard. (1.13)

Achieved. Operation safeguard was not in operation at the time of the inspection. We found no evidence of prisoners who had been held inappropriately since it had last been in operation.

Additional information

- 1.5 Most escorts to and from court were carried out by Reliance. Most prisoners did not spend excessive periods of time in cellular vehicles when travelling to the establishment. Sixty-five per cent of adults and 71% of young adults reported being treated either well or very well by escort staff, which was similar to the comparator for adults and better than the 65% comparator for young adults. Prisoners reported that food was not often given during journeys to the establishment. Escort staff told us that they had access to microwave meals but had no

facility to heat these up, so had to offer them cold. We observed positive relationships between escort staff and prisoners and also between escort staff and prison staff.

- 1.6 Prisoners often spent long periods waiting in court cells at the conclusion of their proceedings before transfer to Woodhill. We found evidence of prisoners' cases in nearby courts concluding in the morning and the prisoners not arriving at the establishment until late in the afternoon. Meetings with the escort contractors took place quarterly, and prison staff were in the process of visiting the courts served by Woodhill to try to improve this.
- 1.7 Reception closed over the lunchtime period and any prisoners who arrived during this time were located in the holding rooms until staff returned to duty. It was open until 9.45pm, but staff often stayed on duty beyond that time to ensure that later arrivals were fully processed before being sent to the first night centre.
- 1.8 Prisoners leaving and arriving at the establishment were single cuffed to an officer unless a risk assessment specified that double cuffing should be used. This included for the short distance between the escort vehicles and the reception area and was also routine for category D prisoners leaving on transfer to open conditions. Category A prisoners were dealt with in line with the higher levels of security specified by the Prison Service.
- 1.9 When planned moves were carried out, prisoners were notified in advance and were given the opportunity to inform relatives. Those who left the prison immediately after breakfast had only breakfast packs to eat, which were given out the day before.
- 1.10 Most prisoners left for court in sufficient time to arrive punctually. Hertfordshire courts had recently been removed from Woodhill's catchment area by the prisoner management unit (PMU). This had resulted in prisoners from the London area being inappropriately transferred to the establishment by the PMU, negating the effects of the removal of the courts.

Further recommendations

- 1.11 The decision to remove Hertfordshire courts from Woodhill's catchment area should be honoured and London prisoners not transferred to the establishment in the place of prisoners from these courts.
- 1.12 Suitable food should be offered to prisoners during journeys to the establishment.
- 1.13 Prisoners should not spend long periods in court cells before transfer to the establishment.
- 1.14 Prisoners should only be handcuffed between escort vehicles and the reception area if a risk assessment deems it necessary.

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.

1.15 The reception area should be modified to ensure that prisoners in reception can be interviewed and searched in private. (1.38)

Partially achieved. Although there were facilities to interview prisoners in private, they were not sufficient for the number of prisoners passing through reception. Staff often left the office door open and could be overheard by other prisoners, and staff came in and out of the office during interviews. Prisoners entering the establishment were searched in private but those leaving for court did not have the same level of privacy due to the need to process them more quickly.

We repeat the recommendation.

1.16 The reception area should be adequately ventilated. (1.39)

Partially achieved. An air conditioning unit had been installed but was not in operation during the inspection. Staff told us that it was often out of order.

We repeat the recommendation.

1.17 Disabled prisoners should be accommodated in suitably adapted accommodation.

Partially achieved. There were three adapted cells, two located on the first night centre and one located in the healthcare unit. One of the adapted cells on the first night centre was occupied by an able-bodied prisoner, as it was located on the first floor and was therefore unsuitable for anyone with restricted mobility. During the inspection, the other adapted cell on the first night centre was being occupied by prisoners who were not disabled, due to limited space on this unit. The adapted cell in the healthcare unit was occupied by a prisoner with a disability. The adapted cells had enough space for wheelchair access and a separate shower/bathroom. Prisoners with disabilities who were housed on other wings relied on adaptations being made (such as handrails and grab rails), and while some had access to communal showers, this was sometimes difficult as they were not adapted to meet the needs of prisoners with disabilities (see section on disability).

We repeat the recommendation.

1.18 The quality of the induction process should be consistently good for all categories of prisoner. (1.41)

Not achieved. After speaking to prisoners and staff, we were not confident that all prisoners received the same level of induction within a reasonable time after their arrival at the establishment. Young adults were moved from house block (HB) 5 to HB 2A quickly, sometimes before completing the generic induction. Prisoners located on the young adult and vulnerable prisoner units were given a separate induction on their own units and this was not coordinated by induction staff.

Further recommendation

1.19 The quality of the induction process should be coordinated and consistently good for all categories of prisoner.

1.20 All parts of the induction programme should be delivered in suitable accommodation. (1.42)

Not achieved. The resettlement aspect of the induction programme was carried out in the same accommodation as at the previous inspection. It was poorly ventilated and oppressive for

staff and prisoners alike.

We repeat the recommendation.

1.21 All prisoners should be given the opportunity to complete their education induction. (1.43)

Partially achieved. A database had been set up to track all prisoners through induction and to ensure that they completed their education induction. The absence of a careers advice and information service meant that not all were able to access the education induction. Prisoners on HB 4B had their basic education skills test administered by an education orderly, supported by education staff.

We repeat the recommendation.

Additional information

- 1.22** The reception area had initially been designed to cater for a prison holding 400 prisoners. The current population was double that number, and staff had to deal with up to 40 arrivals and the same number of discharges every day. The area was clean but the layout poor, leading to delays in processing prisoners.
- 1.23** The area was in the process of decoration, which had resulted in displayed information being removed from some of the holding rooms. The information that was displayed was mostly in English. There were a number of holding rooms, and staff made efforts to separate out young adults and vulnerable prisoners. The body orifice security scanner (BOSS) chair was used if a metal detector indicated that the prisoner might have had metal items on his person.
- 1.24** We observed respectful and good humoured interactions between reception staff and prisoners, even during busy times. Sixty-eight per cent of adult prisoners responding to our survey said that they were treated well or very well in reception, which was significantly better than the comparator. Young adults and black and minority ethnic, foreign national and Muslim prisoners were less positive about their experience. The cell-sharing risk assessment (CSRA) and the first page of the induction document were completed by reception staff and property processed before prisoners were taken to the first night unit. CSRAs were reviewed for prisoners who were newly sentenced.
- 1.25** There were good systems for identifying vulnerable and high-risk prisoners, and those in prison for the first time. Appropriate support was offered to them and any concerns were passed on to first night staff. Showers and a PIN telephone were available in reception but not used by new arrivals, as staff ensured that prisoners spent minimal time in reception. Prisoners returning from court went back to their previous unit. There were no active Listeners in reception but staff said that they would call one to attend if needed.
- 1.26** Hot food was served in reception after 5.30pm. Prisoners arriving earlier received their evening meal on the first night unit.
- 1.27** Reception staff also dealt with property applications. New systems had been introduced after analysis of complaints showed that there was an unusually high number relating to prisoners' access to stored property. The new systems worked well and there were few outstanding property applications.
- 1.28** The first night unit was close to reception, and had spaces for 40 prisoners. Staff working on the unit were drawn from a dedicated group of staff who covered induction and the first night centre. The unit was inappropriately used to house the overflow of vulnerable prisoners (there

had been as many as 14 in the weeks before the inspection) and young adult prisoners who could not remain on HB 2A for various reasons. This meant that up to half of the available spaces were taken up by prisoners other than new receptions. Two of the young adult prisoners on the unit were subject to anti-bullying procedures, one as a perpetrator and one as a victim. This resulted in some new arrivals having to be located on HB 2A or HB 5, depending on where spaces were available. A team of Listeners and Insiders were resident on the wing. They remained unlocked until the last person had arrived, to be able to offer support. There were three constant watch cells on the unit (see section on self-harm and suicide), one on the ground floor and two at the bottom of the stairs in the annex to the wing, which was an inappropriate location.

- 1.29 Prisoners arriving on the unit from reception were interviewed on a one-to-one basis by staff and basic information given and received about any immediate needs. Staff used telephone interpreting services to carry out this interview with prisoners whose English was not fluent. Health services staff carried out a basic health needs assessment. Prisoners were given canteen packs, access to telephone PIN credit to make a call and the opportunity to have a shower. The exceptions to this were prisoners who arrived late from reception, who did not always receive a shower or canteen pack, and prisoners subject to public protection procedures, who did not always get the chance to make a telephone call. Staff were appropriately cautious about allowing these prisoners free access to the telephone, but did not always offer to make a call on a prisoner's behalf when he could not make the call himself. First night prisoners were identified on the roll board by a blue sticker and could be located in any of the empty cells. In our survey, more prisoners, apart from black and minority ethnic prisoners and those with a disability, reported feeling safe on their first night compared with those at other local prisons.
- 1.30 There was a considerable amount of first night information in different languages. A comprehensive induction booklet was given to all new arrivals but they were required to leave it on the unit when they left. Staff were polite and respectful with prisoners and mindful of the risks posed by vulnerable prisoners and those in prison for the first time. More in-depth interviews were carried out with all new arrivals on the next morning, although some of these were carried out on an open landing, restricting confidentiality. A secondary healthcare screening was undertaken in private. Prisoners and staff reported delays in getting telephone PIN numbers cleared, and some prisoners had not had access to telephones for two to five weeks.
- 1.31 Most prisoners stayed on the first night centre for one night. Prisoners moved to either HB 5 (the induction unit) or HB 4B (the vulnerable prisoner unit). Non-smokers and prisoners who were identified as being at high risk to share a cell often stayed longer on the unit while waiting for non-smoking or single cells to become available. Young adults and vulnerable prisoners located for longer on the unit were offered a limited regime and did not get the opportunity for evening association.
- 1.32 Most prisoners, except for young adults and vulnerable prisoners, were moved from the first night centre to HB 5 for their induction. The unit was reasonably clean but some cells and toilets were dirty. Most prisoners were moved on from this unit to their permanent residential unit within two weeks, so did not take ownership of cells. When not involved in induction activities, prisoners had potential access to approximately two hours' association during the day but otherwise were locked behind their doors. Young adults who were vulnerable or the victims of bullying were also relocated to HB 5, which was not the ideal place for them to be when in need of extra support.

- 1.33 The induction process did not start on the working day following arrival on the unit. We came across some prisoners who had been waiting five days for their induction to start. The first part of the induction took the form of a talk from induction staff which covered information about all aspects of life at the establishment. There was no input from other departments, such as safer custody, diversity or substance use. Prisoners then met resettlement staff to ascertain any resettlement needs, including housing, debt advice and help with employment. Education staff told prisoners what was available to them and carried out basic skills assessments for those who had not previously completed them. We found one prisoner who had been given an incentives and earned privileges warning for not taking the basic skills test, despite the fact that he was dyslexic and in need of additional support. Prisoners were required to complete the resettlement and education aspects of induction before being listed for their gym induction, and were not able to complete the gym induction until they had moved from HB 5. This was a misunderstanding by staff, who had been asked by managers to move prisoners on from HB 5 as quickly as possible, even if they had not completed their gym induction. Prisoners in our groups complained about the delays in accessing the gym.
- 1.34 In our survey, 72% of adults and 78% of young adults said that they had been on an induction course, which was worse than the respective comparators of 76% and 89%.

Further recommendations

- 1.35 Reception should be open to receive and process prisoners over the lunchtime period.
- 1.36 There should be Listeners or Insiders working in reception to provide support to new arrivals.
- 1.37 The reception area should be extended to ensure that the facilities are adequate for the number of prisoners arriving and leaving and to avoid unnecessary time spent there.
- 1.38 The first night centre should only be used to hold newly received prisoners.
- 1.39 The constant watch facilities on the first night centre should be moved to a more suitable location.
- 1.40 All new receptions should receive a canteen pack, shower and the chance to inform someone or have someone informed of their whereabouts on the first night.
- 1.41 Prisoners should retain a copy of the induction booklet when they leave the first night centre.
- 1.42 One-to-one interviews should be carried out in private.
- 1.43 Managers should ascertain the reasons why there are delays in activating PIN telephones and take action to rectify the problem.
- 1.44 The purpose of house block 5 should be clearly defined and it should not be used to house vulnerable prisoners of any age.
- 1.45 Induction should start on the working day following arrival at the establishment.
- 1.46 The induction programme should include input for all prisoners from different departments, including safer custody, diversity and substance use.
- 1.47 Prisoners should be able to access their gym induction as part of the main induction course.

1.48 Prisoners' special educational needs should be identified during induction and taken into account in their subsequent treatment and allocation.

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.

Accommodation and facilities

2.1 Cells should be cleaned prior to new prisoners moving into them. (2.16)

Partially achieved. Cells on the first night centre were clean and well equipped for those arriving at the prison. The cleanliness and state of other cells was mixed. Prisoners told us they had found items in their cells belonging to other prisoners on arrival, and some complained that they had had to clean the cells they were moved into on the house blocks (HBs) before they were fit for habitation.

Further recommendation

2.2 Cells on house blocks should be fully cleared and cleaned after occupation before a new occupant is required to move in.

2.3 Exercise yards should be kept litter free, especially during periods of use. (2.17)

Partially achieved. Exercise yards were relatively clean but still contained some litter – notably pieces of fruit which had been thrown from windows. The prison was in the process of putting grills up at the windows to resolve the problem.

We repeat the recommendation.

2.4 All in-cell toilets should have full screening. (2.18)

Partially achieved. Shared cells had a shower curtain screening which pulled across the front of the in-cell toilet but was open at the end nearest the cell door. This was insufficient for privacy. Single cell toilets were unscreened. Given the opportunities for dining in association, this was less of a concern from a hygiene than a privacy point of view.

We repeat the recommendation.

2.5 The no-smoking policy should be consistently enforced across all residential units, and non-smokers should not be required to share cells with smokers. (2.19)

Partially achieved. Staff were aware of the need to ensure that smokers and non-smokers were not co-located and did their best to accommodate this. Accommodation issues occasionally made this difficult to achieve and we came across one instance where a non-smoking young adult had been asked to share with a smoker.

We repeat the recommendation.

2.6 There should be age-appropriate risk assessments to ensure the safety of young adults. (2.20)

Not achieved. Although any permanent move of a young adult to adult accommodation was preceded by a formal risk assessment and recategorisation to adult, young adults were placed in adult accommodation as a result of unit-based problems, without any formal risk assessment or care planning. The reduction in the number of young adults held at the prison meant that there was no routine sharing of accommodation by adults and under-21s, but there was still a need to ensure that young adults were not co-located with adults except in exceptional circumstances, and, where those exceptional circumstances prevailed, only after proper risk assessment and care planning.
We repeat the recommendation.

2.7 Reasonable adjustments should be made to ensure that all facilities and services are available to prisoners with disabilities. (2.21)

Not achieved. Attendance at education was only possible for those without restricted mobility, as it was held on the upper floor (see section on disability).
We repeat the recommendation.

2.8 Residential managers should work with staff to reduce the amount of lost or unusable prison-issue clothing. (2.22)

Achieved. Efforts had been made to ensure that prison-issue clothing could be retained by the person to whom it had been issued, by washing it in the wing laundries. The recycling party dealt with items, to determine which were salvageable. The clothing exchange stores reported no problems in providing prison-issue clothing, although they said that some bedding came back from the laundry damaged.

2.9 Suitable summer-weight clothing should be provided for escape list prisoners. (2.23)

Partially achieved. Light-weight T-shirts were available for escape-list prisoners but they had to be worn with thick tracksuit bottoms.

2.10 Prisoners should be able to obtain their stored property within one week of making an application. (2.24)

Achieved. The reception team worked proactively to ensure that all property brought in on visits was handed to its owner at the end of the visit. Items posted in were issued as soon as practicable and prisoners were called to reception on a daily basis in response to requests for stored property. There were only 13 items waiting to be collected at the time of the inspection.

2.11 Suitable bags should be provided to discharged prisoners who do not have them. (2.25)

Achieved. The reception team offered unmarked plastic bags to discharged prisoners in which to carry their possessions home. Holdalls were not routinely available.

2.12 Communal shower areas should be refurbished as required and should provide screened showers and baths, to enable prisoners to wash in private. (2.26)

Not achieved. Although there was an ongoing programme of refurbishment of the showers, the work simply superimposed new waterproof cladding over the tiles. There was no partitioning included in the refurbishment, so privacy issues remained, and staff told us that young adults showered in their boxer shorts to protect their privacy. The ventilation problems had also not been addressed, so that even refurbished showers had mould and flaking paint on the ceilings.

We repeat the recommendation.

2.13 Toiletries suitable for black prisoners should be available. (2.27)

Not achieved. The only toiletries suitable for black prisoners were those available through the prison shop.

We repeat the recommendation.

2.14 Incoming and outgoing mail should be received or posted out within 24 hours. (3.90)

Not achieved. The mail service still only operated from Monday to Friday. A letter posted at lunchtime Friday would not leave the prison until Monday and no incoming mail was received or delivered on Saturday.

We repeat the recommendation.

2.15 Staff working in the mailroom should be instructed not to open legally privileged correspondence. (3.91)

Achieved. A notice had been issued about mailroom staff not opening legally privileged correspondence, and the staff working there were aware of their responsibilities with regard to mail. There had only been 18 legally privileged letters opened in 2009 and these had been letters on which the name of the recipient or the fact that they were legally privileged had been obscured.

2.16 There should be at least one telephone for every 20 prisoners. (3.92)

Not achieved. There were not sufficient telephones in residential areas to allow a ratio of one to every 20 prisoners. Prisoners did not report difficulties in accessing the telephones, however, and we did not observe any queues to use the telephones during the inspection.

We repeat the recommendation.

2.17 All telephones should have privacy hoods, and should be located on units away from busy thoroughfares and areas where prisoners or staff gather during association periods. (3.93)

Achieved. All telephones had privacy hoods and were located on upper landings on the large units, away from thoroughfares and association areas. They were located in more public areas on the first night centre and induction wing but, as these units were smaller and less crowded, an individual's ability to have a private conversation was not impaired.

Additional information

2.18 The external environment was well maintained and pleasant. A new garden had been created outside HB 2 but was not used by prisoners, although made and maintained by

them. The internal areas were well kept, open and light. Prisoners were often out and about in the residential areas, which offered a comfortable living space. Prisoners' cells were mostly clean and well decorated and communal areas were also clean and tidy. Some racist graffiti on a cell wall was removed when brought to the attention of the senior officer. Low-level graffiti was particularly noticeable on HB 5.

- 2.19 Many prisoners shared cells that were too small to contain sufficient furniture for two people. The offensive display policy had not been updated since the previous inspection but was still understood by staff and prisoners, and adhered to.
- 2.20 The regime for young adults was slightly more restricted than for the rest of the population but dining in association was reintroduced during the inspection, and staff supervised recreational activities appropriately to ensure that behavioural and gang-related issues were properly managed.
- 2.21 Notices on units were well displayed and up to date. Each unit had a prisoner communication orderly, who gave further support to the written information and kept the unit information rooms up to date. The minutes from prisoner representative meetings were displayed on most of the units and showed evidence of items being dealt with between meetings. Prisoners involved said that this was an effective forum for airing issues and having action taken.
- 2.22 Significantly more prisoners in our survey than at comparator prisons (66% versus 49%) said that they were offered clean, suitable clothes for the week. Processes for cleaning personal and prison-issue kit worked well, and prisoners wore clothes that were in good condition.
- 2.23 Cells lacked courtesy keys and there were no lockable cabinets in cells, so it was hard to ensure the safety of personal property. While many units offered an open-door association time, HB 2A had a locked-door policy, due, in part, to concerns about theft.
- 2.24 There were no problems with access to showers, and more prisoners than at comparator prisons (92% versus 78%) said that they were able to shower every day. Only prisoners with a disability reported worse access than those without. A large proportion of prisoners said that they received cell cleaning materials each week and reported that it was easy to keep their living areas clean.
- 2.25 We saw prisoners without pillows, towels and kettles, although these items were available. Although there was a mattress replacement system, prisoners reported problems in getting mattresses replaced, despite there being racist graffiti on them. There were no curtains at windows.
- 2.26 Prisoners could send and receive as many letters as they wished. The 'email a prisoner' scheme was in operation but the technology had not been working in the run up to the inspection and there was a backlog of emails waiting to be issued. Mailroom staff had been responsible for receiving and distributing these, but this responsibility had recently been transferred to the security department. This was apparently only on a temporary basis but staff were confused about what was required of them.
- 2.27 Telephone calls were actively monitored but some booths did not have notices advising prisoners of this on each telephone booth, and the notices that were present were only in English.

Further recommendations

- 2.28 Prisoners should be able to use the garden area outside house block 2.
- 2.29 Graffiti should be routinely reported and dealt with as part of the daily cell fabric checks.
- 2.30 Two prisoners should not share a cell designed for one.
- 2.31 All prisoners should have basic items such as pillows and towels.
- 2.32 Prisoners should be allowed curtains.

Housekeeping points

- 2.33 The responsibilities for delivering the 'email a prisoner' scheme should be clarified and staff made aware of these.
- 2.34 All telephone booths should have notices advising prisoners that their calls may be monitored.
- 2.35 Light-weight trousers should be available for escape-list prisoners.
- 2.36 Substantial holdalls should be available for prisoners discharged with large amounts of property.
- 2.37 Mattresses on which there is offensive graffiti should be replaced.

Good practice

- 2.38 *Prison communication orderlies kept information rooms and notice boards up to date and supported peers in making applications and understanding systems.*

Other residential units

Close supervision centre (CSC)

- 2.39 **Television aerial sockets should be provided in CSC cells. (2.38)**

Achieved. Television aerial sockets had been installed in cells.

- 2.40 **The visits facilities of the PWU should be available to CSC prisoners whose behaviour justifies it. (2.39)**

Not achieved. The small visits room in the CSC was still being used. It was in need of redecoration, and we were told that this was planned and a new carpet on order. It had one fixed steel bench, which could accommodate up to three visitors. The two staff who supervised visits were located in the same room, which afforded little privacy.

Further recommendations

2.41 The close supervision centre (CSC) visits room should be redecorated.

2.42 Informal upholstered seating should be installed in the visits room in the CSC.

2.43 Visits in the CSC should take place with a greater degree of privacy.

2.44 **Interruptions to the regime for prisoners when another CSC prisoner receives a visit should be avoided. (2.40)**

Achieved. Two additional staff were profiled to the unit to cover when visits took place, which meant that the regime on the unit could continue as normal.

Additional information

2.45 The CSC was strategically managed by the high security directorate (HSD). The overall aim of the CSC system was to remove disruptive, challenging and dangerous prisoners from ordinary location and manage them within small and highly supervised units.

2.46 The CSC at Woodhill could accommodate up to 10 prisoners, and seven were being held at the time of the inspection. It operated as the main assessment centre for prisoners coming into the CSC system, with the assessment process taking up to four months. It could also accommodate prisoners for longer periods if this was deemed appropriate. The assessment process involved a range of staff based on the unit, including mental health professionals, psychologists, a probation officer and prison officers. Some of this work was done under the supervision of a consultant forensic psychiatrist, who contributed to case management work. Managers said that the only omission from the team was a clinical psychologist.

2.47 A new operational manual for CSCs had been published in September 2009 and this outlined the referral criteria. These had been changed to include prisoners deemed a threat to good order and discipline, based on intelligence indicating an individual's involvement in such activities. This marked a departure from other criteria which required more concrete evidence of past violence or disorder in prison. In these circumstances, the full reasons for being moved to the unit were not disclosed to the individuals concerned. This changed the nature of the population and had implications for staff working with such prisoners to address problem behaviour. Two prisoners had recently arrived on the unit under this new criterion, one of whom had still not been provided with any reasons in writing about why he had been referred to the unit. We were told that this had been an error on the part of the sending establishment and it was about to be rectified.

2.48 CSC prisoners had a care and management plan, which included a series of behavioural goals. A daily log of behaviour during interactions with staff and other prisoners was kept, which contributed to weekly behaviour management meetings with the prisoner and monthly reports to the HSD central case management group. A range of more specialist assessments were completed. At the end of the four-month assessment, a full case conference, attended by all the key players and the prisoner, took place to map the next steps. Prisoners were provided with copies of all reports about their case, and these could be shared with their legal representatives. Prisoners

were also involved in a range of one-to-one interventions with psychology and mental health workers, and a new group-based coping skills intervention had recently been started. None of this work was accredited.

- 2.49 There was a need for a more structured evidence-based violence reduction programme within the CSC estate, addressing some of the underlying behaviours and attitudes presented. A programme had been piloted at Woodhill in 2004/05 and a recent business case submitted for funding, which had been turned down on the basis of cost.
- 2.50 Given the nature of the unit, the regime was restricted, but a three-level behavioural management scheme running alongside the incentives and earned privileges scheme meant that prisoners could 'earn' additional time out of cell and association in return for good behaviour. A teacher was dedicated to the unit, delivering a range of regime work, such as cookery lessons, and in-cell education work. Staff had access to a range of items suitable for in-cell recreational activities, which were available subject to risk assessment on request. Regular visits took place from chaplains and the Independent Monitoring Board (IMB). Prisoners could attend the gym, which was located on the unit, daily. The facilities were shortly to be enhanced by the addition of a multi-gym. The physical environment was clean and bright.
- 2.51 Discipline staff were selected using a recently developed structured process which focused on the qualities and skills needed for the unit. Relationships observed between staff and prisoners were excellent, with good interactions taking place and efforts made to avoid conflict. Staff were skilled at dealing with this challenging group of prisoners, and attended regular sessions with psychologists to de-brief them. A range of relevant training was provided to staff working on the unit.
- 2.52 Force was used only as a last resort. In the previous 12 months, force had been used only four times. We observed one of these incidents during the inspection, and it was dealt with in a sensible manner, with de-escalation techniques being used extensively and with the minimum amount of force. The policy was to move highly refractory prisoners to one of three high-control cells on the unit but, despite a special unfurnished cell being available, there was no record or recollection of it ever being used. CSC prisoners were never moved to the segregation unit.
- 2.53 Moves out of the CSC were managed by the central case management group and included the provision of detailed information exchanges with the receiving institution and discussions with the prisoners concerned.

Further recommendations

- 2.54 A clinical psychologist post should be funded to work with CSC prisoners at Woodhill.
- 2.55 Prisoners should be provided with written reasons before being moved into the CSC system.
- 2.56 There should be a review of the new criteria for admission to the CSC system, to see whether they are consistent with the purpose and effective running of the system.
- 2.57 An accredited violence reduction programme should be introduced to the CSC system.

Good practice

- 2.58 *The positive approach by staff towards prisoners was a major factor in maintaining the equilibrium of the close supervision centre, which accommodated some of the most challenging and dangerous prisoners in the system.*

Protected witness unit

- 2.59 **The unit kitchen should be refurbished, to ensure that it is large enough for eight prisoners and that all fridges and freezers are kept in there. (2.48)**

Achieved. The kitchen facilities were adequate for the small number of prisoners held on the unit. Fridges and freezers had been moved into the kitchen area and some new equipment installed. Prisoners on the unit were generally satisfied with the catering arrangements, which they largely managed themselves.

- 2.60 **The regime on the protected witness unit should be adapted to reflect the opportunities offered to mainstream prisoners at Woodhill. (2.49)**

Not achieved. The regime offered on the unit was poor, with little purposeful activity. The only meaningful work was cooking and cleaning, although some National Vocational Qualification training was available. A gym was available, which could be used daily. The teacher who worked on the CSC also provided some additional education activities on the unit, and a review was under way to look at how the regime on HB 6 as a whole could be improved. All activities took place on the unit and there was no scope for wider interaction with staff or prisoners or indeed between the two landings on the unit. Prisoners on the unit told us that they were bored and unstimulated. Staff had had no specific training for working with this group of prisoners. No care plans were developed to manage prisoners' time on the unit. Given the limited opportunities for interaction with others, and the enclosed nature of the units, there were concerns about the psychological well-being of prisoners held there, often for long periods.

We repeat the recommendation.

Further recommendations

- 2.61 Staff should be trained to identify the impact of small group isolation on mental and physical health.
- 2.62 Individual care and management plans should be developed for all prisoners held on the protected witness unit (PWU).
- 2.63 Prisoners on the PWU should receive regular psychiatric and psychological assessments to ensure that their well-being is not being adversely affected by the regime.

- 2.64 **Sentence planning should be undertaken for prisoners in the protected witness unit and should have staff input. (2.50)**

Not achieved. Work with protected witnesses was managed by the National Offender

Management Service (NOMS) head office central projects team group. This group provided input to release planning and liaison with the parole board, but had limited scope to offer ongoing resettlement or offending behaviour work to those held on the units. Prisoners told us, and staff confirmed, that they had not had the opportunity to undertake offence-focused work, although there were plans for the psychology department to introduce such work.

We repeat the recommendation.

2.65 Wing files should be used by staff and incidents recorded within them. (2.51)

Achieved. P-NOMIS, a computerised prisoner record system, had superseded the use of paper wing files, and regular and meaningful entries were made by personal officers, including reference to problems they had experienced. Monthly management checks of personal officer entries had been introduced.

2.66 After an individual risk assessment, prisoners should be able to purchase digital set-top boxes. (2.52)

Not achieved. Digital set-top boxes were not permitted and the prison was waiting for the Prison Service management group to advise on what options should be made available to prisoners.

We repeat the recommendation.

Additional information

2.67 In September 2009, the PWU at HMP Full Sutton had been moved to Woodhill, concentrating national facilities at the prison. The two units, located on HB 6 D and E wings, were each self-contained and held eight prisoners, although they had the capacity for double this number. The physical environment on these units was clean and generally bright.

2.68 Interactions that we observed between staff and prisoners on the PWU were good, and prisoners were generally positive about the way they were treated. While time out of cell was generally good, with prisoners out of cell for approximately nine hours a day, we observed prisoners locked up when staff were cross-deployed elsewhere.

2.69 Staff and prisoners told us that the IMB rarely, if ever, visited the units. The IMB had been encouraged by prison managers to limit their attendance to a nominated member and to discourage routine visits.

2.70 There was a small visits room in the unit. This was sparse but contained upholstered chairs and a coffee table. There were no facilities for children. The two staff who supervised visits were located in the same room, which afforded little privacy.

Further recommendations

2.71 The Independent Monitoring Board should visit the unit and make themselves available for private consultations with prisoners at least weekly.

2.72 The decoration of the PWU visits room should be improved.

2.73 Visits in the PWU should take place with a greater degree of privacy.

Housekeeping point

2.74 A range of children's toys and play activities should be available in the PWU visits room.

Category A unit

2.75 The process of transferring category A prisoners to HB 6 should continue, but these prisoners should continue to be able to participate in a full range of regime opportunities. (2.57)

Partially achieved. HB 6 now contained mainly category A prisoners. This had significantly reduced the number of these prisoners in the main population of the prison and the disruption this potentially caused. Twenty-five category A prisoners, out of the total of 38 in the prison, were held on HB 6 and this included all category A trial status prisoners. While these prisoners were able to access most regime opportunities available to other prisoners, and the core day was the same, there was a blanket ban on category A prisoners undertaking some work (see section on security and rules). There were only minimal differences in the facilities available on these units compared with those in the rest of the prison.

We repeat the recommendation.

Further recommendation

2.76 Subject to security clearance, category A prisoners should be able to access the same work opportunities as other prisoners.

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.

2.77 All staff should take opportunities and be encouraged by managers to engage positively with prisoners at all times. (2.66)

Partially achieved. Most staff engaged positively with prisoners on most wings, and relationships between staff and prisoners were good. The notable exception was HB 5, where prisoners were locked up far too much and the staff were distant and, in some cases, dismissive. Staff supervising the young adults tended to congregate together on the ground floor but were approachable and aware of what was happening.

Further recommendation

- 2.78 Staffing and regimes on house block 5 should be revamped to ensure that the prisoners located there receive proper support and can build positive relationships with staff.

Additional information

- 2.79 Prisoners reported favourably against comparator prisons about being treated with respect and having someone they could approach. There was generally a good level of interaction between staff and prisoners on association, other than on HB 5, and evidence of staff dealing well with issues brought to their attention.

Personal officers

Expected outcomes:

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

- 2.80 Prisoners should know who their personal officer is, and regular documented meetings should take place. (2.71)

Partially achieved. The personal officer scheme was understood, and more prisoners than at comparator prisons (54% versus 42%) said that they had a personal officer; a similar percentage to the comparator but more than at the time of the previous inspection (66% versus 62% and 50%) said that they found them helpful. There was evidence of regular documented meetings between some personal officers and those on their caseload, but also of cases where contact was limited.

Further recommendation

- 2.81 Personal officers should spend time regularly with those on their caseload and document the outcome of the contact.

- 2.82 Entries in wing files should ensure that resettlement, personal circumstance and family links have been addressed. (2.72)

Achieved. The entries sampled in the wing files (see Appendix IV) demonstrated an impressive attention to personal circumstances and family links (48% of the files sampled). There were also references to resettlement planning by personal officers.

- 2.83 Personal officers should be advertised on unit notice boards. (2.73)

Partially achieved. There were no pictures or notices about personal officers on the wing notice boards, but there were cards on the landings listing the names of the personal officers for the area.

- 2.84 The prisoner surveys should have clear action points for staff. (2.74)

No longer relevant. The prisoner surveys no longer took place. We could find no historical evidence of them having been acted on.

Additional information

- 2.85 The operation of the personal officer scheme varied across wings, with some prisoners having five personal officers and others having a dedicated member of staff. In cases where a dedicated member of staff was allocated, the knowledge of the individuals in their care tended to be better. Wing file entries in the new computer-based system were wide ranging in the issues included, although some of the best were not made by personal officers. There were no management checks.

Further recommendations

- 2.86 No more than two officers should be allocated as personal officers to an individual.
- 2.87 Management checks to monitor the quantity and quality of personal officer entries on the new computer-based wing files should be introduced.

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 Managers should ensure that staff complete written observations in anti-bullying monitoring forms in accordance with the strategy. (3.14)

Not achieved. Not all bullying monitoring forms had the required number of entries per day, and they did not always reflect meaningful interaction with prisoners.
We repeat the recommendation.

- 3.2 All violence reduction indicators, particularly F213 forms, should be effectively monitored. (3.15)

Partially achieved. There had been some improvement in the monitoring of violence reduction indicators, including F213 forms. There was no separate information collated about victims of violence and bullying, and insufficient monitoring and analysis to get a full picture of violence reduction issues.
We repeat the recommendation.

- 3.3 The results from the establishment's violence reduction survey should be incorporated into the strategy with an action plan. Surveys should be undertaken annually. (3.16)

Partially achieved. The results of the previous anti-bullying survey had been included in the policy. The most recent survey results had not yet been included in the current policy.
We repeat the recommendation.

- 3.4 The anti-bully awareness course should be delivered more often and targeted at units where it would be most effective. (3.17)

Partially achieved. The course had been run in January 2009 for house blocks (HBs) 2 and 4, where there had been particular problems. There had been no courses since then, and units had not been identified for future delivery.
We repeat the recommendation.

- 3.5 The anti-bully awareness course should be linked to sentence planning and should be quality assured. (3.18)

Not achieved. The course had not been quality assured and was not linked to sentence planning targets.
We repeat the recommendation.

- 3.6 Violence reduction training should be delivered to all staff and all staff should be refreshed annually. (3.19)

Not achieved. Few staff had received violence reduction training or refresher courses.
We repeat the recommendation.

3.7 The violence reduction strategy and the consequences of inappropriate behaviour should be clearly publicised on all units. (3.20)

Achieved. The violence reduction policy was covered during induction and was displayed on the residential units.

Additional information

- 3.8** Safer custody issues came under remit of the head of safety and were managed on a day-to-day basis by a manager, two senior officers (SOs) and an administrative officer. The manager and one of the SOs were new in post. The deaths in custody since the previous inspection (see section on self-harm and suicide) had resulted in some slippage in violence reduction and anti-bullying and a lack of linkage between the two. The violence reduction policy was comprehensive but inconsistently applied. The monthly violence reduction committee meeting was attended by staff from various departments and discussed a range of appropriate subjects. Monitoring and analysis of statistics was not as robust as for other aspects of safer custody and had not identified some of the issues that we found.
- 3.9** There was a three-stage anti-bullying strategy. Staff raised a bully alert form if a prisoner was displaying behaviour that could be deemed as bullying, and the violence reduction coordinator ensured that such cases were investigated. There had been 113 prisoners subject to anti-bullying procedures between January 2009 and the inspection but we could not ascertain how many of these were victims and how many were perpetrators. An anti-bullying survey had been carried out, with a poor response rate of 23.6% from only 10 of the 17 units, which was significantly lower than the 36.4% response rate at the previous survey. The main findings were that the showers and gym were perceived to be the least safe places and own cells and the library the safest. The most frequently experienced type of bullying behaviour was theft of property and 40% of respondents said that they would not report bullying through fear of being labelled a 'grass'. Despite the inconsistencies of the application of the violence reduction policy, prisoners in our groups said that they felt that staff dealt with bullying quickly. Apart from vulnerable prisoners, more prisoners in our own survey reported feeling safe than at comparator prisons, and higher numbers than at comparator prisons had reported victimisation. Vulnerable prisoners on HB 4 reported feeling unsafe. This appeared to relate to the verbal abuse they received from other prisoners when they were out in the grounds or on exercise.
- 3.10** There was little written evidence of support being given to victims and no formal interventions. One prisoner who had been identified as a victim had been placed on stage one of the anti-bullying processes for perpetrators and was being restricted in his access to the regime because of this. Two other prisoners who had been identified as victims had victim support plans included as part of the perpetrators' monitoring booklets, and as the victims were located on different units to the perpetrators, staff on the victims' units were unaware of what had been agreed to support them. A prisoner who was on an open assessment, care in custody and teamwork (ACCT) document and who was the victim of bullying had remained located on the induction unit with the perpetrator, who had continued to bully him and other new prisoners. There was no mention of the bullying in his ACCT document, despite him raising it at an ACCT review. He had then been moved to the first night centre. After expressing thoughts of suicide to an inspector, he was assessed fully and located in the healthcare inpatients unit, where he could access psychiatric help.

- 3.11 Perpetrators of bullying were identified quickly and monitoring processes put in place. Those who carried out more serious acts of bullying were placed on the highest levels of monitoring and on the basic regime. Some were relocated to the segregation unit and transferred out. Support plans for perpetrators were sometimes basic and contained nothing more than a goal to 'stop bullying', with no indication of how this might be achieved.
- 3.12 Staff safer custody representatives had been identified on all the units but were not yet fully active in their role. Focus groups with selected prisoners had started the week before the inspection and were planned to continue on a weekly basis to ascertain prisoners' views on safer custody matters in general. There were no prisoner representatives, as advertisements had only recently been put out to prisoners.

Further recommendations

- 3.13 The violence reduction strategy should be consistently applied, with an emphasis on individual support for victims.
- 3.14 The anti-bullying survey should be repeated and efforts made to gain a greater response rate.
- 3.15 Information relating to victims should be recorded and reported separately from that for perpetrators.
- 3.16 Prisoner safer custody representatives should be appointed and given a clear job description.
- 3.17 There should be formal interventions for victims of bullying.

Self-harm and suicide

Expected outcomes:

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

- 3.18 Reviews should involve the case manager, the personal officer (or, at the very least, a unit officer) and the prisoner. Other parties should be invited if their input would be valuable. (3.34)

Not achieved. A number of reviews were carried out only by a senior officer. Many were carried out by a senior officer and an officer but we found few where other parties were invited, even when it was clear that valuable input could be gained.

We repeat the recommendation.

- 3.19 Care maps should always be opened. (3.35)

Achieved. Care maps had been opened for all the ACCT documents we examined.

3.20 Care maps should always be reviewed, and updated and noted to this effect. (3.36)

Partially achieved. While a significant number of care maps that we examined had been reviewed and updated, we found several that had not been followed up.

We repeat the recommendation.

3.21 The 'alternatives to self-harm' programme should be evaluated to decide whether it should be delivered on a regular basis. (3.37)

Achieved. The course had been evaluated to ascertain why there had been a low take-up. A decision had not yet been made as to what should happen next.

Further recommendation

3.22 The 'alternatives to self-harm' programme should either be reinstated or an alternative intervention used.

Additional information

3.23 Self-harm and suicide procedures were well developed. The policy was detailed and contained a number of operational guidelines for staff. The monthly safer custody meeting was attended by appropriate staff and wide-ranging discussions took place. Listeners attended the meetings. The monitoring of self-harm and suicide matters was comprehensive and the safer custody coordinator produced a detailed monthly report. There was evidence of issues being identified and action taking place to rectify them.

3.24 Few staff had undergone ACCT training or refresher training, including staff on the first night centre. The recent introduction of P-NOMIS (see recommendation 2.57) meant that other training had been put on hold while staff were taught how to use this system.

3.25 There had been five deaths in custody since the previous inspection, three of which had been self-inflicted. These had led to an emphasis on self-harm and suicide procedures and a drive to improve the quality of ACCT documents and the care offered to prisoners (see also section on health services). There had been 136 acts of self-harm since January 2009, which was the same as in the previous year and lower than at comparator prisons. A total of 397 ACCT documents had been opened since January 2009, a significant increase on the same period in the previous year, when 257 had been opened. There were 32 ACCT documents open at the time of the inspection.

3.26 We examined the last 10 closed documents and 10 of the currently open ones. They were of a good standard and entries made by staff indicated a high level of interaction between staff and prisoners and a good level of care and knowledge of those in need of support. Most prisoners we spoke to who were on open ACCT documents were complimentary about the care and support they received. Night-time observations were predictable in many cases and there was evidence of some initial and follow-up reviews being late or missed. In other cases, we saw evidence of additional reviews taking place when the prisoner was at increased risk of self-harm. There was a good system for following up those whose documents were closed: they were given support for seven days before a final review took place, after which the document was considered finally closed. The system for management checks was comprehensive and carried out consistently.

- 3.27 There were five constant watch cells: three in the first night centre (see section on first days in custody), one in the healthcare inpatients unit and one on HB 6. We were assured that the one in the healthcare unit was used only for prisoners with a clinical need. During the inspection, prisoners located in the latter two cells were out on association, and on HB 6 the prisoner was out of the cell cleaning and socialising with staff and other prisoners. There had been 58 constant watches between January and September 2009 (compared with 48 in the same period in 2008), involving 37 prisoners. There was a detailed algorithm for assessing the need for constant watch which was completed by the duty governor with a doctor or nurse. Not all prisoners who were assessed became the subject of constant watch if other interventions were more appropriate. There were 12 safer cells in various locations and two Listener suites, one on the first night centre and one on HB5. The safer cells were not particularly welcoming in comparison to the Listener suite.
- 3.28 There were 17 active Listeners, who were well utilised. The rota was not always followed and Listeners tended to be used to provide support on the units where they lived, so some were busier than others. The local Samaritans provided support to staff and Listeners, and Samaritans telephones were available on all units.
- 3.29 Some night staff did not have individually issued anti-ligature knives. This was rectified during the inspection.

Further recommendations

- 3.30 All staff, particularly those working in the first night centre and in healthcare, should be trained and refreshed in ACCT procedures.
- 3.31 Night-time observations of prisoners on open ACCT documents should be unpredictable.
- 3.32 Reviews of prisoners on open ACCT documents should be carried out on time.
- 3.33 The Listener rota should be adhered to.

Good practice

- 3.34 *The seven-day follow up of prisoners whose ACCT documents had been closed provided additional support to vulnerable prisoners.*
- 3.35 *The algorithm for assessing the need for constant watch provided assurance that this procedure was only used when necessary.*

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.

- 3.36 The complaints procedure should be managed and quality checked by a senior manager. Issues arising in the self-audit should be addressed within the timescale given. (3.109)

Achieved. A senior manager had overall responsibility for the complaints procedure and carried out thorough quality assurance every month. All self-audit deficiencies had been addressed.

- 3.37 Senior managers should quality check on a regular basis the responses given to prisoners' complaints. Staff should not answer complaints about themselves, and staff required to answer complaints should be trained in addressing matters arising from the complaint. (3.110)**

Achieved. A senior manager carried out a monthly quality check on responses to prisoners' complaints, and this was discussed at the senior management team meeting. Staff had received advice and training in addressing matters arising from the complaint.

- 3.38 The monitoring and evaluation of complaints should take place monthly. Information gathered from this monitoring should be used to identify and deal with underlying problems in order to minimise the number of complaints, and prisoners should be made aware at a consultative meeting what the establishment is doing to address problem areas. (3.111)**

Achieved. Monitoring and evaluation took place monthly and the information gathered was used to identify and deal with problems. Prisoners were given feedback at consultative meetings and through notices from the governor.

- 3.39 All areas should have complaints documentation available, and this should include the visits waiting area. (3.112)**

Partially achieved. Not all areas had all the different types of complaint forms available. We repeat the recommendation.

- 3.40 Complaints should be dated to show when they were received by the complaints clerk. (3.113)**

Achieved. All complaints were dated, scanned and logged on the computer database on receipt.

- 3.41 There should be a separate protocol to deal with complaints against staff. (3.114)**

Achieved. Complaints about staff were dealt with at functional head level or above, depending on the nature of the complaint and who was involved.

Additional information

- 3.42** Prisoners had free access to application forms in unit information rooms, and each unit kept a separate log. Prisoners in our groups said that applications dealt with on the wing were processed quickly but those going to other departments sometimes did not get answered. The application logs we examined did not show whether or not responses had been received to all applications and did not record if staff had made any attempt to follow them up. There were at least 29 different application forms available for different matters, which was confusing.

- 3.43** There had been 3,480 complaints since January 2009, compared with 3,690 for the whole of 2008. This high level reflected the problems that prisoners experienced in getting applications dealt with promptly. Many of the complaints could have been dealt with more suitably as

applications. This had been recognised by managers through the monthly monitoring, and steps were being taken to address the matter. The main subjects of complaints were healthcare, property, confidential access, wing issues and access to PIN telephones. Systems to deal with property complaints had changed, leading to a significant reduction in the number of complaints (see section on first days in custody).

- 3.44 There was an unusually high number of confidential access complaints. Many of these had been identified as not being suitable for confidential access but had, until recently, been dealt with as such, which meant that prisoners received responses from the Governor or deputy governor. A new system had been introduced to deal with complaints submitted via confidential access, whereby they went through the normal complaints system if they did not meet the criteria for confidential access, and this had resulted in a month-on-month reduction in the number of such complaints. In September 2009, 54 out of 87 confidential access complaints had been returned as not meeting the criteria.
- 3.45 The monthly complaints analysis was detailed and thorough, and issues raised about individual responses were dealt with through line managers. We examined a number of complaints, and most had been responded to respectfully and in sufficient detail to answer the issues raised, although some did not address the complainant by their preferred name.
- 3.46 There was little information on the complaints procedure displayed near complaints boxes but the prisoner information rooms contained information files in several languages giving details of how to complain. A prisoner information booklet about complaints had been produced and given to prisoners. There was a confidential complaints hotline, which was free and useful for prisoners who could not read or write. It was used minimally and was not sufficiently widely advertised or explained to prisoners.

Further recommendations

- 3.47 Application logs should show when responses are received and a system set up for following up late responses.
- 3.48 The number of different application forms should be reviewed and the system simplified.
- 3.49 The prisoner complaints hotline should be more widely advertised and explained to prisoners.

Legal rights

Expected outcomes:

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

- 3.50 There should be sufficient resources to provide adequate legal services and bail information to all prisoners who require this. (3.123)

Achieved. Two officers from the resettlement group saw all new receptions on the morning after their arrival, specifically to ascertain if they had any legal issues, and either directly assisted and advised them or referred them to appropriate functions. Applications with

requests for advice or assistance from the rest of the prison population were dealt with daily by staff within the resettlement function and there was no backlog at the time of the inspection.

Additional information

- 3.51 The resettlement group was staffed by 10 officers, two fewer than it was profiled for, because of staff shortages. Only three staff were trained in legal services and none of these had received refresher training for over two years.

Further recommendation

- 3.52 All staff acting as legal aid officers should be appropriately trained.

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.

- 3.53 **Staffing of the chaplaincy should be sufficient to ensure that all prisoners are able to attend weekly corporate worship or faith meetings; all prisoners are able to see a chaplain of their own faith in private every week; and all prisoners are able to attend classes and groups, in addition to corporate worship. (5.47)**

Partially achieved. The chaplaincy team made significant efforts to ensure that all prisoners, including those located on the discrete units, had the opportunity to worship and have contact with a member of the team. There were 3.5 full-time equivalent chaplains, representing the main faiths, and a full range of sessional chaplains, who worked at the establishment for four hours a month. Records we saw showed that there had not been a Pagan chaplain for a long period, but the chaplaincy team had now managed to recruit one. There was access to corporate worship for prisoners on main location, vulnerable prisoners and category A prisoners from HB 6. There was a minimum number of uniformed staff required for category A prisoners to attend corporate worship; when this number was not available, they were not permitted to attend. Prisoners from the close supervision centre (CSC) and the protected witness unit (PWU) did not have access to corporate worship in the chapel but services were delivered on the units if requested by prisoners. More respondents to our survey (58% against the 51% comparator) said that they felt their religious needs were respected but fewer (51% against the 56% comparator) said that they were able to see a religious leader of their faith in private. Although the main faiths had a member of the chaplaincy team available daily, other faiths were able to meet with a religious leader of their faith only fortnightly or monthly. However, the chaplaincy team provided a space for prisoners to worship and provided pastoral care to all prisoners, regardless of their faith. A range of classes was available to prisoners; some were delivered as a group, regardless of prisoners' location (except the CSC and PWU) and others were delivered on individual units (such as Islamic classes).

- 3.54 **There should be a dedicated multi-faith area. (5.48)**

Achieved. Part of the community hall had been partitioned to create a sufficient space that could be used as a multi-faith area. It was in the process of being decorated and there were artefacts from various faiths located in the room. This area was well utilised.

- 3.55 **There should be adequate space for chaplains to hold individual and group meetings in private. (5.49)**

Achieved. There was sufficient space in the chapel to deliver both group and individual meetings. The multi-faith room was used on occasion for group work and there was a smaller room that could accommodate a small group of prisoners or for meetings with individuals.

- 3.56 **Muslim prisoners should have adequate washing facilities before attending worship. (5.50)**

Achieved. Adequate washing facilities had been installed in the chapel, so Muslim prisoners could wash their feet and store their footwear there.

Additional information

- 3.57 The full-time chaplaincy team conducted statutory duties daily, including daily visits to the segregation unit and the CSU and meeting new inductions. Prisoners were given a leaflet about the chaplaincy service but these were available only in English.
- 3.58 The team attended a range of meetings and ACCT reviews when invited, and met all prisoners who were on ACCT documents. Prisoners could also make a request to see a member of the team. Good pastoral care was provided to prisoners who had experienced significant events, including bereavements, but there was no counselling service available.
- 3.59 The prison shop contractor had changed, and some of the religious artefacts that had previously been available were no longer on the prison shop list or had increased in price. The chaplaincy team, particularly the Muslim chaplain, had worked with the security department and senior managers to develop a competitively priced shop list specifically for religious artefacts, and this was due to be launched by the end of 2009. A detailed list of religious items permitted in prisoners' possession had also been developed.
- 3.60 The chaplaincy team became involved when prisoners made complaints about incidents that they perceived to be an infringement of their cultural or religious beliefs.
- 3.61 Regular chaplaincy meetings were held and addressed any issues regarding the religious needs of prisoners. Although there was no distinct policy outlining the religious needs of all prisoners, the chaplaincy team had a good overview of the different faiths at the establishments, were responding to some of the gaps that existed and were integrated into all aspects of the establishment.
- 3.62 Muslim prisoners had access to a range of Islamic classes. Work had been undertaken with selected Muslim prisoners around radicalisation. The course, 'peacemakers', had been delivered to 12 prisoners at the beginning of 2009, by an external facilitator. One participant we spoke to told us that it gave him a better understanding of Islam, and in particular of some of the misconceptions he had held.
- 3.63 A range of religious festivals had been observed, and the celebrations for Ramadan and Eid had been well received by prisoners.
- 3.64 The Sycamore Tree programme was delivered by the Prison Fellowship. This was Open College Network accredited and 20 prisoners were taking the course during the inspection. The chaplaincy team was in the process of developing links with faith communities outside the

prison, to help with prisoners' resettlement needs, and were seeking to revitalise the prison visitors scheme.

Further recommendations

- 3.65 The chaplaincy leaflet should be available in translated formats.
- 3.66 Counselling services should be available.
- 3.67 The chaplaincy should establish links with faith communities outside the prison according to prisoners' individual needs.

Good practice

- 3.68 *Work was being undertaken with selected Muslim prisoners around radicalisation.*

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.

- 3.69 The clinical support and CARAT teams should develop a mechanism of joint care planning to facilitate effective integrated service provision. (3.139)

Not achieved. Joint work between the teams was ad hoc. While they communicated about individual clients and cross-referred, there were no multi-agency meetings or joint reviews to coordinate care.

We repeat the recommendation.

- 3.70 Prisoners subject to clinical support, detoxification or maintenance should, as far as practicable, be accommodated on the same wing. (3.140)

Not achieved. Drug- or alcohol-dependent prisoners moved from the first night centre onto the induction unit. Efforts had been made to locate prisoners prescribed methadone or suboxone on HB 1 following their induction, but this was not always achieved, and those undergoing alcohol detoxification were accommodated on other residential wings.

Further recommendation

- 3.71 The prison should establish a stabilisation/detoxification unit with 24-hour nurse cover and a supportive regime. Prisoners undergoing alcohol detoxification should also be located on this unit.

Additional information

- 3.72 The prison had not yet implemented the integrated drug treatment system (IDTS). New arrivals were screened at reception and provided with first night symptom relief; alcohol detoxification started immediately. A specialist clinical team consisting of a doctor and two nurses from the Seagrave Trust, as well as a primary care nurse, assessed prisoners the following morning. Prescribing regimes were flexible, and appropriate interim treatment was provided at weekends. While prisoners stabilised, clinical reviews took place daily, and then weekly.
- 3.73 In our survey, 29% reported alcohol problems on arrival, compared with 12% in 2007 and a local comparator of 21%. During the previous six months, 155 prisoners had received methadone, 164 suboxone and 204 had completed alcohol detoxification. Opiate-dependent prisoners could also access secondary detoxification, which usually involved lofexidine, and the opiate blocker naltrexone could be prescribed pre-release.
- 3.74 The clinical substance misuse service was based on a self-contained unit, and offered a range of health promotion and drug awareness modules, as well as yoga, acupuncture and art classes. Nurses were assisted by a group of drug strategy officers. While the range of support for prisoners was good, activities were not jointly planned and coordinated with the counselling, assessment, referral, advice and throughcare (CARAT) team.
- 3.75 After the initial dosage, controlled drugs were administered by primary care nurses. Treatment rooms were located on HBs 1 and 5; while HB 1 had consistent nurse and officer cover profiled for this task, this was not the case on HB 5.
- 3.76 Since nurses were no longer wing based, prisoners undergoing alcohol detoxification had to go to the central medication facility. This arrangement was problematic; some prisoners had not received their medication because medical charts were unavailable, or because they were too unwell to attend (see also paragraph 5.69 and further recommendation 5.86).
- 3.77 Prisoners with complex problems could be referred to the mental health in-reach team (MHIRT), but we were told that this service was reluctant to see clients receiving opiate substitutes, and the team's skill mix did not include dual diagnosis expertise. Communication between the substance misuse and the MHIRT was informal.
- 3.78 An IDTS project manager had recently taken up post and there were local implementation plans focusing on first night prescribing, the establishment of a designated stabilisation unit with 24-hour nurse cover and observation hatches, extended GP cover and additional substance misuse nurses, and joint working between clinical and CARAT teams to provide integrated care.
- 3.79 The year-to-date random mandatory drug testing (MDT) rate was 5%, against a target of 7.5%; however, a large number of prisoners had also refused tests. During the previous seven months, 122 suspicion tests had been conducted, with a low positive rate of 33%. Since tests were carried out promptly, this seemed to relate to the quality of security information reports. A good level of reception, risk and frequent testing took place.
- 3.80 The MDT programme was staffed by eight drug strategy officers, who also conducted compact-based drug testing (CBDT). While prisoners understood the difference between the two forms of testing, this was not good practice.

- 3.81 Finds and test results pointed towards heroin, Subutex and diverted medication as the main drugs of use. In our survey, 19% said that it was easy to get illegal drugs, against a local prison comparator of 32%. Robust supply reduction measures were in place, but the security department lacked a nominated supply reduction lead.

Further recommendations

- 3.82 Clinical and counselling, assessment, referral, advice and throughcare (CARAT) services should coordinate and jointly deliver a programme of psychosocial support to prisoners.
- 3.83 A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems, and multi-agency care coordination should be established.
- 3.84 There should be a clear separation between mandatory drug testing (MDT) and compact-based drug testing in terms of staffing, and the MDT function should come under the remit of the security department.

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 Designated liaison officers should be appointed and given sufficient time and resources to meet the needs of minority prisoner populations. (3.45)

Achieved. There were two designated staff diversity representatives on each of the house blocks (HBs), except HB 6, which had one. Each had job descriptions, which outlined the support that should be offered to meet the needs of minority groups. They were allocated time to attend the bi-monthly meetings with the race equality officer (REO), disability and older prisoners' liaison officer (DOPLO) and foreign nationals coordinator, as well as undertake diversity work on their allocated wings. Access to this time was checked at the beginning of each meeting. They discussed the full range of diversity issues and had made links with organisations in order to develop a gay support group. Prisoners were offered a location-based member of staff they could turn to about a range of diversity issues. This system worked particularly well on HB 4B, where there were a number of older prisoners and those with disabilities. The staff representatives were proactive, provided prisoners with a high level of support and were regarded highly by prisoners.

- 4.2 All prisoners should be screened during reception or induction for physical, mental and/or sensory disability. This assessment should be reviewed annually, when circumstances change or at the prisoner's request. (3.46)

Not achieved. Health services staff were supposed to complete a screening tool which gave prisoners the opportunity to declare if they had a disability, and the type of support they might require. While the screening tool did not specifically address any mental health concerns, support arrangements were discussed with prisoners who disclosed a mental illness. The process for prisoners to declare a disability was not working effectively at the time of the inspection. The completed questionnaires were not always sent to the DOPLO, so in these cases she was unable to complete the follow-up assessment or individual care plan with the prisoner. The assessment and care plans that were completed were not reviewed annually or regularly updated.

We repeat the recommendation.

- 4.3 A multidisciplinary team, led by a senior manager, should conduct monitoring and regular analyses to ensure that prisoners from minority groups are not victimised or excluded from any activity and that their needs are appropriately addressed. (3.47)

Not achieved. The strategic management of diversity was in a process of transition. Aside from the race equality action team (REAT), there was no forum for driving forward other diversity strands. The diversity management team meeting mainly dealt with staff issues. The head of human resources and business partnerships (HRBP) was to take strategic responsibility for the full range of diversity strands (excluding race equality) and chair a prisoners and staff diversity meeting from January 2010. In the meantime, pockets of staff were aware of some of the issues for these minority groups (such as the DOPLO in relation to older prisoners and those with disabilities) but it was not yet coordinated, monitored or

managed centrally.
We repeat the recommendation.

Additional information

- 4.4 The diversity management team meeting was attended by a multidisciplinary team of staff. The agenda focused on diversity issues for staff but also the type of support or training that staff needed in order to address some of the needs of the minority groups in the prison population. The REAT addressed race equality across the establishment and, when relevant, religious concerns. The forum proactively monitored race equality issues, and trends were actively responded to (see section on race equality).
- 4.5 The diversity and equality strategy document included an action plan, which was monitored at the REAT meeting. It had clear objectives for some of the diversity strands, but not sexual orientation or transgender issues. Action had been taken to ensure that some of the objectives had been achieved but the plan was not regularly updated to ensure that the current status of outstanding objectives was clear, and some of the deadlines had passed without the objective being achieved.
- 4.6 The establishment had started publishing a quarterly prisoner diversity newsletter; a separate diversity newsletter was available for staff. The former was published only in English but informed prisoners about how the establishment was addressing any issues of inequality and supporting minority groups. The newsletter publicised events, provided information about different cultures and faiths, and was available in the prisoner information rooms.

Housekeeping point

- 4.7 The diversity and equality strategy action plan should be regularly updated.

Race equality

- 4.8 **Attendance at REAT meetings should be improved to ensure that action points are taken forward in a timely and accountable manner. (3.58)**

Achieved. The attendance at REAT meetings was consistent and included a range of staff from across the establishment. The meeting was chaired by the governor and minutes indicated that detailed discussions took place and that actions were followed up.

- 4.9 **The number and location of race equality prisoner representatives should reflect the size of the establishment's minority ethnic population and the various specialist residential units. (3.59)**

Partially achieved. During the inspection, we met the six prisoner diversity representatives. There were insufficient representatives for both sides of the HBs, except on HB 2. There were no representatives for HBs 1 and 6, although there were staff diversity representatives. The prisoner diversity representatives had received insufficient training to fulfil their role confidently and had little guidance. Only half of the prisoner diversity meetings with the REO had taken place in the previous six months. One representative had been recruited three weeks before the inspection and was unclear about what he was expected to do. He was located on the induction unit (HB 5) and was expected to speak with new prisoners about the race equality

arrangements, as well as the role of prisoner representatives, but had not done so to date and had not been given any guidance.

Further recommendation

- 4.10 Prisoner diversity representatives should receive adequate training to undertake their role, including for older prisoners and those with a disability, and regular meetings should be convened to ensure that they are able to feed back prisoners' views and fully engage in the race equality action team meeting.

Housekeeping point

- 4.11 Prisoners should be told about the role of prisoner diversity representatives during their induction.
- 4.12 **The chair of the REAT or a nominated member of the senior management team acting as his or her deputy should read and sign off on all completed racist incident investigations. (3.60)**

Achieved. The governor read all the racist incident report forms (RIRFs), signed them off, raised queries and provided advice to the REO regarding the outcome of the investigations.

- 4.13 **Racist incident investigations should be subject to routine external validation and the conclusions fed back to the REAT to improve practice. (3.61)**

Partially achieved. A representative from Milton Keynes Equality Council provided external validation of racist incident investigations and provided written feedback. There was no alternative arrangement when he was absent, as had been the case in the months leading up to the inspection.

We repeat the recommendation.

- 4.14 **The REAT should establish, administer and monitor a distinct process for managing racist complaints against staff and ensure that proven incidents of misconduct are appropriately followed up. (3.62)**

Achieved. There was a clear process for managing racist complaints against staff. Prisoners were interviewed initially and had the opportunity to discuss the implications of their complaint and options available, to ensure that they were appropriately supported and protected during the investigation. The nature of the complaint determined the level at which it was investigated. A senior manager was tasked with investigating serious complaints and we were told by the deputy governor that consideration was given to how the prisoner wanted the complaint to be investigated. Despite these arrangements, prisoners told us that they lacked confidence in the complaints system for reporting such matters, and that they were concerned that staff were aware of any complaints made about them, and that this contributed to their reluctance to report incidents.

- 4.15 **Interventions should be developed for challenging prisoners found guilty of racist misconduct and for protecting and supporting their victims. (3.63)**

Not achieved. There were no interventions available for prisoners found guilty of racist

misconduct or for supporting and protecting victims.
We repeat the recommendation.

- 4.16 **The profile of race equality work should be raised, including making relevant staff and prisoner representatives more visible and accessible and better promoting racial and cultural diversity. (3.64)**

Partially achieved. Not all prisoners were aware of who the staff or prisoner diversity representatives were, as they were not publicised on the wings. Some prisoner representatives had been given job descriptions but were keen to be more involved in all aspects of diversity arrangements. Racial and cultural diversity was promoted through the diversity newsletters (see paragraph 4.6) and a range of events and festivals had been celebrated during the year (see paragraph 4.27) but there were few pictorial representations of different cultural groups across the establishment.
We repeat the recommendation.

Housekeeping point

- 4.17 Pictures of prisoner diversity representatives should be displayed on the house blocks.

Additional information

- 4.18 Approximately 33% of the population were from a black and minority ethnic background. The monthly REAT meeting looked at a range of monitoring information to ensure that all ethnic groups were treated equitably. When this was found not to be the case, it was appropriately investigated and responded to. The REAT took complaints made by prisoners seriously. One example concerned complaints from some black and minority ethnic prisoners that they were less likely to be in paid employment or trusted positions such as orderlies. The REO's investigation found that staff were not allocating jobs on the basis of prisoners' skills or length of time at the establishment, so some jobs, particularly orderly positions, were occupied mainly by white British prisoners. This was appropriately responded to and the outcome was communicated to staff and prisoners and continued to be monitored by the REO.
- 4.19 Although trends were actively responded to at the REAT meeting, they were not always effectively communicated to the wider prisoner population, and prisoner diversity representatives told us that they did not always receive the minutes of the meeting and were not aware of how prisoners could access ongoing race equality information.
- 4.20 Ongoing diversity training ('challenge it, change it') was being delivered and 285 members of staff had been trained, but this included staff who would not necessarily have contact with prisoners. There had been poor attendance at this training. One course had been cancelled in October 2009 and another had had only six staff in attendance. The number of training courses was to be increased in 2010 from three to six each month.
- 4.21 The REO had been in post since April 2009 and had received simple investigations training. He attended a range of meetings, including the monthly meetings with prisoners located on the close supervision unit. There was informal administrative support but the REO had insufficient time to carry out his role adequately. Therefore, the meeting that was supposed to take place between the prisoner diversity representatives and the REO before each REAT meeting, to discuss which issues would be presented at the meeting, did not always take place. Prisoner representatives attended the REAT meetings, but told us that they sometimes felt unprepared.

- 4.22 There had been 237 RIRFs submitted in the year to date, compared with 402 in 2008; this showed a significant decrease in the use of the complaint system and might have been linked to the decline in prisoners' confidence in this system for reporting racist incidents (see recommendation 4.14).
- 4.23 Some black and minority ethnic prisoners believed that staff lacked cultural awareness, and were frustrated that there were so few black and minority ethnic staff in contact positions (4%). The RIRFs we reviewed showed that staff did not always challenge inappropriate language or behaviour, some of which could have been perceived as racist. Between April and September 2009, staff had submitted 45 RIRFs, compared with 61 by prisoners. The REO encouraged staff to address some of the issues, rather than submitting a form, but this was not supported by staff training. The REO spent too much time investigating incidents that other staff could have addressed.
- 4.24 The quality of some RIRF investigations was poor. The outcome of the investigation did not always address the incident and the responses were not timely. It was unclear from some of the paperwork if the investigation had been completed and the complainant responded to.
- 4.25 A monthly Travellers and Gypsy group was held, attended by the REO, which monitored the number of Traveller and Gypsy prisoners in the establishment but did not analyse whether they had equitable access to all aspects of the regime. The REO wanted to develop focus groups for different minority groups, to provide ongoing consultation with prisoners in these groups.
- 4.26 Prisoners who had been identified as having current or previous racially aggravated offences or an incident of racist bullying were placed on a security control threats database, which was managed by the security department and to which the REO had access. The REO communicated with wing managers to ensure that cell-sharing risk assessments were appropriately reviewed when a racist incident had been proven.
- 4.27 A range of cultural events and religious festivals was celebrated. Traveller and Gypsy Month had been celebrated in June 2009 and supported by external groups. Events had been arranged for Black History Month, although the prisoner diversity representatives told us these had been disappointing, and that they had not been involved in the planning.

Further recommendations

- 4.28 There should be additional staffing resources for race equality work in order to carry out these duties effectively.
- 4.29 Regular prisoner diversity representative meetings should take place.
- 4.30 Staff who lack confidence in dealing with race and cultural issues should be prioritised for the diversity training and provided with additional support to challenge discriminatory behaviour effectively.
- 4.31 The quality of racist incident report form (RIRF) investigations should be improved and the complaint responded to, and prisoners should be informed when they can expect a response.
- 4.32 The decline in the number of RIRFs being submitted and current lack of prisoner confidence in the system should be investigated and appropriately responded to.

- 4.33 There should be regular consultation groups with a range of ethnic minority groups to ensure that their views contribute to the overall management of race equality.

Religion

New Expectations not previously inspected

- 4.34 There was no monitoring or strategy to ensure that prisoners were not excluded from the regime based on their religion, although prisoners did not raise any concerns about this during the inspection.
- 4.35 Some objectives were set for the chaplaincy department in the diversity and equality action plan, including arranging multi-faith events and raising staff awareness of religious observance. The chaplaincy team had delivered a pilot faith awareness programme in September 2009, which 13 members of staff had attended. The programme was to be rolled out to all staff in 2010. It explored the range of faiths that staff might come into contact with but there was a particular focus on Islam. At the time of the inspection, 13% of the population (113) were registered as Muslim.
- 4.36 The chaplaincy team worked closely with the security department and senior management team so that prisoners could have access to appropriate religious artefacts and to raise awareness of how some policies – for example, the searching strategy – might have an impact on particular faiths and how this could be overcome.
- 4.37 Prisoners used the RIRF system to report discriminatory treatment on the grounds of religion or approached the chaplaincy team directly.

Foreign nationals

- 4.38 **There should be a foreign nationals coordinator who is fully conversant with the needs of foreign national prisoners and is supported by the senior management team. (3.72)**

Achieved. The foreign nationals coordinator had previously held the post of foreign nationals clerk and was aware of the administrative processes concerned with foreign national prisoners. This knowledge had proved invaluable in terms of her liaison with the UK Border Agency (UKBA) and the local immigration enforcement office. The foreign nationals policy, which the coordinator had been involved in devising, was focused on the needs and entitlements of foreign national prisoners but was currently available only in English. The document was available on the wings. Work with foreign national prisoners was strategically overseen at the REAT, at which the coordinator presented a monthly report.

- 4.39 **A multidisciplinary committee should have responsibility for ensuring that the needs of foreign national prisoners are represented, and that the foreign nationals policy is fully implemented. (3.73)**

Achieved. The REAT was the forum for ensuring that the needs of foreign national prisoners were represented and that the policy was being adhered to. Prisoner diversity representatives occasionally attended the meeting and raised issues on behalf of prisoners, including foreign nationals. The coordinator met staff diversity representatives regularly to ensure that they were

aware of the policy and the entitlements of this group of prisoners, and to update them of any changes.

- 4.40 **There should be accredited translation and interpretation services for prisoners, especially where matters of accuracy and/or confidentiality are a factor. (3.74)**

Partially achieved. Although translation services were well used, notices and important information were not translated into other languages. Consequently, not all foreign national prisoners were aware of how to access airmail letters or international telephone cards. A list of prisoners and staff who could speak other languages was maintained and available to all staff. We observed telephone interpreting services being used by staff, and the establishment had recently invested in handsets that would better facilitate the use of such services.

We repeat the recommendation.

- 4.41 **Prisoners should be able to contact accredited, independent immigration advice and support agencies. (3.75)**

Not achieved. There were no accredited independent immigration advice and support agencies available. Contact details for various immigration advice services were available in the prisoner information rooms.

We repeat the recommendation.

- 4.42 **There should be routine consultation with the foreign national prisoner population, with areas of concern fed back to senior managers and action taken to address significant issues. (3.76)**

Not achieved. The foreign nationals coordinator had conducted a survey of approximately 60 foreign national prisoners, of whom only 19 had returned the questionnaire. The questionnaire had been only in English, despite the fact that some of the prisoners to whom it was distributed could not write, and possibly could not read, English. The forms had been analysed and the main issues raised were the lack of access to English for speakers of other languages classes and to activities. The foreign nationals coordinator planned to repeat the exercise but it was unclear why the questionnaire had not been given to all foreign national prisoners, and how the results from the questionnaire were going to be used to improve services for this group.

We repeat the recommendation.

Further recommendation

- 4.43 Any future surveys of foreign national prisoners' views should be accessible to all such prisoners, and the results should be analysed and discussed at the race equality action team (REAT) meeting, with action taken where appropriate.

Additional information

- 4.44 Foreign national prisoners were identified through the reception process, and the foreign nationals coordinator and clerk were notified. The coordinator was supported by resettlement officers, who were on a rota to complete an initial interview with all foreign national prisoners, but who were not in fact always available. The coordinator prioritised seeing the foreign national prisoners who had had an immigration warrant issued, of which there were 22 on remand or serving sentences at the time of the inspection.

- 4.45 Foreign national prisoners made up approximately 14% of the population. They had to apply for a £5 international telephone card in lieu of a visit in the previous month. They could also swap standard letters for airmail letters or purchase them from the prison shop list. Some foreign national prisoners we spoke to told us that they had not received a free call on arrival.
- 4.46 Monthly surgeries were held with representatives from UKBA, the facilitated returns scheme and local immigration enforcement staff. Foreign national prisoners we spoke to were aware of the clinics and many had attended, with between 50 and 60 prisoners attending the last two clinics. This was the only forum in which foreign national prisoners met as a group.
- 4.47 There were six prisoners held solely under immigration powers, one since November 2008, although he had only been held at the establishment since August 2009. The coordinator had tried to get him transferred to an immigration removal centre (IRC) or alternatively to an establishment in London at his request, so that he could maintain links with his family, but this had been unsuccessful. All of these prisoners had expressed a preference to move on to an IRC, and the population management unit was notified weekly of all prisoners who were waiting to be moved.

Further recommendations

- 4.48 All foreign national prisoners should be permitted to make a free telephone call to inform family members of their whereabouts.
- 4.49 Foreign national prisoners should be seen by the foreign nationals coordinator or a nominated member of staff within 48 hours of arrival.
- 4.50 A foreign nationals group should be held, so that information and support can be shared and offered and any areas of concern referred to the REAT for action.

Disability

New Expectations not previously inspected

- 4.51 The high security estate had had a disability access assessment completed and subsequent improvement plan prepared by Dial UK. This outlined improvements that needed to be made in order for the establishment to be accessible to all prisoners and visitors. This was further supported by an assessment of the vulnerable prisoner unit, completed by the DOPLO, where most of the prisoners with restricted mobility were located.
- 4.52 Some reasonable adjustments had been made, which included emergency call bells, raised beds and grab rails. The showers on the vulnerable prisoner unit were in the process of being updated, and they were waiting for new flooring and a shower chair at the time of the inspection.
- 4.53 The DOPLO, supported by staff diversity representatives, had an overview of the needs of prisoners with disabilities and worked closely with two nominated healthcare leads for older prisoners and those with disabilities. Although action plans had been developed which addressed access to the regime and activities for prisoners with disabilities, those with restricted mobility were unable to access the education department because of its location on the first floor. Similarly, prisoners located on the ground floor of the vulnerable prisoner unit were unable to use the education facilities located on the first floor.

- 4.54 Support and engagement with older prisoners and those with disabilities had improved. However, in our survey, prisoners, who considered themselves to have a disability responded significantly more negatively than their counterparts about feeling unsafe at the moment and having been victimised by prisoners and staff. The DOPLO had completed a survey of all the older prisoners and those with disabilities in the prison population in July 2009 (49 in total) but only 19 had been returned. The respondents had said that they were generally well treated, but raised concerns about negotiating stairs on the house blocks, accessing the education department and getting to central medications (see section on healthcare).
- 4.55 Monthly meetings for older prisoners and those with disabilities were held both on the vulnerable prisoner unit and on main location and were chaired by prisoners and supported by the DOPLO. A range of support agencies attended, and the forum was well regarded by prisoners. Quarterly reports identifying any issues about prisoners' access to the regime were prepared by the DOPLO but there was no forum to address these issues.
- 4.56 Approximately 12% of the population had declared a disability but, due to the weaknesses in the screening process, the actual percentage was likely to have been higher. In our own survey, 21% of prisoners self-identified with a disability. Self-referral disability forms were available on each of the wings and prisoners who responded had a sign located on the cell card to denote this. All prisoners completed an educational assessment and the DOPLO was informed of any prisoners who had been assessed as having a learning disability. There were Toe by Toe mentors who offered additional help in reading but notices and information were not available in a range of easy-read formats, and audio tapes were not available.
- 4.57 Prisoners located on the vulnerable prisoner unit had care plans, which mainly outlined the level of support needed and whether a personal emergency evacuation plan (PEEP) was required. These care plans were not dynamic and were not regularly reviewed in line with the changing needs of the prisoners. On main location house blocks, staff were unfamiliar with PEEPs but were aware of where the prisoners with a declared a disability were located. However, staff who were new to the wing would not have been aware of their location.
- 4.58 The DOPLO had developed a carers scheme and had recruited two paid carers on the vulnerable prisoner unit. They had completed a training package devised by Age Concern. They were each allocated a maximum of four prisoners, and provided support for such tasks as cleaning cells, making beds and collecting meals. A contract was drawn up to outline which tasks the carers were expected to fulfil, and this was regularly reviewed by the staff diversity representative on the wing. Prisoners we spoke to who had been allocated carers welcomed the assistance.
- 4.59 On some of the house blocks, there were informal arrangements to unlock prisoners who were unfit to work because of their disability during the day. The current disability pay was only £3.25 a week.
- 4.60 There had been active engagement with community groups and prisoners with disabilities, and a recent disability day had been attended by nearly 300 prisoners and staff. All prisoners were seen before release to address their resettlement needs but there was no formal process to assess care needs for prisoners with disabilities before discharge.

Further recommendations

- 4.61 Reception screening should be improved to ensure that disabilities are identified.

- 4.62 Prisoners with disabilities who require personal emergency evacuation plans should have these developed and staff should be aware of them.
- 4.63 Formal arrangements for unlocking prisoners unfit for work because of their disability should be implemented.
- 4.64 Equality of treatment and access should be monitored by disability and appropriate action taken to rectify any inequalities.
- 4.65 Carers should be recruited for prisoners with disabilities on main location.
- 4.66 Care plans should be regularly reviewed.
- 4.67 Care needs for prisoners with disabilities should be assessed and support arrangements put in place before release.
- 4.68 Disability pay should be increased.

Good practice

- 4.69 *The carers scheme provided prisoners on the vulnerable prisoner unit with a disability additional support with day-to-day tasks.*

Older prisoners

New Expectations not previously inspected

- 4.70 Prisoners over the age of 50 were identified by the DOLPO through P-NOMIS. There were 49 prisoners over the age of 50 and the oldest prisoner was 76. Most older prisoners were located on the vulnerable prisoner unit, where staff diversity representatives and support were available. There was no formal assessment of older prisoners' needs, unless they declared specific age-related impairments through the healthcare screening process. The DOPLO was then notified of those prisoners who might require additional support, and healthcare leads provided any specific health-related input.
- 4.71 The DOPLO invited all over-50s to the monthly 'come and meet each other' sessions (CAMEO), which were run by the chaplaincy. They provided an informal setting for this group of prisoners to meet, interact and engage in activities. They were also invited to, and attended, the meetings for older prisoners and those with disabilities (see section on disability). The PE department ran gym sessions for the over-50s.
- 4.72 There were no emergency arrangements for older prisoners on main location who might need help during an emergency. Efforts were made to locate flat any older prisoners who might have difficulties negotiating stairs, but equality of treatment was not monitored or analysed by age. The carers scheme (see section on disability) did not extend to older prisoners and there appeared to be a general lack of awareness that some older prisoners might require additional support with day-to-day tasks.
- 4.73 Prisoners who had reached pensionable age were not required to work but retirement pay was only £3.25 a week. Activities that might be suitable for older prisoners who wanted to work

were identified on a case-by-case basis. There was a gardening project on the vulnerable prisoner unit. Retired prisoners did not pay for their television.

- 4.74 There was good engagement with community groups, and diabetes UK and MIND Milton Keynes were due to visit the establishment in the forthcoming weeks. All prisoners were seen before release to address their resettlement needs but there was no formal process to assess care needs for older prisoners before their release.

Further recommendations

- 4.75 Older prisoners should receive an initial assessment to identify any age-related impairments or social care needs, and appropriate action taken.
- 4.76 Equality of treatment and access should be monitored by age and appropriate action taken to rectify any inequalities.
- 4.77 Suitable activities for older prisoners should be identified.
- 4.78 Older prisoners' care needs should be assessed and support arrangements put in place before release.
- 4.79 Older prisoners who require personal emergency evacuation plans should have these developed and staff should be aware of them.
- 4.80 Formal arrangements for unlocking retired prisoners should be implemented.
- 4.81 Retirement pay should be increased.

Gender and sexual orientation

New Expectations not previously inspected

- 4.82 There were no policies on sexual orientation, and no arrangements for the support of gay or bisexual prisoners. The establishment had gender reassignment guidance for staff and managers but nothing relating to prisoners. A transgender prisoner had been at the establishment for approximately three weeks at the time of the inspection.
- 4.83 Steps had been taken to ensure that relevant staff were briefed of this prisoner's arrival but, due to the lack of formal procedures to support and meet the needs of transgender prisoners, little else was provided. No consideration had been given to how the prisoner would access aspects of the regime such as activities, visits or exercise. However, we ascertained that the prisoner felt safe and had a member of staff on the first night centre to turn to.

Further recommendations

- 4.84 A policy for supporting and meeting the needs of gay, bisexual and transgender prisoners should be developed.

4.85 Formal procedures should be developed that will assist in ensuring that transgender prisoners have as much access to the regime as possible, and where necessary that alternative arrangements are made.

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 A skill mix review should be undertaken to ensure that appropriately qualified nurses and health support workers are employed in clinical areas. (4.75)

Not achieved. There had been no skill mix review but a primary care trust (PCT) transformation/modernisation programme (LEAN) had recently started which included this as a work stream. This work was needed, as registered mental health nurses (RMNs) were often deployed to do generic work, including medication rounds or methadone administration, and were unable to focus on mental health needs. There was also potential to improve the utilisation of the healthcare officers and healthcare assistants, some of whom had completed additional training in areas such as bereavement counselling.

We repeat the recommendation.

- 5.2 Administrative support should be increased to ensure that clinical staff are not employed on administrative duties. (4.76)

Achieved. There were four administrative staff, which was an increase from the previous inspection, although two members of staff were absent during our visit. The administrative staff were responsible for maintaining the waiting lists for the GP, optician and podiatrist, and supporting the application line and central medications. Nursing staff did not routinely carry out non-nursing administrative tasks.

- 5.3 All staff should receive clinical supervision. (4.77)

Not achieved. There was a PCT supervision policy which included clinical supervision. We were told that there had been regular small group clinical supervision sessions, which had stopped for a period because of a lack of staff capacity. Two members of staff had attended Department of Health study days for staff working in penal settings. A reflective practice group had started shortly before the inspection but not all staff had access to clinical supervision.

We repeat the recommendation.

- 5.4 Emergency resuscitation equipment should be checked at least weekly, and a record kept of such checks. (4.78)

Partially achieved. There was emergency equipment in the inpatient unit, including oxygen, a defibrillator and other emergency items. This was checked daily and records maintained. Emergency equipment was also kept in the outpatients unit, but this was stored in a corridor. The records showed that the equipment had been checked daily but there had been some occasions when an item had been missing for up to four days without being replaced. Emergency drugs were also kept and in date, including adrenaline, diazepam and glyceryl trinitrate spray.

Further recommendation

5.5 Missing and used items of equipment should be replaced immediately following their use.

5.6 **Appropriate storage facilities should be identified for the management of clinical records. (4.79)**

Partially achieved. Current paper clinical records were stored in a lockable sliding floor-to-ceiling hanger in a small room behind the duty room. However, the room was immediately adjacent to the duty room, which was used by non-health professional staff and the records were not locked during the day. There was no tracer system and we were unable to locate several sets of records that we looked for. Old paper clinical records were stored haphazardly in cardboard boxes in a locked room and there did not appear to be a system by which staff could locate specific records. We were told that the PCT had plans to store records securely off-site.

We repeat the recommendation.

5.7 **A member of the health services team should represent health services at the morning meetings. (4.80)**

Achieved. The head of healthcare or a delegated deputy attended the morning operational meeting.

5.8 **The dental surgery should be refurbished as a matter of extreme urgency to bring it in line with NHS standards. The dentist should be involved in its refurbishment, which should include information technology equipment, the resetting of the emergency bell and fire extinguisher, and the provision of up-to-date dental equipment, so that a full service can be provided. (4.81)**

Achieved. The dental surgery had been refurbished and was light, airy and equipped to a high standard. The emergency bell and fire extinguisher had been re-sited. We were told that there were further plans to convert the adjacent room into a separate decontamination facility, as required by new regulations. Dental record keeping was good and the new IT system was being integrated with the forthcoming SystemOne clinical records system.

5.9 **An NHS-compatible electronic medical information system should be established. (4.82)**

Not achieved. There were plans to implement SystemOne but at the time of the inspection paper records were still in use. We were told that SystemOne was planned for implementation in the week after the inspection.

We repeat the recommendation.

5.10 **The cleaning contract should be reviewed and be subject to audit to ensure that all health services clinical areas are cleaned on a regular basis. (4.83)**

Partially achieved. There was a cleaning contract with Aramark and we were told that the PCT infection control team carried out monthly audits. An audit we saw from August 2009 reflected the gaps in a regular cleaning regime. The main healthcare department was reasonably clean but some areas were dusty and clearly had not been cleaned recently. All the house block (HB) treatment rooms were dirty and untidy; we were told that these were the responsibility of nursing staff and were not part of the cleaning contract. The inpatients unit was clean and bright and was cleaned by the prisoners on the unit. Cleaning had been

identified as a priority on the national cleaning standards action plan in August 2009. We saw minutes of a meeting about the cleaning contract which indicated that a new business case was to be prepared for the additional capacity required.

Further recommendation

5.11 All healthcare areas should be cleaned regularly and cleaning schedules maintained to show that this has been done, and there should be management checks on the schedules.

5.12 **All carpeting in clinical areas should be replaced with a floor covering that meets NHS cleanliness and infection control standards. (4.84)**

Partially achieved. All carpeting had been removed from clinical areas, but the floor in the treatment room on HB 1 was tiled and did not comply with infection control requirements.

Further recommendation

5.13 The tiled floor in the treatment room on house block 1 should be replaced to comply with infection control requirements.

5.14 **A programme of refurbishment for the health services department should be introduced – in particular for the duty room area. (4.85)**

Partially achieved. There had been limited progress in repainting and refurbishing the main healthcare department, and parts of it looked shabby and dingy. The duty room area was cramped and did not appear to have been decorated recently. The inpatients unit was bright and airy, and prisoners were painting it during the inspection.

We repeat the recommendation.

5.15 **A health services worker should be designated as the focus for older prisoners. (4.86)**

Achieved. There was a designated lead for older people. We were told that there was close working between health services staff and the disability liaison officer and there was now regular attendance at the meetings for older prisoners and those with disabilities.

5.16 **A system should be devised whereby the identity of personnel entering comments into patients' records is apparent. (4.87)**

Not achieved. The entries in the clinical records we reviewed contained adequate information but it was difficult to identify the health professional who had made the comments, either by name or title/status, and some entries were not timed. We were told that there was a signature key to identify who had signed the record and their designation, and that an audit of clinical records was planned for the week after the inspection.

We repeat the recommendation.

5.17 **A health forum for prisoners should be introduced to allow house block representatives to meet with senior health staff at agreed intervals to discuss general issues concerning health matters. (4.88)**

Achieved. There was a prisoner health forum, which we were told met monthly, with representation from each of the wings. The minutes from the June 2009 meeting indicated that

these meetings were held on the last Tuesday of every month but did not give the date of the previous meeting or the next meeting. In addition, there was no indication of how issues were actioned.

Further recommendation

5.18 Advance notice of dates and venues for future meetings should be noted in the prisoner health forum minutes, as well as how appropriate action has been achieved.

5.19 **Additional sessions for the optician should be implemented to reduce the waiting list to an acceptable level. (4.89)**

Achieved. Monthly optician clinics were held on the first Monday of the month. We were told patients did not wait more than four weeks and that the PCT had agreed provision for ad hoc sessions to deal with any longer waits. At the time of the inspection, 15 prisoners were waiting for a first appointment. The electronic database did not include the date of referral, which meant that it was difficult to ascertain how long each patient had waited for a first appointment.

Further recommendation

5.20 The electronic waiting list should include the date of referral/application so that it can be ascertained how long each patient has waited for his first appointment.

5.21 **Health services should work with reception to ensure that prisoners are not having their initial reception health screen delayed when large influxes of new receptions arrive at the prison. (4.90)**

Achieved. We saw new reception consultations in the first night centre but not in reception. We were told that there was now flexible nursing staff provision across the first night centre and reception to ensure that prisoners did not wait for long periods. We saw no evidence of prisoners waiting long periods to be seen, even during busy periods. The reception tool incorporated the secondary assessment, the consent to information sharing and the medication compacts, but did not require much detailed information. Completed records we reviewed were perfunctory but there were appropriately completed triggers for referrals to mental health, disability and substance use teams, the assessment, care in custody and teamwork (ACCT) process and other primary health services.

Further recommendation

5.22 There should be a review of the reception screening tool to ensure that it provides appropriate information about prisoner health for their first night in prison.

5.23 **Secondary health screening should be mandatory. (4.91)**

Achieved. All prisoners received a secondary health assessment within 24 hours of arrival. The secondary assessment tool was included in the reception screening document (see previous recommendation). The secondary assessment was limited and had no provision for details of previous health history or significant health concerns. We were told that a prisoner who had been seen earlier had had limited command of English; the nurse told us that he had

not used a telephone interpreting service to communicate with the prisoner but felt that he had managed to make himself understood.

Further recommendations

- 5.24 Telephone interpreting services should always be offered to prisoners with a poor command of English.
- 5.25 The secondary health assessment should be reviewed in conjunction with the reception screen, to ensure that appropriate and sufficiently detailed information is collected.

5.26 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (4.92)

Not achieved. There were no triage algorithms in place. The central application process for primary care was carried out by administrative staff. When an application request indicated that it was urgent, the patient was transferred for screening by the nurse carrying 'Hotel 1'. Many of the nurses were solely RMNs; this was not appropriate deployment of nursing expertise and there was no formal triage protocol to enable consistent and safe prioritisation to be made. We saw drafts of the protocols being developed but these had not been finalised and were not in use during the inspection.

We repeat the recommendation.

5.27 The waiting time to see a GP should be reduced to match NHS guidelines. (4.93)

Not achieved. Prisoners told us that they sometimes waited a week or more to see the GP. A telephone applications line had been in place for some months but prisoners told us that they had difficulties in accessing this line at the designated times and that there were also problems for some prisoners in getting their telephone PIN numbers promptly, to enable them to use the line (see also paragraph 5.67). Recent applications line data showed that there had been several long waits for individual patients to see the GP, including a prisoner already on an open ACCT document, who had waited three days to be seen; a prisoner who had waited eight days with a 'feverish headache'; and a prisoner with 'depression', who had waited eight days to see the GP. We were told that prisoners waited, on average, 48 hours for a routine appointment and two hours to be seen urgently. In our survey, 28% of adult prisoners (similar to the 26% comparator) and 24% of young adults (significantly fewer than the 40% comparator) said that it was easy or very easy to see the doctor.

We repeat the recommendation.

5.28 Discipline staff should supervise prisoners during medication distribution. (4.94)

Partially achieved. A central medication administration process had been introduced which enabled most prisoners on supervised medication or in-possession medication to collect it from a central point. We had concerns about this system (see paragraph 5.69 and 5.86). Discipline officers were sited at both the entry and exit from the central medication corridor but this did not provide sufficiently close supervision of each prisoner receiving his medication because of the proximity of other prisoners receiving their medication at adjacent hatches. There was little privacy for prisoners to ask about their medication.

Further recommendations

- 5.29 There should be closer supervision by officers during central medication distribution.
- 5.30 Hoods should be fitted to the administration hatches in the central medication area to improve privacy.

5.31 **Health promotion should be given higher priority in the overall health improvement strategy. (4.95)**

Not achieved. There was no health promotion strategy. There was a health promotion rack in the main healthcare centre but the literature available was limited and only in English. We did not see any on the HBs. Smoking cessation clinics had previously operated but had stopped because of staffing shortages in the primary care team. The PCT transformation/modernisation programme had identified the need for improved health promotion through the development of some key care pathways.

We repeat the recommendation.

5.32 **Primary care training, including phlebotomy, should be available to nurses working on the house blocks. (4.96)**

Partially achieved We were told that there was a training matrix for all mandatory training for staff, and 14 members of the nursing team had phlebotomy skills. There were also plans to provide several nurses with access to the Community Nurse Practitioner course delivered by Bedford University and also the Warwick Diabetes course. Few nurses were trained in venepuncture, and HB-based nursing was limited to administering medications.

Further recommendation

- 5.33 All nurses working within primary care should receive basic primary care training.

5.34 **The lead clinical nurse should receive professional updating to develop, in conjunction with the practice nurses, chronic disease management and health promotion services. (4.97)**

Partially achieved. The lead primary care nurse was new in post and had a range of general and primary care skills, but was not trained in chronic disease management and health promotion.

We repeat the recommendation.

5.35 **An audit of prisoners failing to attend healthcare appointments, and in particular dental appointments, should be undertaken and a system devised whereby prisoners failing to attend healthcare appointments are followed up and appropriately managed. (4.98)**

Partially achieved. High non-attendance rates had been identified previously but there had been no re-audit done using the applications line data. The introduction of the telephone applications line, supported by an electronic database, had made it easier to identify patients who had missed an appointment but there was no evidence of a structured approach to following up those who had failed to attend. Little was done to educate prisoners about using appointment slots effectively. The dental list was managed separately and there was a low non-attendance rate.

Further recommendation

5.36 An audit of prisoners failing to attend healthcare appointments should be undertaken and a system devised whereby prisoners failing to attend healthcare appointments are followed up and appropriately managed.

5.37 **Barrier protection and health education should be provided for prisoners. (4.99)**

Not achieved. Condoms were only available on prescription from the doctor, which was likely to deter prisoners from accessing barrier protection. There was no sexual health education apart from individual advice for prisoners attending the genito-urinary medicine clinic.

We repeat the recommendation.

5.38 **The MHIRT, in conjunction with the managers of health services (both primary and inpatient service) and the PCT commissioners, should review their practices to ensure that prisoners with mental health issues are cared for appropriately and that liaison between health service professionals takes place as required. (4.100)**

Not achieved. We were not confident that all patients with mental health needs received sufficient support from healthcare professionals. The primary mental health team (PMHT) lacked structure and effective leadership. There was little collaboration between primary and secondary mental health teams and no regular multidisciplinary meetings.

We repeat the recommendation

5.39 **The system used to inform prisoners that they have not been accepted by the MHIRT should be reviewed, to ensure continuity of care and appropriate referral to other agencies if required. Prisoners should be supported during this process. (4.101)**

Achieved. Letters were no longer sent to patients who had not been accepted by the mental health in-reach team (MHIRT). Patients referred and not accepted by the team were referred to the primary mental health team leader.

5.40 **Primary mental health services should be provided. (4.102)**

Partially achieved. A band seven RMN and nine whole-time equivalent RMNs (two band six and seven band five) provided limited primary mental health support. We were unable to establish the number of patients under the care of the PMHT but it seemed likely that there were significant numbers of patients who needed to be seen by the PMHT regularly. Prisoners identified at the reception screen as needing mental health support were referred to the PMHT team leader and the GP, if appropriate, although it appeared that a significant number of the referrals were going directly to the MHIRT and then being re-routed back to the PMHT, delaying treatment. Primary mental health services appeared to operate on an ad hoc basis, with no policies and procedures to initiate and maintain structured mental health services.

We repeat the recommendation.

5.41 **Day care should be provided for those less able to cope with life on the house blocks. (4.103)**

Not achieved. There was no day care provision for prisoners who were less able to cope with life on the HBs.

We repeat the recommendation.

- 5.42 **House block dental triage should be introduced under the guidance of the dental practitioner. The numbers of patients seen by the dentist per session should be increased. (4.104)**

Partially achieved. Dental triage by dental nurses on the HBs had been introduced only recently, but prisoners told us that it was already helpful to them. Full dental services were available to longer-term prisoners but only restricted treatments were offered to remand or short-stay prisoners. Emergency patients were seen at the first available session, but this could mean a wait of up to five days. We were told that there was high clinical demand but limited clinical time available. At the time of the inspection there were 46 patients waiting for triage, eight patients waiting for their first treatment and 60 patients undergoing a course of treatment.

Further recommendations

- 5.43 The number of patients being seen at each dental session should be kept under review to ensure that the use of clinical time is optimised.
- 5.44 The number of dental sessions should be increased.
- 5.45 All prisoners should have equitable access to dental treatment, regardless of their custodial status.

- 5.46 **Emergency resuscitation equipment should be available in the dental department during surgery time. (4.105)**

Achieved. Emergency equipment was available to dental staff during surgery time.

- 5.47 **Night sedation should not be administered before 9pm. (4.106)**

Not achieved. Although efforts had been made to delay administering night sedation until as late as possible, it started at approximately 7pm.
We repeat the recommendation.

- 5.48 **Simple pain relief should be readily available to patients. (4.107)**

Not achieved. Patient group directions (PGDs) were not used for simple analgesia. There was no written special sick policy, and simple pain remedies were not available from the prison shop list. This meant that prisoners requiring simple pain relief had to wait until they could have medication prescribed by a doctor (there were no active nurse prescribers at the time of the inspection).
We repeat the recommendation.

- 5.49 **Patient group directions should be introduced to enable more potent medication to be administered by the pharmacist or nurse. A copy of the original signed PGDs should be present in the pharmacy, and read and signed by all relevant staff. (4.108)**

Not achieved. PGDs were in place for influenza and other vaccinations, paracetamol and ibuprofen. Only one member of staff was named on the ibuprofen directive and none were authorised on the paracetamol directive. There were no PGDs to enable more potent medication to be administered by the pharmacist or nurses. Some PGDs were out of date.
We repeat the recommendation.

Further recommendation

5.50 Patient group directions should be reviewed regularly to ensure that they are in date.

5.51 Medication brought into the prison by patients should be checked immediately and, if necessary, returned to the patient to ensure continuation of treatment. (4.109)

Achieved. A policy for checking medications brought into the establishment by new arrivals was in place but it was out of date. We were told that prisoners arriving with medication were seen by the nurse in reception or first night centre and referred to the GP if appropriate. If the doctor prescribed medication, where possible this would be issued to the patient; when this was not possible, the prisoner's own medication would be used until a new prescription had been dispensed.

Further recommendation

5.52 The policy and procedure for the checking, recording and use of patients' own drugs should be reviewed.

5.53 The location for the administration of medication, and in particular controlled drugs, to prisoners on HB4B should be reviewed to ensure that privacy is achieved and that prisoners are not subjected to abuse from other prisoners. (4.110)

Achieved. All medications for prisoners on HB 4B, except controlled drugs, were administered through a gated door directly into that section. However, the panic button was located at the end of the corridor, where the medications were stored, at a distance from the administration point. Controlled drugs for patients on HB 4B were administered from HB 4A, downstairs, but this was only done while the other prisoners in HB 4A were locked up.

Further recommendation

5.54 A panic button should be installed at the house block 4B medication administration point.

5.55 The pharmacist should introduce pharmacy clinics. (4.111)

Achieved. The pharmacist held a dermatology clinic on Wednesday mornings, and was keen to start a minor ailments clinic, but it was not clear whether staff capacity would enable this.

Further recommendation

5.56 The pharmacist should be supported to increase the number of pharmacy clinics, to provide patients with a wider range of medication advice.

5.57 The in-possession risk assessments of each drug and patient should be documented and the reasons for the determination recorded. This should be done by nursing staff who know the patient. (4.112)

Achieved. There was a formal in-possession policy, and risk assessment took place first by patient and then by drug. Records of this were kept in the pharmacy, and the sample we saw

had been filled in correctly. Assessments were usually carried out by nursing staff but occasionally by doctors.

Additional information

- 5.58 The main healthcare unit was located in the centre of the prison on the ground floor. It was cramped and small for the size of the population and services delivered, with too few treatment and consulting room spaces. There were two waiting rooms, which were bleak and bare. There was a prisoner toilet with stable-type screening, but the room was half-glazed and, despite the screening, there was little privacy for those using it. The second floor of the unit housed offices for the substance use team, an office and interview room for the MHIRT, and an office for the head of healthcare and her deputy. The MHIRT rooms had some carpet flooring, which was ripped. The interview room was stark, had no natural light and the prisoner sat between the door and the interviewer; there were no discipline officers in the vicinity when prisoners were seen by the team.
- 5.59 There were several storage rooms, two of which housed old clinical records in cardboard boxes and one housed the out-of-hours drug cupboard. There was an unused X-ray room containing old equipment and we were told that there were plans to use this room as the decontamination room for the dental service.
- 5.60 There were treatment rooms on each of the HBs, except HB 6. They all contained broken storage shelves and out-of-date policies and protocols. We were told that only the treatment rooms on HBs 1, 4A, 4B and 6 were used regularly and that all the treatment rooms were due to be refurbished.
- 5.61 The relationship between the healthcare department and the commissioning PCT had recently started to drive some important change and modernisation of services, but it was too early to see the outcomes of this work. The head of healthcare had been in post for approximately 10 months and a deputy had just been appointed. There was a dedicated clinical governance lead. There were 15 RMNs, including a principal officer, 11 registered general nurses plus two vacancies, three band three healthcare assistants, six healthcare officers (unqualified) and 14 discipline officers. Approximately 60% of the workforce was employed by the PCT, with the remainder being Prison Service employees; we were told there were plans to transfer staff over to the PCT.
- 5.62 We were told that most policies were held on the PCT intranet but we did not see them. There were a few local policies lodged electronically on a healthcare computer drive, but these were out of date and needed review.
- 5.63 Clinical incidents were recorded and logged electronically by the duty manager. We were told that access to the log was available only to the team leaders. There was no evidence of regular review of clinical incidents or learning being disseminated to staff.
- 5.64 F213 (to report injuries to prisoners) and F213SH (to report incidents of self-harm) forms were listed using a handwritten log system, and no copies were kept in the healthcare department, which made it difficult to review any trends or issues of concern.
- 5.65 Healthcare complaints were made using the general prison complaints system. There were no dedicated healthcare complaint boxes on the wings. The responses we saw were generally reasonable, but some were inadequate in both their format and content.

- 5.66 There were arrangements for a flu pandemic and swine flu as part of the overall PCT pandemic flu policy and the pandemic influenza committee. We were told that additional stocks of medication and equipment had been ordered, including Tamiflu.
- 5.67 The lead primary care nurse had started to make some positive changes. There was good GP cover during office hours but more effective use could have been made of nurse triage. In our survey, fewer adult prisoners than the comparators said that they found it easy or very easy to see the nurse or that the quality of nursing and dental services was good or very good. Fewer young adult respondents than the comparators said that access to the nurse and the doctor was good or very good. We were told that, because of the difficulties with the telephone line for applications to see the GP (see recommendation 5.27), this line had now been suspended and a paper system substituted for non-urgent applications. There were arrangements for Hotel 4 (the on-call healthcare manager) to respond to special sick and minor injury needs within two hours, and also to see applications deemed to be 'red flagged', for either physical or psychiatric issues, within two hours.
- 5.68 There was evidence of structured chronic disease management, with most of the care carried out by the two peripatetic PCT practice nurses, one specialising in respiratory disease and the second in dermatology. There was also a visiting diabetic specialist nurse, who carried out retinopathy and foot screening monthly. We were told that referrals were primarily through the secondary health assessment process but this was not working consistently at the time of the inspection, and the approach appeared to be largely reactive, with patients likely to be missed. The vaccination service did not function regularly or systematically.
- 5.69 A central medication process had been introduced earlier in 2009 but was not working effectively. Prisoners complained to us about missing and late medications and there was inadequate follow-up of prisoners, particularly those detoxing, who missed appointments. Controlled drugs were still administered on the HBs, and the anticipated reduction in nursing time spent on administering medication had not been achieved. The supervision by discipline staff was not satisfactory and prisoners told us they still felt unsafe at these times.
- 5.70 We were told that there was a fortnightly podiatry clinic but the dates on the waiting list seemed less frequent and there appeared to be some prisoners who had waited up to seven months for routine appointments. Diabetics appeared to have been prioritised but had still waited up to five months in some cases
- 5.71 There was a genito-urinary medicine clinic but it was subject to timing changes and cancellation due to staffing pressures. We were told that arrangements had been made for an external specialist service from a local trust to provide the service in the future.
- 5.72 Healthcare beds appeared to be used appropriately and a snapshot admission audit was being completed at the time of the inspection as part of the death in custody action plan. Prisoners had good time out of cell and the environment was therapeutic. The GP attended the unit every day and spoke to all the patients
- 5.73 There had been three self-inflicted deaths in custody since the previous inspection (see paragraph 3.25), one of which had been the subject of a Rule 43 letter from the Coroner. The investigations into the first and second deaths had revealed similar omissions concerning emergency care provision and training of staff, notably training in ACCT procedures, basic life support and emergency equipment. ACCT training had been completed for a significant proportion but not all health services staff. Basic life support was part of the training matrix but not all staff had received training yet. There was a plan to train all nursing staff to use defibrillators but it was not clear what proportion of staff had been trained so far. The Rule 43

letter concerned communication between prison health services staff and external hospitals. We were told that a care pathway was being developed but had yet to be finalised and implemented.

- 5.74 Health services staff were proactive in their approach to prisoners. We were told about a patient for whom they had made significant efforts to get transferred to a prison nearer home, to facilitate contact with his community mental health team before release. During the inspection, a patient was visited by a hospice palliative care consultant, to assess pain management and consider the possibility of day care on release on temporary licence before release. Prisoners on the inpatient unit were complimentary about their care, and staff engaged positively with them.
- 5.75 The MHIRT was led by a senior occupational therapist (OT). The OT was directly responsible to a senior manager in the PCT, rather than the head of healthcare, which prevented the latter taking whole-system decisions in relation to mental health needs for prisoners. The OT was also the team manager for the community drugs and alcohol centre. This additional responsibility meant that she was sometimes called away from her role as MHIRT team leader. A total of five visiting psychiatrists (one clinical and four forensic) provided sessional support.
- 5.76 The provision of mental health support varied, with support from the MHIRT but gaps in primary mental health services. Prisoners presenting as being at risk of self-harm or suicide were placed on an ACCT document and, if necessary, accommodated in the inpatient unit. There were no regular mental health clinics and no multidisciplinary meetings involving the MHIRT, GPs and psychiatrists.
- 5.77 Requests from prisoners on the HBs to see a mental health nurse were referred by telephone to the PMHT team leader. The PMHT team leader tried to see all prisoners within 48 hours, and where necessary referred to the GP for additional advice.
- 5.78 There was no dedicated counselling service to support prisoners who had been bereaved, other than the chaplaincy service. Two members of staff had been supported to undertake a diploma in grief and bereavement counselling but had no protected time to use their skills, although we were told that this was being addressed.

Further recommendations

- 5.79 The prisoners' toilets in the healthcare department should be screened more effectively to provide them with appropriate privacy and dignity.
- 5.80 The remaining carpets in healthcare offices, specifically the mental health in-reach team (MHIRT) office on the second floor, should be replaced.
- 5.81 All local policies should be reviewed and updated.
- 5.82 Clinical incidents, including serious untoward incidents, should be reviewed regularly and learning disseminated to staff.
- 5.83 Dedicated healthcare complaints boxes should be sited on the house blocks to ensure that complaints containing potentially medically sensitive information are screened first by health services staff.
- 5.84 Nurses should be deployed using their registration qualifications appropriately wherever possible.

- 5.85 Nurses should conduct structured triage of applications, to enable GP sessions to be used more effectively.
- 5.86 An audit of central medications should be conducted to ensure that prisoners receive their medications as prescribed and alternative arrangements made if necessary.
- 5.87 An audit of the podiatry waiting list should be conducted to assess how long high-risk patients, specifically diabetics, are waiting for routine and emergency treatment.
- 5.88 Genito-urinary clinics should be regular and protected time given to the nurse conducting them.
- 5.89 All nursing staff should receive basic life support training as a matter of urgency.
- 5.90 All nursing staff should receive defibrillator training as a matter of urgency.
- 5.91 The head of healthcare should have overall responsibility and control for all health services, including the MHIRT.
- 5.92 There should be protected time for staff with skills such as bereavement counselling.

Housekeeping points

- 5.93 Emergency equipment should not be kept in the corridors.
- 5.94 The seating arrangements in the MHIRT interview room should be altered to ensure the safety of staff working there. Discipline staff should be close at hand during interviews with prisoners.
- 5.95 The injury log (F213s) should be properly and clearly recorded and copies kept of the original forms for reference and review.
- 5.96 There should be prioritisation of the podiatry list to ensure that patients are seen based on clinical need.

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 Activity provision should better reflect the needs of short-term prisoners to increase the number completing courses and gaining awards (5.21)

Achieved. Improvements had been made to the education curriculum to include a range of short courses of about three weeks in length. The number of prisoners completing courses had increased and success rates had improved. However, most courses available did not go beyond level 2 and classes were not always full.

6.2 Activity provision should be effectively promoted to prisoners at induction, on the house blocks and when planning and reviewing their time at the prison. (5.22)

Not achieved. Opportunities for prisoners were advertised on a vacancies list on the house blocks. This was updated every two weeks. Prisoners who requested an individual interview with the careers information and advice service (CIAS) during induction were given detailed information about the opportunities available in the prison, but this was only given to about a quarter of those in induction because of the shortage of CIAS staff (see additional information). In general, few prisoners applied for jobs off the house blocks. The promotion of jobs was ineffective and there was little evidence that prisoners were actively encouraged to apply for, or engage in, the limited activities available. Vocational training and work places were not maximised (see MR7) and waiting lists were exceptionally low. **We repeat the recommendation.**

6.3 The range of educational opportunities should reflect the assessed needs of prisoners in the establishment. (5.23)

Partially achieved. A detailed assessment and analysis of the needs and interests of prisoners had been undertaken. This included all prisoners but was based on a return rate of about 27%. The analysis took appropriate account of the assessed literacy and numeracy skills of all prisoners, their career aspirations, the job opportunities and skill needs in the areas of release, and prisoners' educational needs and interests. The results of this analysis had been used to plan the range of provision on offer at the prison and inform future planning, though the range at the time of the inspection was still too narrow.

6.4 An integrated process should be introduced to ensure that allocations to activities are prioritised according to prisoners' needs and to make full use of the provision available. (5.24)

Not achieved. See MR7. Improvements had been made to the process of allocating prisoners to activity places, although not all prisoners were routinely informed of the labour allocation

panel's decisions. Insufficient use was made of sentence plans to prioritise prisoner activity. **We repeat the recommendation.**

6.5 The participation by more prisoners in learning and skills and work should be facilitated by providing part-time attendance opportunities as soon as possible. (5.25)

Achieved. Most education courses were part-time, consisting of four or five half days each week. A few courses remained full-time. This provided more opportunities for prisoners to attend education, though not as many as the 210 that were claimed. There were now 122 part-time and 16 full-time places. An appropriate balance had been met between part-time attendance and ensuring that courses were of a short duration to meet the transient nature of the population. However, in spite of these changes, only 21% of prisoners in our survey said that they were engaged in education, and this was even lower (18%) for prisoners on main location.

6.6 Data and information should be used effectively to help with decision making and timely action planning. (5.26)

Achieved. The use of data had improved significantly and was now analysed routinely at quality improvement group meetings and by senior staff, and helped to inform management decisions and action plans.

6.7 The library stock should be increased to conform to book stock guidelines and introduce materials relating to prisoners' language needs and the new vocational training areas. (5.27)

Achieved. The library stock had been increased to about 8,500 books and met the Prison Service guidelines. There was an appropriate range of books in foreign languages. The demand for foreign language books was determined through contact with the foreign national nationals coordinator and the education department. Books were available for those participating in the limited range of vocational courses in the prison, including information technology, cooking and horticulture. Library staff maintained good contact with the education department to identify the needs for particular books to support the courses on offer.

Additional information

6.8 There were far too few activity places available at the prison, and those that were were not fully utilised. The prison claimed 601 activity spaces, but in reality there were only 450 full-time equivalent spaces and 173 of these were on wing work, some of them offering barely any real activity and requiring a low level of skills. Only 37% of prisoners in our survey said that they had a job in the prison, significantly worse than the local prison comparator of 45%. Even fewer vulnerable prisoners (21%) said they had a job.

6.9 There was good management of the education and vocational training provided, and a clear strategic direction from senior managers. There had been improvements in the quality of education classes through quality improvement arrangements. Staff were well supported, enthusiastic and professional in their approach to prisoners. There was recognition and recording of prisoners' personal and social skills in some areas, but not in all.

6.10 Information, advice and guidance was offered through Tribal, the newly appointed CIAS. However, there were insufficient staff under the new offender learning and skills service (OLASS) contracting arrangements to cope with the large number of prisoners coming into and leaving the prison.

- 6.11 There was a broad curriculum, including life and social skills, literacy, numeracy and English for speakers of other languages, art, and information and communications technology. Classrooms were well resourced and, in some areas, use was made of Information and learning technology, such as interactive whiteboards. However, the open areas outside the classrooms remained noisy, distracting some lessons, and classes were not always full.
- 6.12 The achievements of those who attended courses were good, with high pass rates on most courses. Teaching, training and learning were good and had been further improved since the Ofsted re-inspection in November 2008. Tutors were appropriately qualified and used their experience well to manage and direct learning. There was good support for the two prisoners on distance learning courses and the four on Open University courses, and for those in the protected witness and the high security units.
- 6.13 There was insufficient accredited vocational training, with less than 7% of the population accessing courses. Vocational courses were available in catering, industrial cleaning, horticulture and Prisons Information Communication Technology Academy (PICTA), and little was available above level two. The range was limited: only six prisoners were completing accredited courses at level two. Horticulture was restricted to young adults and vulnerable prisoners. Opportunities in the kitchen were not fully utilised (see 8.17). Only 56 prisoners in all were engaged in vocational training, 50 of them only at level one. Only 1% of young adults in our survey said that they were engaged in vocational training.
- 6.14 New workshop provision was being built but, although there were plans to use this for purposeful activities, the facility would be too small to address the significant shortfall in workshop spaces in the prison.
- 6.15 Library services were provided by Milton Keynes Council. The library was small for a prison of this size but was well located, adjacent to the education department. It was staffed by a full-time assistant librarian, a part-time assistant librarian and a prison orderly. A full-time head librarian and an additional part-time assistant had recently been appointed but had not yet taken up post. No accredited training was available for the prison orderly.
- 6.16 The stock included a small but adequate range of fiction and non-fiction books, easy-read and large-print books, and a small number of audio books and CDs. Prison Service Orders and legal books were available. Book loss was high, with about 10% of the stock being lost or damaged each year. Prompt action was taken to deal with requests for books not held in the prison.
- 6.17 The library had insufficient reading and study space and a limited number of chairs. Library staff did not have their own database of stock and relied on contacting the central library by telephone or email to check stock levels. They recorded the number of prisoners attending at each session but did not have adequate data to identify the number of different prisoners accessing the library each week or to analyse attendance patterns by different groups. Records showed that between 40 and 50 prisoners visited the library each day.
- 6.18 The library was open from 9am to noon on Monday to Friday and 2–4.15pm on Monday to Thursday. There were no evening or weekend sessions for those who worked full-time. Most house blocks had access to the library for two sessions a week, with sessions ranging from 45 minutes to 90 minutes each. However, young prisoners from house block 2 had access to the library for only one 45-minute session each week. Education courses also had timetabled sessions in the library. There was a limited library service to the high security unit and to the healthcare centre. Vulnerable prisoners had good access, with two sessions on Friday morning

and a small library on their house block, which was refreshed every four months. Promotion of the library through induction was poor.

- 6.19 A Jobcentre Plus job point was located in the library (see recommendation 9.38), allowing prisoners to search for work before release. The library did not offer any clubs.

Further recommendations

- 6.20 Managers should continue to develop the recognition and recording of progress and achievement for non-accredited learning.
- 6.21 Managers should ensure that induction includes the promotion of education and vocational training courses.
- 6.22 The staff resources for the careers information and advice service should be increased.
- 6.23 A wider range of vocational training courses should be developed and implemented, particularly at level two and above.
- 6.24 Regime management should ensure that work, vocational training and education places are fully utilised where practicably possible.
- 6.25 The library should maintain better records of attendance and use this to identify trends and to inform actions to increase usage.
- 6.26 The facilities for prisoners to be able to study in the library should be improved.
- 6.27 Access to the library should be improved for all prisoners and the provision should be better promoted through induction.

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.

- 6.28 Further analysis of data should be carried out to inform actions to increase attendance at recreational PE and evaluate the reasons for non-completion of some accredited courses. (5.36)

Achieved. Better use of data had influenced improvements to the provision. For example, there were now flexible timetabling arrangements to ensure that all prisoners had good access to PE.

- 6.29 Individual learning plans on PE accredited courses should be introduced, as well as teaching and learning observations of sessions. Literacy and numeracy support should be integrated with PE activities. (5.37)

Achieved. Learning plans were now fully utilised to monitor prisoners' progress. The well-recorded observations of teaching and learning had led to improvements. Key skills were fully integrated into courses, and PE staff were suitably qualified to give support for key skills and literacy and numeracy.

Additional information

- 6.30 There was good management of the PE provision. All prisoners received a thorough introduction to the gym, which included aspects of first aid and healthy eating. However, there were delays to the gym induction, which did not take place until prisoners had moved off the main induction unit. Information was given to prisoners on the range of courses and programmes available, and gym opening hours were posted on the house blocks.
- 6.31 A range of PE sessions was available during the week for prisoners who were aged over 50. Links with the healthcare and counselling, assessment, referral, advice and throughcare (CARAT) teams helped to provide a good programme of remedial PE for prisoners who needed it. Physiotherapy was also available to prisoners once a week. Prisoners unable to attend the daily PE sessions because of work commitments had good access to evening and weekend sessions. All prisoners were able to attend the gym for a minimum of five hours a week and enhanced prisoners were able to attend for seven hours. Prisoners could also participate in a range of charity events and challenges held throughout the year. On average, around 60% of prisoners overall and 72% of young adults accessed the gym each week.
- 6.32 Clean gym kit was available for prisoners who needed it and all prisoners were given adequate time to shower at the end of each session. Showers were satisfactory and had recently been repainted. They afforded prisoners a suitable level of privacy and were checked regularly by staff. Appropriate records were kept of accidents and any actions taken.
- 6.33 A range of accredited PE courses was available and pass rates were high. At the time of the inspection, there were 10 prisoners on a level one PE course. Links with the education department had improved. Links had also been established with a local school and community centre for those with learning difficulties, who accessed supervised PE sessions each week in the prison. Trained prisoners helped to supervise the adults on these sessions.

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.

- 6.34 **Evening association should not be unavailable for four nights in a row. (5.57)**

Not achieved. An examination of regime monitoring returns for the seven weeks before the inspection (weeks 25 to 31) showed that there had been 16 occasions when association had been cancelled on a wing or restricted to enhanced prisoners. On 13 occasions, cancellations or restrictions had been on a Monday or Thursday, so the prisoners concerned would not have had evening association for at least four evenings. The worst example was cancellations on Monday, Tuesday and Thursday of week 29 on house block 5, so prisoners would have had only one evening association period between Friday in week 28 and Sunday in week 30, a period of 10 days (also see additional information).

We repeat the recommendation.

6.35 The routines on Friday, Saturday and Sunday should be examined with a view to expand time out of cell. (5.58)

Not achieved. We were told that weekend routines had been amended and that prisoners were unlocked earlier in the mornings. This had not had a significant effect on the difference in the time out of cell between weekdays and weekends, which remained two hours less at weekends. The introduction by the Prison Service of a standard core day restricted any time out of cell to mornings or afternoons.

6.36 Exercise yards should be cleaned and inspected daily. (5.59)

Partially achieved. The condition of the exercise yards had improved, but they were still not completely clean and we observed some rubbish in them, including food and waste paper. **We repeat the recommendation.**

6.37 More should be done to lessen the austerity of exercise yards. (5.60)

Not achieved. Exercise yards were mostly bare and featureless. In the one attached to house block 5 there were two plain benches and in the house block 6 yards there were some murals. **We repeat the recommendation.**

6.38 Prisoners should be issued with weatherproof clothing. (5.61)

Not achieved. Prisoners could get extra sweaters in cold conditions but waterproof clothing was not provided and exercise was cancelled in wet weather.

Further recommendation

6.39 Prisoners should be issued with weatherproof clothing so that exercise is available in wet weather.

Additional information

6.40 The prison was reporting 9.6 hours average time unlocked on weekdays, which was not achievable with the current core day and the loss of evening association on Fridays. The prison tried to maximise time out of cell by allowing unemployed prisoners to be out on association during the day. Staff and prisoners also told us that prisoners who had not been out on association were unlocked for showers and telephone calls where possible. The core day was advertised on the wings and we observed timings being adhered to. During our roll checks, 18% of prisoners in the afternoon and 47% in the morning were locked in their cells.

6.41 In the previous six months, association had been cancelled on individual wings on 158 occasions because of staff shortages. Our examination of regime monitoring showed that this was not equitably shared between wings, and some prisoners could be disproportionately disadvantaged because of their location.

6.42 Association periods were relaxed and staff visible on the wings, but interaction with prisoners was variable. There were pool and table tennis tables available and prisoners could socialise in their cells. There were no board games, recreational education or supervised hobby activities available.

- 6.43 Staff we spoke to were aware of prisoners who were not joining association and investigated the reasons. One officer on house block 5 told us that he was investigating suspected bullying because a prisoner had been reluctant to join association.

Further recommendations

- 6.44 Prisoners should have an average of 10 hours out of cell every weekday.
- 6.45 Cancellation of association should be applied on a rota basis.

Housekeeping point

- 6.46 Activities available during association should be broadened to include board games, recreational education and supervised hobby activities.

Section 7: Good order

Security and rules

Expected outcomes:

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

- 7.1 A local instruction about the rules concerning the use of squat searching should be issued. (6.14)

Achieved. Squat-searching was only carried out with the authority of a governor grade, and a staff notice to this effect had been issued three times since the previous inspection.

- 7.2 The reasons for the low rate of drug suspicion tests resulting in positive results should be examined and acted upon. (6.15)

Not achieved. The drug testing positive rate for prisoners suspected of drug use was still low, at 33%. No work had been carried out to determine the reasons for this. We were told that the system for referring prisoners who were suspected of taking drugs had improved, in that managers referred all those for whom security information reports (SIRs) relating to suspected drug use had been submitted; however, this was similar to the procedure at the time of the previous inspection. There were no data available indicating the number of such SIRs that led to a drug test, or indicating how promptly tests were carried out after referrals.
We repeat the recommendation.

Additional information

- 7.3 Security managers told us that possession of drugs and mobile telephones was the most significant issue they faced. Over two-thirds of the search finds over the previous six months had been either drugs or drug-related paraphernalia, and 20 mobile telephones or SIM cards had been found over the same period. In our survey, 19% of prisoners said that it was easy or very easy to get illicit drugs, which was significantly better than the local prisons comparator of 32%.
- 7.4 The flow of intelligence was good, with almost 800 SIRs a month submitted by staff. A team of analysts provided an executive committee of senior managers with a monthly briefing, and appropriate objectives were subsequently set and reviewed.
- 7.5 There appeared to be effective links with other departments. Representatives from all departments regularly attended the monthly security committee meeting, and each wing had a security liaison officer from the security department who visited his or her respective wing daily. There had also been two security fairs within the previous six months, where stalls had been set up explaining the various roles and responsibilities of the security department.
- 7.6 The highest number of prisoners to have been placed on closed visits in any month over the previous six months was seven. There were five prisoners on closed visits at the time of the inspection, and intelligence files indicated sound reasons in each case, directly linked to these prisoners' actions or behaviour in visits.

- 7.7 Most security arrangements were proportionate. Category A prisoners could not gain employment in the waste management centre, Prisons Information Communication Technology Academy (PICTA), the gardens party and the kitchen. Given the environment in which these activities currently took place, the reasons for these blanket restrictions were sound, except in the case of the kitchen. With the exception of all prisoners being handcuffed between escort vehicles and the reception area (see further recommendation 1.14), there was not a restrictive approach to managing non-category A prisoners.
- 7.8 Rules were explained to prisoners on induction and were displayed on the house blocks. Prisoners knew what behaviour was expected of them and staff challenged inappropriate behaviour when necessary.

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.

- 7.9 **The policy of deducting 80% of earnings as an adjudication punishment should be applied only as a maximum punishment in a minority of cases (6.32)**

Achieved. Adjudication documentation and data revealed that when prisoners had had earnings deducted as a punishment during the previous six months, none had had more than 50% deducted at any one time. Punishments in general appeared reasonable and consistent, and were in line with the locally published tariff.

- 7.10 **Prisoners should not be accommodated in the segregation unit because of crowding issues (6.33)**

Achieved. There had been no examples of prisoners inappropriately located in the segregation unit because of a lack of space elsewhere in the prison over the previous 12 months.

Additional information

- 7.11 The previously large adjudication room had been refurbished, a wall now dividing the room into two smaller ones – one for adjudications, with plans to make the second an activity room for prisoners located in the inpatients facility and the segregation unit.
- 7.12 There had been 586 adjudications over the previous six months; there was no monitoring of data for patterns or trends at the quarterly adjudication standardisation meeting, but data supplied to us indicated that the most frequent charges involved fights, assaults and prisoners refusing orders from staff. The number of adjudications referred to the independent adjudicator varied between 10 and 20 a month over the same period, mainly for offences relating to class A drugs. While our own sampling of adjudication documentation indicated that charges were appropriately laid, the establishment could not be sure of this, as there was insufficient analysis at the adjudication standardisation meeting and no formal quality assurance process.
- 7.13 There had been 203 incidents involving the use of force over the previous six months, compared with 140 over a seven-month period at the time of the previous inspection. The use of force committee met monthly but there was insufficient analysis of trends and we came

across several documents that presented issues that had not been pursued; one incident was reported by staff who had 'cut and pasted' each other's version of events, and another described a prisoner having his head grabbed and pulled to the ground.

- 7.14 Special accommodation had been used 16 times in the previous six months, an increase on the 14 times reported during the previous 12 months at the previous inspection. No prisoner had remained in either of the two unfurnished cells overnight, and the longest recorded use was just over six hours. Managers and staff aimed to relocate prisoners into furnished cells at the earliest opportunity, but there was documentation suggesting that prisoners could have been relocated even earlier than they had been. There were two incidents in particular that caused us concern, both involving the same prisoner, who had been relocated to the special cell from the inpatient facility following acts of self-harm, with the documentation showing insufficient justification for such action. In addition, in the case of the first incident there was no evidence of managerial authorisation for the relocation.
- 7.15 When relocated into special accommodation, all prisoners were strip-searched and then given a robe made of rip-proof fabric, regardless of whether or not they were at risk of self-harm or suicide.
- 7.16 Use of the segregation unit was low, with the roll rarely above two or three prisoners, and the average length of stay was six days. The longest stay for the year to date was 32 days, and 22 prisoners had been in the unit for more than 14 days. The unit was clean and well maintained. There were 10 cells, in addition to the two unfurnished cells, on two landings, with five cells on each; two of the five cells on the second floor were set aside for prisoners on dirty protest and in reality were little more than two additional unfurnished cells.
- 7.17 Prisoners were provided with written reasons for their segregation and also a laminated information pack, which staff would go through with them if they had difficulties in reading. There were no translated copies but all the segregation unit staff that we spoke to said that they would use a professional interpreting service for non-English-speaking prisoners. Prisoners were routinely strip-searched on relocating to the segregation unit.
- 7.18 Staff appeared to be professional and relaxed in their interactions with prisoners located in the unit. All such prisoners were assessed by a mental health in-reach nurse, and a support plan was subsequently raised to expedite a return to mainstream location and ensure sufficient support and care while in segregated conditions.
- 7.19 The regime offered daily access to showers, a telephone and exercise, and access to offending behaviour programmes, chaplaincy services and visits, subject to risk assessment. There were two exercise yards, both austere, with no seating available; prisoners exercised individually on each yard and never in association. A new protocol had been introduced, whereby all prisoners located in the unit were risk assessed for their allocated regime activities, including association. This had been carried out on one prisoner who had been located in the unit for over a month, but he had refused to engage with any regime opportunities.
- 7.20 Prisoners were visited daily by a governor, a member of the chaplaincy team and a doctor. The Independent Monitoring Board generally visited several times a week, and never went more than a week without visiting.

Further recommendations

- 7.21 Historical data relating to adjudications, such as charges and punishments awarded, should be collated and analysed, with appropriate action taken to respond to emerging patterns and trends.
- 7.22 A formal quality assurance process should be put in place for completed adjudication documentation.
- 7.23 Historical data relating to use of force should be collated and analysed, with appropriate action taken to respond to emerging patterns and trends.
- 7.24 Documentation relating to prisoners being relocated to special accommodation should provide clear and detailed reasons why such action has been carried out and evidence appropriate managerial authorisation.
- 7.25 Prisoners should only be strip-searched on relocation to the segregation unit subject to a risk assessment, and when being located to an unfurnished cell should be provided with normal clothing unless the risk assessment indicates otherwise.

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.

- 7.26 **The IEP scheme should take into account sentence planning targets. (6.42)**

Achieved. The prison's incentives and earned privileges (IEP) level review process, both for a downgrade or upgrade, required a written report from all departments that the prisoner came into regular contact with, including resettlement. If these were not ready in time for the review board, the senior officer chairing the board accessed the prisoner's offender assessment system (OASys) assessment directly, to determine his level of engagement with sentence planning. All IEP review documentation that we sampled made reference to sentence planning compliance.

- 7.27 **Prisoners on standard should be automatically reviewed. (6.43)**

Not achieved. While the local policy stipulated that all prisoners on the standard level of the IEP scheme be reviewed every six months, no standard prisoners were routinely reviewed. **We repeat the recommendation.**

- 7.28 **Reception should make immediate checks to clarify individual prisoners' IEP level. (6.44)**

Achieved. All prisoners transferring to the establishment were automatically placed on the standard level of the IEP scheme, unless they had previously been on enhanced. If documentation was not available to confirm that a transferred prisoner was on enhanced, wing staff rang the sending establishment to confirm that this was the case.

Additional information

- 7.29 No historical data relating to the IEP scheme was collated and analysed by managers. At the time of the inspection, less than 1% of the population was on basic, with just under 30% on enhanced. The policy was clear and comprehensive but had not been reviewed for over a year.
- 7.30 Prisoners on standard could apply to be considered for enhanced, provided that they had not had a similar application rejected in the previous month. Basic review boards for standard prisoners were triggered by a prisoner receiving three behaviour warnings in the space of three months; warnings issued by staff when prisoners behaved poorly or breached rules, and single serious incidents (such as assaults or possession of class A drugs) could also result in an automatic downgrade. Those demoted to basic remained there for a minimum of 14 days, with a routine review after seven days. Staff were supposed to set targets to help prisoners to improve their behaviour but these were often missing or too generic to be of help.
- 7.31 There were insufficient differences between levels, particularly standard and enhanced, to encourage and motivate improved behaviour. In our survey, 40% of prisoners said that there were sufficient differences in levels to encourage them to behave better, which was significantly worse than the 45% comparator. The basic regime was not over-punitive, with one hour a day out of cell allowed, to make telephone calls, have a shower and associate with other prisoners, in addition to scheduled exercise.
- 7.32 All behaviour warnings and review board decisions could be appealed, and we saw evidence of appeals against warnings and reviews being upheld in our sampling of IEP documentation. We found no evidence of quality assurance arrangements of IEP documentation by senior managers.

Further recommendations

- 7.33 The incentives and earned privileges (IEP) policy should be reviewed no less than once every 12 months.
- 7.34 There should be sufficient differences between the regime levels to encourage and motivate better behaviour from prisoners.
- 7.35 There should be better managerial monitoring of the IEP scheme, with regular quality assurance checks of documentation and frequent analysis of IEP data in order to respond to emerging patterns and trends.
- 7.36 All prisoners demoted to basic should be set targets that provide clear guidance as to how to improve their behaviour sufficiently to regain the standard level.

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 kitchen should have a full workforce each day. Wing staff should ensure that all prisoners who are supposed to be in the kitchen attend. The labour control unit should check that all prisoners are in their place of work. (7.8)

Partially achieved. Attendance in the kitchen had improved and there were usually sufficient prisoners for the work required. However, although the work party for the kitchen was listed as 28, only between 20 and 22 were ever in attendance, and two of these were the recently appointed cleaners. A senior officer had recently been given oversight of the kitchen and saw it as her role to ensure that the kitchen had the workforce needed.

Further recommendation

- 8.2 The number of prisoners required for the kitchen party should be determined and allocated, and their attendance prioritised.

- 8.3 Broken equipment in the kitchen and wing serveries should be replaced or repaired. (7.9)

Achieved. All equipment in the kitchen and wing serveries was working properly.

- 8.4 The kitchen should be cleaned and then inspected by the area catering officer to ensure that it is fit for purpose. (7.10)

Not achieved. Although the kitchen had been inspected by the area catering officer after the previous inspection, and two cleaners had been employed specifically to try to keep the kitchen clean, standards of cleanliness were still not adequate. There had been a deep clean in September 2009 and we were told that the kitchen had been redecorated, but it remained shabby and dirty. During the day, there was food on the floor and at the night visit the same food waste was still present, despite a 'floor wet' warning sign. Food trolleys had food stains and were greasy, even when carrying hot food ready to be served.

Further recommendations

- 8.5 Staff and prisoners should be trained in catering cleanliness and the kitchen kept to the adequate standard, with daily checks by senior managers to ensure that acceptable standards are met and maintained.
- 8.6 Food trolleys should be deep cleaned regularly, and thoroughly cleaned twice daily after serving food.

- 8.7 **All those working in the kitchen should be properly supervised and wear the correct clothing. (7.11)**

Achieved. All staff and prisoners working in the kitchen and on the serveries were correctly clothed and showed an awareness of the need to be properly dressed for the work.

- 8.8 **All matters arising from the recent audit should be addressed. Food should be temperature probed at appropriate stations and recorded. There should be a protocol introduced when it is found that the food is not at the correct temperature. (7.12)**

Partially achieved. Auditing against the catering standard had ceased. The temperature of the food was checked before it left the kitchen and there were systems on the serveries to test it again at the point of serving. Compliance with these systems on the house blocks varied from good on house block 4 to poor on house block 5. In the former case, logs were kept meticulously and the temperature probe was easy to locate. In the latter, the probe was broken and there was no evidence of temperatures being taken. Catering staff were clear that they would send out replacement food if the temperature failed to reach the required level, but there were comments in the food observation log which indicated that food had been served cold; the response, given a day or so after the event, was that there might have been a problem with the unit trolley. There was no indication that replacement food had been sent.

Further recommendation

- 8.9 Wing managers should ensure that the arrangements on the wing for the checking and recording of food temperatures are consistently carried out. Food should be replaced when failing to meet the correct temperature.

- 8.10 **Food comments books should be readily available to prisoners, and matters arising in these books should be addressed within 72 hours of the entry. (7.13)**

Partially achieved. Each unit had a log for food comments. Some of these were easily accessible and regularly used, while others were locked in offices and contained no recent entries. Comments were made by catering staff in response to matters raised, but these were often just to say 'noted', without recording the actions that resulted.

Further recommendations

- 8.11 Wing managers should ensure that prisoners consistently have the opportunity to make comments about the food.
- 8.12 Catering staff should ensure that the responses to all of the comments are meaningful and indicate what will be done as a result of the comment.

- 8.13 **The menu cycle should be increased. Meals should be healthy, varied and balanced, and prisoners should have greater input into the menu choice. (7.14)**

Not achieved. There was still a four-week menu cycle and it was not possible for prisoners to eat five portions of fruit and vegetables daily. Catering staff were aware of prisoner comments and attended wing serveries regularly. They were also represented at events such as the race equality action team, and health and safety meetings. They were not represented at wing or prisoner community meetings, according to the minutes made available to us, and, although

these meetings raised issues about catering, it was not clear how they were notified to catering staff or acted on. A survey had been carried out in December 2008 but this had been more about general perceptions than improvements. There were plans to change the menu and offer hot food at lunch time, as well as increase portion sizes by reducing the range of meal options, both of which were responses to concerns raised by prisoners.

Further recommendations

- 8.14 The services of a professional dietician should be employed in planning the menu, to ensure that a healthy, varied and balanced diet is provided.
- 8.15 Catering staff should have a regular forum at which to meet prisoners and respond to issues raised.
- 8.16 An annual catering survey should be carried out and action taken accordingly.

8.17 **An independent assessor should determine the conditions necessary to offer an NVQ qualification. (7.15)**

Achieved. An independent assessor had completed the necessary preliminaries and National Vocational Qualifications (NVQs) were now offered in the kitchen. However, only three prisoners were registered to take the qualification at the time of the inspection. Sixteen had been registered in the previous year but only four had completed it; the others had left the prison without even completing individual transferable units.

Further recommendation

- 8.18 All prisoners working in the kitchen should study for the three core catering National Vocational Qualification (NVQ) units, which are transferable.

8.19 **Further qualifications should be introduced into the kitchen without further delay. (7.16)**

Partially achieved. NVQs were offered only at level one, with no access to further qualifications.

Further recommendation

- 8.20 NVQ level two should be offered.

8.21 **All prisoners on the units who serve meals should be trained and should use the appropriate equipment. Kitchen staff should quality check the service that is being delivered at wing hotplates. (7.17)**

Achieved. All prisoners working in the kitchen and on serveries received training before they were employed, and were competent. Those we spoke to and observed showed an understanding of how to use the equipment, and there were maps behind some of the serveries to show how to lay out the food to avoid cross-contamination when serving. Catering staff made regular visits to unit serveries and were responsive to issues raised.

Additional information

- 8.22 In addition to the problems of cleanliness in the kitchen and trolleys (see recommendation 8.4), there were large variations in the standards of cleanliness in the serveries, which were clean on house blocks 2 and 4, but filthy on house block 1 during our night visit. The arrangements for storage and proper separation of food for various religious, cultural and other diets were satisfactory and we observed prisoners serving food correctly.
- 8.23 All diets were catered for, although there was evidence of delays in delivering special medical diets, where a lack of communication had resulted in the kitchen failing to provide the meal required. Prisoners were not restricted in their choices, so a Muslim prisoner could take a halal or a vegetarian option daily. In our groups, prisoners complained about the authenticity of some of the cultural options.
- 8.24 Breakfast was served the day before it was due to be eaten. Lunch was scheduled to be served at noon and the evening meal at 5.30pm on Monday to Thursday. Although the trolleys were sent to the serveries 45 minutes beforehand, it appeared that meal times were adhered to. At the weekend, the evening meal was served as early as 3.30pm.
- 8.25 Prisoners had access to drinking water in their cells and most had kettles. We observed some difficulties in obtaining kettles for prisoners on the first night centre, and staff on house block 2 also expressed concern about the availability of kettles for the young adults, as there was no alternative source of hot water on their unit.
- 8.26 There were arrangements for dining in association, and this facility was well utilised. Dining areas were in good condition and, although some prisoners chose to eat in their cells, there were sufficient tables and chairs for those who wanted to dine on the wing. Dining in association had just been re-introduced for the young adults. Meal times were well supervised and we saw no instances of favouritism or bullying for food.
- 8.27 Prisoners on house block 6 had the opportunity to cater for themselves. On the protected witness unit, all cooking was done by prisoners after the relevant training by catering staff.

Further recommendations

- 8.28 Prisoners from different ethnic backgrounds should be able to cook food.
- 8.29 Breakfast should be served on the day it is due to be eaten.
- 8.30 The evening meal at weekends should not be served before 5pm.
- 8.31 All prisoners should have access to hot water.

Housekeeping point

- 8.32 The kitchen should ensure that special diets are checked and catered for daily.

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.

- 8.33 A direct link should be made between Aramark and the prisoner consultation group, concerning the range of products available in the prison shop, to ensure the needs of prisoners are being met. (7.25)

Partially achieved. A senior officer had been appointed to oversee the prison shop and had attended the January 2009 prisoner consultation meeting. She was proactive in ensuring that the quarterly review of the prison shop list incorporated suggestions from prisoners, which were actively encouraged through comments logs.

- 8.34 An annual survey should be undertaken that includes an opportunity for a systematic review of available products. (7.26)

Partially achieved. Although no survey had taken place, there were plans to run one as part of a review of the prison shop service one year into the change of contract. In the meantime, prisoner views about the available products had been gained, both from the sporadic consultation meetings and more systematically from the comments logs. Aramark staff distributed shop orders on the wings and brought back prisoner comments weekly. There was evidence that items on the list had been changed in response to prisoner requests at the quarterly reviews.

Further recommendation

- 8.35 An annual survey about prison shop provision should be held, to solicit prisoners' views on the available products, as well as on the quality of the service.

- 8.36 The prison should develop an effective means of extending the storage facility for the prison shop. (7.27)

Achieved. The prison shop had moved into a bigger site which was better suited to store the amount of stock required.

Additional information

- 8.37 DHL Booker ran the prison shop contract on site and provided a responsive service for prisoners, with speedy resolution of any problems.

- 8.38 The shop offered just under 380 items, more than at the previous inspection, but provided a limited choice for different ethnic and cultural needs. No fresh fruit or vegetables were available, although dried fruits and nuts were sold. Concerns about the cost and availability of religious artefacts had led to a separate chaplaincy shop list for religious items. A price comparison 'shopping basket' of some key items demonstrated that no items were sold more expensively than the recommended retail price, although some high street shops were selling a small number of items more cheaply. Prisoners were concerned about the prices of shop items; their pay had remained the same, despite price increases, and the amount of private

cash they were allowed to spend had not changed since the incentives and earned privileges scheme had been introduced.

- 8.39 Prisoners were aware of the items available to them through the prison shop. A pragmatic approach was taken to restricted items. There was a ban on matchstick cutters, even though the shop list allowed other matchstick hobby items.
- 8.40 Prisoners could spend up to £47 on shop items on arrival at the establishment if they had the money in their account. Others could have a smokers' or a non-smokers' pack but the cost of this was recouped in full the following week. Normal shop ordering arrangements began on the first Friday after prisoners' arrival at the establishment.
- 8.41 The introduction of the P-NOMIS computer system enabled officers to access basic information about prisoners' money on request. The senior officer in charge of the shop had a comprehensive locally designed database which charted what money had been available for spending on each shop order day. She was able to answer in detail questions from staff and prisoners. Staff and prisoners expressed concern about how long it took for money to be credited from other prisons.
- 8.42 Prisoners were able to order items from a limited range of catalogues but an administration charge of 50 pence was made for each order placed. The range of items available did not meet the needs of black and minority ethnic prisoners. Newspapers and magazines could be purchased from authorised newsagents and delivered through the mail room.

Further recommendations

- 8.43 The prison shop should sell fresh fruit and vegetables.
- 8.44 The amount of money available for spending through the IEP scheme should be reviewed and increased.
- 8.45 Arrangements should be made for prisoners to repay initial loans for smokers' or a non-smokers' packs over a reasonable period of time.
- 8.46 Money transfers from other prisons should take place within 24 hours.
- 8.47 Catalogue items should not incur an administration charge.

Housekeeping point

- 8.48 Hobby items should be made consistently available through the prison shop.

Good practice

- 8.49 *There was a separate chaplaincy shop list for religious artefacts.*

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 Specific assessments should be carried out to establish the resettlement needs of small but significant groups of the population, including juveniles (if held); young adults, category A prisoners, lifers and other indeterminate sentenced prisoners, sex offenders and those spending over 12 months at the prison. (8.10)

Partially achieved. An addendum to the resettlement needs analysis had been completed in September 2009, examining the needs of black and minority ethnic prisoners and those staying longer than 12 months. The document did not identify any specific actions which would address the needs of juveniles, young adults, category A prisoners, lifers and other indeterminate sentenced prisoners, sex offenders and those spending over 12 months at the prison.

We repeat the recommendation.

- 9.2 The reducing reoffending meeting should run as programmed. (8.11)

Not achieved. The reducing reoffending committee had not run for most of 2009. It had been re-launched in September 2009 and only one meeting had been held since then.

We repeat the recommendation.

- 9.3 An action plan should be developed to implement diversity issues identified by the resettlement impact assessment. (8.12)

Not achieved. There was no resettlement action plan which identified and addressed diversity issues.

We repeat the recommendation.

Additional information

- 9.4 There was a resettlement strategy which identified the resettlement needs of the prison population and addressed the resettlement pathways. The strategy outlined the role of partner agencies and the resettlement targets, which were incorporated into an action plan. Operational governance was effective. Oversight of delivery of the strategy was through an operational group, which met monthly and included partner organisations.

- 9.5 The strategy did not link to a regional strategy and managers were aware that their place in the high security estate isolated them from regional planning. They had contacted the south-eastern regional group and agreed that they would join its resettlement committee. They planned to review the prison resettlement strategy following this involvement.

- 9.6 The range of programmes and interventions offered was intended to meet the needs of some specific groups, such as young adults convicted of drink-related violent offending and sexual offenders who would benefit from an introduction to cognitive skills group work programmes.

- 9.7 There was little use of release on temporary licence (ROTL). In the year to date, one prisoner had been successfully released to attend a housing interview and another to work in the prison car park and gardens. ROTL had also been used for attendance at hospital appointments.
- 9.8 The effectiveness of resettlement services was monitored through key performance targets and feedback at the discharge board held six weeks before a prisoner's release. This was sometimes held later than six weeks before release for short-sentenced prisoners.

Further recommendations

- 9.9 The resettlement strategy should be reviewed to reflect the priorities of the regional strategy.
- 9.10 The resettlement strategy should promote the use of release on temporary licence to achieve positive outcomes for prisoners.

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.

- 9.11 A more robust system to monitor and follow up referrals for resettlement intervention work should be introduced to enable managers to ensure that referrals are dealt with promptly, that relevant action is taken and that management information is collected on whether or not needs are met. (8.29)

Achieved. A database was kept which recorded prisoners' identified resettlement needs, the referrals made and the outcome of referrals. This was regularly checked by the head of resettlement.

- 9.12 A more systematic and robust approach to following up prisoners who fail to attend initial resettlement appointments should be introduced. (8.30)

Achieved. Resettlement unit staff kept a record of prisoners who did not attend the initial assessment and recorded reasons for non-attendance. Prisoners refusing to attend were given an incentives and earned privileges (IEP) warning and offered two further appointments. If the reason for non-attendance was acceptable, prisoners would be offered a further appointment without any sanction. There was no limit on the number of further appointments that would be offered to prisoners who could not attend for legitimate reasons.

- 9.13 A pre-release resettlement course should be developed and offered to prisoners approaching discharge. (8.31)

Not achieved. There was no structured pre-release resettlement course available. We repeat the recommendation.

- 9.14 The backlog of OASys assessments should be addressed to ensure that sentence planning for those longer-term prisoners not subject to offender management arrangements is completed in a timely manner. (8.32)

Achieved. At the time of the inspection, there were 16 offender assessment system (OASys) assessments overdue. These were the result of prisoners arriving at the prison with an assessment already overdue. The backlog was cleared every month.

- 9.15 **Offender supervisors should be involved in developing work with in scope prisoners from the induction process onwards, and should maintain at least monthly contact until they are transferred or discharged from the prison. (8.33)**

Achieved. The records we inspected showed that offender supervisors worked intensively with prisoners in scope of offender management. Resources were concentrated on prisoners in scope, to ensure that they received this level of service.

- 9.16 **Delays in processing HDC work by prisoner eligibility dates should be addressed. (8.34).**

Not achieved. In the previous six months, 24 prisoners had been released on home detention curfew (HDC). Of these, nine had been released within one day of their eligibility date. The prison had made efforts to reduce delays by setting a deadline for outside probation areas to return assessments of addresses and by holding prisoners back from transfer when they had applied for HDC.

We repeat the recommendation.

- 9.17 **Delays in providing relevant paperwork to recalled prisoners and in reviewing recall decisions should be addressed. (8.35)**

Achieved. Delays in receiving information packs for recalled prisoners had been significantly reduced. At the time of the inspection, there were none outstanding. In the cases we examined, the length of time between a prisoner arriving and a recall pack being received had ranged from five to 14 days.

- 9.18 **Management arrangements for the OCA unit should be clarified and effective support for staff should be provided. (6.16)**

Achieved. The observation, classification and allocation (OCA) unit was staffed by officers from the resettlement group and had a clear management structure.

- 9.19 **Life-sentenced and IPP prisoners should not be held at the prison beyond the four months available to complete initial risk assessment work. (8.36)**

Not achieved. The average length of stay for indeterminate-sentenced prisoners was more than a year though in some cases this included remand time. The indeterminate-sentence manager confirmed that although assessments and sentence plans were on time, it was difficult to find places at appropriate prisons. At the time of the inspection, there were 11 prisoners serving indeterminate sentences for public protection (IPP) being held back from transfer for appropriate reasons such as completion of a programme or for a review hearing.

Further recommendation

- 9.20 **Prisoners serving life sentences and indeterminate sentences for public protection should not be held at the prison beyond the four months needed to complete initial risk assessment work, except for valid reasons.**

- 9.21 **The lifer manager should be provided with sufficient facility time to carry out duties effectively. (8.37)**

Achieved. The lifer manager post had been re-profiled in April 2009 to cover all indeterminate-sentenced prisoners. It was a full-time post, supported by a deputy offender supervisor.

- 9.22 **Specific events for lifers, including lifer days, lifer family days, town visits where appropriate, and a regular lifer forum should be held. (8.38)**

Partially achieved. Lifer forums had been established in October 2009, with a separate forum for vulnerable prisoners. A separate forum for IPP prisoners was scheduled. Apart from these new developments, specialist services for indeterminate-sentenced prisoners were inadequate. Although the lifer manager had started planning for such services, none had started at the time of the inspection.

We repeat the recommendation.

Additional information

- 9.23 All prisoners, including remand and unsentenced prisoners, were invited to an assessment interview at the daily resettlement clinic within two days of their reception. This was held separately on the vulnerable prisoners wing on the first Friday after arrival. A resettlement induction plan was completed, which addressed all the resettlement pathways and was the basis for referrals to specialist departments in the resettlement unit or the wider prison. Assessments were undertaken by trained resettlement staff, assisted by prisoner resettlement orderlies.
- 9.24 The initial assessment was backed up by wing surgeries, held on a different house block each day, attended by resettlement staff. This meant that each wing was visited every six days. The surgeries were both for arranged appointments and drop-in visits.
- 9.25 Prisoners sentenced to more than 12 months but not in scope of offender management were assigned an offender supervisor, who met them to complete an OASys assessment, which included sentence planning targets. Prisoners in this category did not receive an ongoing service from their offender supervisor unless they requested contact. OASys plans were in place and reviews were completed on time.
- 9.26 Prisoners in scope of offender management received a more comprehensive service, and relationships with external offender managers were good, as indicated by their attendance at sentence planning boards. This was due in large part to the organisation of the offender management unit on a geographic rather than wing basis.
- 9.27 Personal officers and relevant prison staff were invited to sentence planning boards held for in-scope prisoners. Family members were not invited but there were plans to do so. Attendance of personal officers or provision of a personal officer's report was improving but had not risen above 50% of boards.
- 9.28 Interventions for prisoners were not always determined by their sentence plan or resettlement plan. Prisoners could make self-referrals to the programmes unit, and we were told that self-referrals were discussed with offender supervisors but would not be included on the sentence plan until the next review.

- 9.29 OASys records and sentence plans contained targets appropriate to prisoners' resettlement needs and offending behaviour. The head of offender management monitored 10% of records monthly and provided feedback to offender supervisors.
- 9.30 Categorisation reviews were held annually and on time. Prisoners were involved and received notification of the decision and the reasons. There were delays in moving recategorised prisoners. There were 103 category C prisoners at the prison at the time of the inspection.
- 9.31 Public protection was well managed and inclusive of the relevant prison departments and the police liaison officer. There were 135 prisoners subject to public protection measures. Weekly public protection meetings considered all new receptions and reviewed those already subject to such measures. Prisoners were promptly informed of the restrictions placed on them and of their options for challenging the decision.

Further recommendations

- 9.32 An identified member of staff should maintain regular contact with prisoners to ensure that sentence planning targets are delivered.
- 9.33 Personal officers should contribute to all sentence planning boards.
- 9.34 Interventions should be determined by sentence planning targets and any agreed variations should be reflected in updated targets.

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

- 9.35 The 'how to be a good tenant' course should be offered to prisoners. (8.44)

Achieved. A two-day 'how to be a good tenant' course was run every two months for about 15 prisoners. The course included a presentation by a representative from Kettering local authority housing department.

- 9.36 There should be more opportunities for prisoners to engage in employment-related vocational training linked to skill shortage areas and vacancies in the labour market. (8.48)

Not achieved. Although there had been a small increase in the range of vocational training offered, the opportunities for prisoners to engage in employment-related vocational training remained poor.

We repeat the recommendation.

- 9.37 **Learning and skills activities should be introduced to prepare prisoners for self-employment, as well as for completion of application forms and interviews. (8.49)**

Achieved. The resettlement department provided prisoners with an opportunity to search and apply for jobs, as well as help with writing CVs, completing application forms and interview techniques. A business-planning course was available for those who had been self-employed before sentencing, or intended to become self-employed in the future.

- 9.38 **The use of the library and resettlement area for job search activities should be reviewed to enable prisoners to make best use of the resources. (8.50)**

Partially achieved. There was an interactive Jobcentre Plus job point available in the library, allowing prisoners to search for work before release. Eight computers had been installed, in preparation for a job club to be run in the library, in conjunction with the full-time Jobcentre Plus representative in the prison. This was not fully operational and the computers were not yet in use.

Further recommendation

- 9.39 The job club should be implemented and computers in the library installed.

Mental and physical health

- 9.40 **The health services team should be involved in the resettlement discharge boards and they should work with other areas of the prison regime and external agencies to ensure integration of prisoner-focused care. (8.55)**

Achieved. Health services staff regularly attended discharge boards. Prisoners were not seen by health services staff before discharge, apart from on the day of release or transfer. Take-home medication was arranged as appropriate for prisoners being released.

Further recommendation

- 9.41 A system should be developed to identify prisoners who need to be seen by health services staff for a pre-discharge assessment.

- 9.42 **Prisoners should be given information and assistance to obtain health and social care services on release. (8.56)**

Not achieved. Prisoners were not consistently given information about how to find and register with health services in the community.

We repeat the recommendation.

- 9.43 **For prisoners known to the MHIRT, CPA reviews with community mental health teams should be organised and undertaken. (8.57)**

Achieved. Patients under the care of the mental health in-reach team (MHIRT) were seen by a team member, who liaised closely with community teams to ensure that there was a smooth transfer of care to community services. The care programme approach was continued

throughout prisoners' stay in prison and transfer to community teams on release. Medication was prescribed as necessary.

Finance, benefit and debt

9.44 There should be one-to-one in-depth money management support to prisoners with significant debt. (8.79)

Achieved. The Citizens Advice (CA) partnership carried out casework with prisoners who had complex debt problems. In some cases this involved working with prisoners for more than six months (see additional information).

9.45 Prisoners should be provided with assistance to open a bank account. (8.80)

Not achieved. There were no arrangements to help prisoners to set up bank accounts before release. Prisoners who required help with identification evidence were given a letter to take to a bank on release.

We repeat the recommendation.

Additional information

9.46 Accommodation advice was provided by an officer grade accommodation officer, who dealt with remand prisoners and those sentenced to less than 12 months, and an employee of the St Giles Trust under a partnership with the prison, who provided a service for prisoners sentenced to more than 12 months, prolific or priority offenders and young adults. They were supported by the three resettlement peer advisers. The services addressed issues of retaining tenancies, resolving housing benefit problems and seeking accommodation to go to on release. Former occupants of these roles had been trained by Nacro, but this arrangement had lapsed.

9.47 Referrals for accommodation services came from the resettlement unit, offender supervisors, community offender managers, the counselling, assessment, referral, advice and throughcare (CARAT) team and the MHIRT.

9.48 There were links with local councils, and Northampton Council provided a monthly advice clinic for prisoners from the area. Voluntary agencies, such as Stonham, provided accommodation for prisoners with links to specific areas and those with special needs. The role of the St Giles Trust in providing community support through its own projects was being developed further with the increase in prisoners from the London area.

9.49 Video links were used for assessment interviews, when required, following referrals for accommodation. Accommodation staff visited some projects, to understand the service offered and to foster relationships with providers.

9.50 The prison reported that 96% of prisoners released in 2009 to date had accommodation. This ranged from return to permanent tenancies to bed and breakfast or night shelters.

9.51 Although there was no pre-release course available, work was undertaken by the full-time member of staff from Jobcentre Plus to help short-sentenced prisoners retain their existing employment outside the prison. Links with local employers were in the process of being developed. In spite of the lack of vocational training, the prison recorded that around 35% of prisoners who were discharged went into jobs or further education and training. Tribal provided information, advice and guidance, although the service was limited by a shortage of staff (see

paragraph 6.9 and recommendation 6.21). There was no clear prioritisation of prisoners' needs to ensure that their sentence plans were fully met.

- 9.52 The debt advice services, provided by two CA staff, included contacting creditors to set up voluntary agreements, setting up repayment plans for rent arrears and providing information about credit ratings. Referrals came from the resettlement assessment and from the wing drop-in surgeries (see paragraph 9.24), which the CA staff attended. The service was well used, with 693 enquiries in the previous six months.
- 9.53 Benefit advice was provided by the Jobcentre Plus employee located in the prison. A major part of his work was advising prisoners and applying for community care grants. He made an average of 30 applications a month. He also made an average of five applications a week for new benefit claims and obtained medical certificates for prisoners wishing to claim disability benefits. Other services included chasing up arrears of payments, closing down claims and contributing to the good tenant course, with advice on community care grants. His work was hindered by not being able to link to the Jobcentre Plus computer network from his prison office and he had to get information on prisoners' personal details from the local Jobcentre Plus office.

Further recommendations

- 9.54 Resettlement peer advisers should be trained in providing accommodation advice.
- 9.55 The Jobcentre Plus employee should have access to the Jobcentre Plus computer while in the prison.

Drugs and alcohol

- 9.56 **The drug strategy document should include annual development targets and objectives. (8.68).**

Not achieved. The drug strategy policy document was out of date and did not include performance targets or annual objectives.

We repeat the recommendation.

- 9.57 **The recommendations of the annual needs analysis should be incorporated as development targets in the annual drug strategy document. (8.69).**

Not achieved. The results of a recent needs analysis were being collated, and an integrated drug treatment system (IDTS) needs assessment was under way. Prior to this, the establishment had not undertaken a needs analysis since 2006.

We repeat the recommendation.

- 9.58 **The alcohol strategy should be fully implemented and the necessary resources made available to reflect the treatment needs of prisoners. (8.70).**

Not achieved. The alcohol strategy document dated back to 2006 and did not contain an action plan. Following a recent benchmarking exercise conducted by the intervention and substance misuse group, the CARAT service was no longer allowed to undertake one-to-one work with prisoners whose primary problem was alcohol. The prison had introduced the control of violence for angry impulsive drinkers (COVAID) course, but this was an offending behaviour

and not a treatment programme. Current provision consisted of a short alcohol awareness module and fortnightly Alcoholics Anonymous groups. This was insufficient to meet need; during the previous six months, 204 prisoners had undertaken alcohol detoxification (see also further recommendation 9.74).

Further recommendation

9.59 The establishment should undertake a detailed population needs analysis to inform a new alcohol strategy.

9.60 A clear distinction should be made between voluntary drug testing and compliance compacts (8.71).

Achieved. The compact clearly distinguished voluntary drug testing (VDT) and compliance testing. During October 2009, 250 compliance and 56 VDT compacts were in operation, exceeding the target of 293. Compliance testing was linked to employment.

9.61 Voluntary drug testing should not be linked to the IEP scheme (8.72).

Achieved. VDT was no longer linked to the IEP scheme. Testing was undertaken by a group of eight drug strategy officers and available to prisoners, independent of location. Testing suites were located on house blocks 3 and 4 but, due to population pressure, the designated drug support landing on house block 3 had been lost.

Further recommendation

9.62 A dedicated voluntary drug testing unit should be re-established, to provide additional support for prisoners to remain drug free.

9.63 The CARAT service should be afforded appropriate accommodation for delivery of the service (8.73).

Achieved. The CARAT team had recently moved to new premises in the administration building. The office was spacious enough to accommodate all staff. Group work facilities were located on house block 1.

9.64 Group work provision for substance misuse should be made available to all prisoners across the establishment (8.74).

Achieved. The clinical substance misuse service provided a range of health promotion and relaxation groups, which could be accessed by all prisoner groups except for those located on the vulnerable prisoner unit. The same was true for CARAT groups, which consisted of weekly IDTS modules. These ran specifically for vulnerable prisoners if there was sufficient demand.

9.65 An evaluation should be undertaken as to the potential value of an established accredited drug programme such as P-ASRO (8.75).

Achieved. After a gap of two years, the establishment had just reintroduced the short duration drugs programme (SDP), which was appropriate for the current population; an annual target of 120 starts and 98 completions had been set.

Additional information

- 9.66 The deputy governor chaired the bi-monthly drug strategy meetings, which were well attended. A residential governor had recently taken on the responsibility of establishment drug coordinator, but four different managers had been in this role during the previous year, resulting in a lack of consistency, continuity and coordination.
- 9.67 Prisoners could access group work modules, the SDP, COVAID, peer advice on drugs (PADs) and 'tackling drugs through PE'. While there was support for prisoners requiring alcohol detoxification, there was no ongoing help for those who did not need clinical intervention (see recommendation 9.58); this included young adults, whose primary problem was often alcohol.
- 9.68 The in-house CARAT team consisted of a manager, eight civilians and four officers; this included three new posts. Management, supervision and further training arrangements were satisfactory. Until July 2009, the team had worked to an annual target of 867 triage assessments. Following benchmarking, the target was increased to 1,558 for a full 12 month period, with an overall KPT of 1,387 for the year. All new arrivals were seen within two to three days, and the active caseload stood at 272. Service users were expected to attend group work sessions, but this was not always feasible.
- 9.69 Following the benchmarking exercise earlier in the year, the service could offer a limited number of key work sessions to prisoners but no ongoing one-to-one work.
- 9.70 The CARAT service was well integrated into the prison and represented at appropriate multi-agency meetings. The team was in contact with 36 drug intervention programmes (DIPs), and workers attended community meetings in the five local DIP areas.
- 9.71 Additional initiatives included 12 prisoners available to offer peer support, with 10 more in training. Together with drug strategy officers, they also delivered 'Drugs-4-Mugs', an interactive drug awareness session, on the wings. The Peer Advice on Drugs (PADs) scheme was well established. Peer supporters were also involved in an education project, prisoners unite to keep kids drug free (PUKKA) (which involved groups of young people visiting the prison), which they had helped to develop. This programme, run in partnership with Manchester College, was delivered to groups of young people in mainstream education and to those excluded from school.

Further recommendations

- 9.72 The establishment should ensure that there is consistency and continuity in the management of the drug and alcohol strategy.
- 9.73 The remit of the CARAT service should be sufficiently flexible to meet the differing needs of the population, including prisoners whose primary problem is alcohol.

Children and families of offenders

- 9.74 Enhanced level prisoners should be able to participate in the children and fathers' visit unless this is precluded by specific intelligence. Information about the visit should be provided at induction, prominently on each unit and in the visits area. (8.86)

Achieved. There was a daily family visit available to enhanced level prisoners. This was advertised in the residential units, the visitors' centre and the visits hall. It was well known to prisoners and well used.

9.75 The CAB family advice service should be reintroduced to the visitors' centre. (8.87)

No longer relevant. There was no CAB (now known as CA) advice service in the visitors' centre but family advice was provided by the Prisoner Advice and Care Trust (PACT), which met this need.

9.76 A policy lead should be appointed to develop work with children and families. (8.88)

Achieved. A chaplain had been assigned the task of families and children development. She had prepared a development plan, which had been agreed by the resettlement committee.

9.77 Visitors should be able to book their next visit before the current visit ends. (3.94)

Achieved. Telephone booths with direct lines to the visits booking clerks had been installed in the visitors' centre and the visitors' waiting room. Visitors were not yet using the facility extensively.

9.78 The toilets in the visitors' centre should be redecorated. (3.95)

Achieved. Both toilets were freshly decorated. There were information notices on the walls.

9.79 The information kiosk in the visitors' centre should be connected to a telephone line. (3.96)

No longer relevant. The information kiosk had been removed to make more space in the visitors' centre. An assessment of the value of the information kiosk had been made and it had been decided that the area would be best used by increasing the amount of space available for children.

9.80 The security measures for verifying visitors' identities should be rationalised to reduce duplication and, as a consequence, queues and delays. (3.97)

Partially achieved. Improvements to the process of admitting visitors had been made, so that identity checking was completed more quickly. Visitors were admitted to the visits waiting area before the prisoners arrived. Delays were caused mainly by searching procedures, which did not start until 2pm. On the days that we observed visits, some visitors were not able to get into the visits hall until 2.30pm, for visits due to commence at 2pm, and visitors and prisoners told us that it was sometimes later than this. There were three points at which the identity of visitors was checked: as they left the visitors' centre, as they entered the prison and as they entered the visits area. It was not clear what added value was achieved by each of these checks.
We repeat the recommendation.

9.81 The visitors' waiting room and hall should be redecorated and made more welcoming through pictures, plants, bright displays on walls, and the provision of relevant information. (3.98)

Achieved. The visitors' waiting room had little natural light but it was freshly painted, and contained displays of children's art and information notices. The visits hall was bright and decorated with children's art.

9.82 Visits staff and prison dogs should be less intrusive during visits. (3.99)

Achieved. Visits staff were not intrusive during visits and there were no dogs patrolling in the visits hall.

9.83 Prisoners should be allowed to use the toilet during a visit without it being terminated. (3.100)

Achieved. Prisoners were allowed to use the toilet during visits and were subjected to a rub-down search on return.

9.84 The price of refreshments in the main visits hall should be in line with those available at the visitors' centre. (3.101)

Not achieved. The refreshment kiosk in the visits hall was run by Aramark and prices were not equivalent to those in the visitors' centre.

We repeat the recommendation.

9.85 Arrangements for vulnerable prisoner visits should be changed to ensure that they feel safe and are not obviously identifiable. (3.102)

Not achieved. Vulnerable prisoners were seated in one row of the visits hall, which was easily identifiable by other prisoners. Space could be made available in the gallery area above the visits room if some underused rooms were remodelled but the funding had not been released.

We repeat the recommendation.

Additional information

9.86 Prisoners' entitlement to visits depended on their IEP level. This meant that basic remand prisoners could have one visit a week and basic convicted prisoners two a month. Visits were available every day of the week except Friday, and there were two sessions on Saturday. Sessions were two hours at weekends and one hour 45 minutes on weekdays.

9.87 The visits booking system was heavily used at certain times of the week. Telephone booking was used most heavily and was available for five hours every weekday. Since the introduction of P-NOMIS, a convicted prisoner had been required to apply for a visiting order and to be given a reference number. He then informed his visitors of the reference number and the visitor used the number when booking the visit. Although this system removed the requirement for a visiting order to be posted out, there were delays in prisoners receiving their reference numbers. The cause of this delay was not with the visits clerks, who returned reference numbers on the day they received an application. It was identified during the inspection that visits applications and replies were being delayed on the house blocks.

9.88 Visitors complained of difficulties in booking a visit by telephone, as they were kept waiting on the line for long periods, which incurred significant costs. Visits could be booked seven days in advance and the most difficulty occurred on Mondays and Tuesdays, when trying to book the popular weekend visits. These sessions often became fully booked within two days and there were insufficient visits spaces to meet the demand. Prisoners complained that there were often spaces available in weekend sessions because of visitors booking spaces but failing to arrive. An online booking system was available but many visitors were unable to use it because the software was not compatible with their home computers.

- 9.89 The visitors' centre was run by PACT. It was bright, comfortable and welcoming, with a range of information displayed on the walls and a play area for children. Refreshments were not always available because of staffing shortages. It was open before and after visits. PACT provided a comprehensive visitors' information book, which was available in 12 languages and in Braille.
- 9.90 The prison had a biometric system for recording photographs and fingerprints of visitors. Visitors were also required to provide photographic identification at each visit. During the inspection, we met one visitor who was registered on the biometric system but was not allowed access to the visit she had booked because she did not have a further means of photographic identification. Visits staff sometimes used their discretion and referred decisions to the senior officer responsible. An example we observed was of a woman being allowed to take her recently born baby into a visit, even though it was not listed on the visiting order. The entry procedures and searching were carried out respectfully and politely. Visitors were generally complimentary about visits staff and we observed them dealing with problems for visitors, such as difficulties over property. A visitors' survey had recently been conducted, but the resulting data had not been analysed at the time of the inspection.
- 9.91 There were no volunteer visitors available for prisoners who did not receive visits. The chaplaincy had started a project to introduce a scheme and were hopeful that it would be in place early in 2010.
- 9.92 The visits hall was furnished with brightly coloured fixed tables and chairs. Some soft chairs had been arranged at the end of the hall, intended for enhanced visits, but were not in use. There was a well-equipped play area, supervised by two experienced PACT staff. A separate room was provided in the visits hall for enhanced prisoners' family visits. It was comfortably furnished and had a children's play area.
- 9.93 Father and children's days were held in the chaplaincy community hall every month for enhanced prisoners. They were attended by six to eight families.
- 9.94 The education department ran a relationships skills course, which 11 prisoners had attended in the previous last year, but it had not been run recently. Storybook Dads had recently been introduced and the first application from a prisoner had been received, but no recording had yet been completed. The recently appointed families and children coordinator planned to develop a parenting skills programme and a family support service through the Prison Fellowship.

Further recommendations

- 9.95 All convicted prisoners should be entitled to one visit a week and there should not be an upper limit set on the number of visits that a remand prisoner is entitled to.
- 9.96 Prisoners should receive a reference number for their visiting order on the day after the application is made.
- 9.97 There should be enough visits spaces available at the weekend to meet demand.
- 9.98 The online booking system should be upgraded, to make it universally accessible.
- 9.99 Refreshments should be available in the visitors' centre at every session.
- 9.100 A volunteer visitors scheme should be provided.

- 9.101 The visitors' survey data should be analysed and the findings published to prisoners and visitors, with an action plan which describes how any criticisms will be met.
- 9.102 Family visits and family days should be available for all prisoners, regardless of IEP status.
- 9.103 An accredited parenting or family skills course should be provided.

Housekeeping points

- 9.104 The soft chairs in the visits area should be used.
- 9.105 Visitors who can be identified by the biometric system should not be required to provide further identification.

Attitudes, thinking and behaviour

- 9.106 **The establishment should increase the ETS provision to ensure that prisoners can address offending behaviour needs prior to discharge. (8.93)**

Partially achieved. The number of enhanced thinking skills (ETS) courses had been increased to seven a year, aiming for up to 70 completions a year. There was still a waiting list of 50 prisoners who had been assessed as suitable, a reduction from the 100 at the time of the previous inspection, but some of these had been transferred to other prisons.

- 9.107 **Prisoners who are discharged prior to completing offending behaviour work should have the relevant courses added to their licence where appropriate. (8.94)**

Achieved. Prisoners in scope of offender management had their licence conditions specified by their offender manager. Those out of scope were considered at the discharge board and licence conditions agreed, including information about their suitability for programmes.

- 9.108 **Evaluation should be conducted of all the non-accredited courses that are currently being delivered, to ensure value for money and establish whether it is addressing offending behaviour needs. (8.95)**

Achieved. Non-accredited programmes delivered in the prison were evaluated through the resettlement committee. Decisions on whether to continue offering programmes were based on the uptake and suitability.

- 9.109 **Personal officers should be aware of the offending behaviour needs of those they are responsible for. They should also encourage the participation in relevant work which addresses offending behaviour. (8.96)**

Partially achieved. Personal officers contributed to about half of sentence planning boards. They were not aware of the resettlement needs of all the prisoners they were responsible for and did not actively support their progress.

We repeat the recommendation.

Additional information

- 9.110 The prison provided two accredited programmes, which were relevant to the population's needs. ETS was appropriate for short-term prisoners and for those serving longer sentences who could progress to more specialised programmes at other prisons. The COVAID programme offered 30 places a year and was suitable for young adults serving a range of sentences, and unsentenced prisoners. Programmes were delivered in wing classrooms, and one ETS programme a year was reserved for vulnerable prisoners. Classrooms provided a suitable environment for group work, and had adequate facilities.
- 9.111 The allocation of prisoners to programmes was appropriate, being based on risk, length of sentence and release date. The composition of the group achieved an appropriate mix of ethnicity and ages. We saw a case record which showed that a prisoner had completed the ETS programme, even though it had not been one of his sentence planning targets (see also paragraph 9.28).
- 9.112 The chaplaincy provided the Sycamore Tree victim awareness programme (see section on faith and religious activity). There had been four anti-bullying awareness courses in the previous 12 months. They were run by officers from the interventions team, and residential officers were being trained for future programme delivery. An 'alternative to self-harm programme' had been developed and delivered during the year. This had not been well attended and was being reviewed.
- 9.113 There was no specific programme for sex offenders denying their offence. They were offered places on thinking skills courses in the hope that this would lead to some change in their attitudes.

Further recommendation

- 9.114 The prison should offer interventions with sex offenders unwilling to address their offending behaviour.

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

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

Main recommendations

To the governor

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- 10.1 All prisoners should have the opportunity for a comprehensive and immediate induction into the prison. (HP53)
 - 10.2 A prisoner diversity policy should be produced that meets the requirements of anti-discrimination legislation and outlines how the needs of minority groups can be met. Additional work and activity spaces should be provided so that more prisoners can engage in purposeful activity daily. (HP54)
 - 10.3 All prisoners should be able to engage in purposeful activity, and the number of vocational training places should be significantly expanded. (HP55)
 - 10.4 All activity places should be filled. There should be a waiting list for vacancies which arise daily and wing staff should be proactive in getting prisoners to fill these vacancies. (HP56)
 - 10.5 Staff should be supported and developed to have a better understanding of race and cultural issues and to deal with issues as they arise. (HP57)
 - 10.6 The recommendations in the 2009 health needs assessment should have a detailed and specific, measurable, achievable, realistic and time bound (SMART) action plan to ensure that they are met, in order to improve healthcare provision – particularly primary care services. (HP58)
 - 10.7 Measures to support contact with children and families should be developed and extended to all prisoners. (HP59)
 - 10.8 Juveniles should not be held at Woodhill. (HP60)
 - 10.9 Prisoners should not be required to move location more than once during their first days at the establishment unless in extreme circumstances. (HP61)

Recommendations

To NOMS

-
- 10.10 The decision to remove Hertfordshire courts from Woodhill's catchment area should be honoured and London prisoners not transferred to the establishment in the place of prisoners from these courts. (1.11)
 - 10.11 The amount of money available for spending through the IEP scheme should be reviewed and increased. (8.44)
 - 10.12 Money transfers from other prisons should take place within 24 hours. (8.46)

Recommendations

To the escort contractor

- 10.13 Suitable food should be offered to prisoners during journeys to the establishment. (1.12)
- 10.14 Prisoners should not spend long periods in court cells before transfer to the establishment. (1.13)
- 10.15 Prisoners should only be handcuffed between escort vehicles and the reception area if a risk assessment deems it necessary. (1.14)

Recommendation

To the chief operating officer

- 10.16 The remit of the CARAT service should be sufficiently flexible to meet the differing needs of the population, including prisoners whose primary problem is alcohol. (9.73)

Recommendations

To the governor

First days in custody

- 10.17 The reception area should be modified to ensure that prisoners in reception can be interviewed and searched in private. (1.15)
- 10.18 The reception area should be adequately ventilated. (1.16)
- 10.19 Disabled prisoners should be accommodated in suitably adapted accommodation. (1.17)
- 10.20 The quality of the induction process should be coordinated and consistently good for all categories of prisoner. (1.19)
- 10.21 All parts of the induction programme should be delivered in suitable accommodation. (1.20)
- 10.22 All prisoners should be given the opportunity to complete their education induction. (1.21)
- 10.23 Reception should be open to receive and process prisoners over the lunchtime period. (1.35)
- 10.24 There should be Listeners or Insiders working in reception to provide support to new arrivals. (1.36)
- 10.25 The reception area should be extended to ensure that the facilities are adequate for the number of prisoners arriving and leaving and to avoid unnecessary time spent there. (1.37)
- 10.26 The first night centre should only be used to hold newly received prisoners. (1.38)
- 10.27 The constant watch facilities on the first night centre should be moved to a more suitable location. (1.39)
- 10.28 All new receptions should receive a canteen pack, shower and the chance to inform someone or have someone informed of their whereabouts on the first night. (1.40)
- 10.29 Prisoners should retain a copy of the induction booklet when they leave the first night centre. (1.41)

- 10.30 One-to-one interviews should be carried out in private. (1.42)
- 10.31 Managers should ascertain the reasons why there are delays in activating PIN telephones and take action to rectify the problem. (1.43)
- 10.32 The purpose of house block 5 should be clearly defined and it should not be used to house vulnerable prisoners of any age. (1.44)
- 10.33 Induction should start on the working day following arrival at the establishment. (1.45)
- 10.34 The induction programme should include input for all prisoners from different departments, including safer custody, diversity and substance use. (1.46)
- 10.35 Prisoners should be able to access their gym induction as part of the main induction course. (1.47)
- 10.36 Prisoners' special educational needs should be identified during induction and taken into account in their subsequent treatment and allocation. (1.48)

Residential units

- 10.37 Cells on house blocks should be fully cleared and cleaned after occupation before a new occupant is required to move in. (2.2)
- 10.38 Exercise yards should be kept litter free, especially during periods of use. (2.3)
- 10.39 All in-cell toilets should have full screening. (2.4)
- 10.40 The no-smoking policy should be consistently enforced across all residential units, and non-smokers should not be required to share cells with smokers. (2.5)
- 10.41 There should be age-appropriate risk assessments to ensure the safety of young adults. (2.6)
- 10.42 Reasonable adjustments should be made to ensure that all facilities and services are available to prisoners with disabilities. (2.7)
- 10.43 Communal shower areas should be refurbished as required and should provide screened showers and baths, to enable prisoners to wash in private. (2.12)
- 10.44 Toiletries suitable for black prisoners should be available. (2.13)
- 10.45 Incoming and outgoing mail should be received or posted out within 24 hours. (2.14)
- 10.46 There should be at least one telephone for every 20 prisoners. (2.16)
- 10.47 Prisoners should be able to use the garden area outside house unit 2. (2.28)
- 10.48 Graffiti should be routinely reported and dealt with as part of the daily cell fabric checks. (2.29)
- 10.49 Two prisoners should not share a cell designed for one. (2.30)
- 10.50 All prisoners should have basic items such as pillows and towels. (2.31)

10.51 Prisoners should be allowed curtains. (2.32)

Other residential units

10.52 The close supervision centre (CSC) visits room should be redecorated. (2.41)

10.53 Informal upholstered seating should be installed in the visits room in the CSC. (2.42)

10.54 Visits in the CSC should take place with a greater degree of privacy. (2.43)

10.55 A clinical psychologist post should be funded to work with CSC prisoners at Woodhill. (2.54)

10.56 Prisoners should be provided with written reasons before being moved into the CSC system. (2.55)

10.57 There should be a review of the new criteria for admission to the CSC system, to see whether they are consistent with the purpose and effective running of the system. (2.56)

10.58 An accredited violence reduction programme should be introduced to the CSC system. (2.57)

10.59 The regime on the protected witness unit should be adapted to reflect the opportunities offered to mainstream prisoners at Woodhill. (2.60)

10.60 Staff should be trained to identify the impact of small group isolation on mental and physical health. (2.61)

10.61 Individual care and management plans should be developed for all prisoners held on the protected witness unit (PWU). (2.62)

10.62 Prisoners on the PWU should receive regular psychiatric and psychological assessments to ensure that their well-being is not being adversely affected by the regime. (2.63)

10.63 Sentence planning should be undertaken for prisoners in the protected witness unit and should have staff input. (2.64)

10.64 After an individual risk assessment, prisoners should be able to purchase digital set-top boxes. (2.66)

10.65 The Independent Monitoring Board should visit the unit and make themselves available for private consultations with prisoners at least weekly. (2.71)

10.66 The decoration of the PWU visits room should be improved. (2.72)

10.67 Visits in the PWU should take place with a greater degree of privacy. (2.73)

10.68 The process of transferring category A prisoners to HB 6 should continue, but these prisoners should continue to be able to participate in a full range of regime opportunities. (2.75)

10.69 Subject to security clearance, category A prisoners should be able to access the same work opportunities as other prisoners. (2.76)

Staff-prisoner officers

- 10.70 Staffing and regimes on house block 5 should be revamped to ensure that the prisoners located there receive proper support and can build positive relationships with staff. (2.78)

Personal officers

- 10.71 Personal officers should spend time regularly with those on their caseload and document the outcome of the contact. (2.81)
- 10.72 No more than two officers should be allocated as personal officers to an individual. (2.86)
- 10.73 Management checks to monitor the quantity and quality of personal officer entries on the new computer-based wing files should be introduced. (2.87)

Bullying and violence reduction

- 10.74 Managers should ensure that staff complete written observations in anti-bullying monitoring forms in accordance with the strategy. (3.1)
- 10.75 All violence reduction indicators, particularly F213 forms, should be effectively monitored. (3.2)
- 10.76 The results from the establishment's violence reduction survey should be incorporated into the strategy with an action plan. Surveys should be undertaken annually. (3.3)
- 10.77 The anti-bully awareness course should be delivered more often and targeted at units where it would be most effective. (3.4)
- 10.78 The anti-bully awareness course should be linked to sentence planning and should be quality assured. (3.5)
- 10.79 Violence reduction training should be delivered to all staff and all staff should be refreshed annually. (3.6)
- 10.80 The violence reduction strategy should be consistently applied, with an emphasis on individual support for victims. (3.13)
- 10.81 The anti-bullying survey should be repeated and efforts made to gain a greater response rate. (3.14)
- 10.82 Information relating to victims should be recorded and reported separately from that for perpetrators. (3.15)
- 10.83 Prisoner safer custody representatives should be appointed and given a clear job description. (3.16)
- 10.84 There should be formal interventions for victims of bullying. (3.17)

Self-harm and suicide

- 10.85 Reviews should involve the case manager, the personal officer (or, at the very least, a unit officer) and the prisoner. Other parties should be invited if their input would be valuable. (3.18)
- 10.86 Care maps should always be reviewed, and updated and noted to this effect. (3.20)
- 10.87 The 'alternatives to self-harm' programme should either be reinstated or an alternative intervention used. (3.22)
- 10.88 All staff, particularly those working in the first night centre and in healthcare, should be trained and refreshed in ACCT procedures. (3.30)
- 10.89 Night-time observations of prisoners on open ACCT documents should be unpredictable. (3.31)
- 10.90 Reviews of prisoners on open ACCT documents should be carried out on time. (3.32)
- 10.91 The Listener rota should be adhered to. (3.33)

Applications and complaints

- 10.92 All areas should have complaints documentation available, and this should include the visits waiting area. (3.39)
- 10.93 Application logs should show when responses are received and a system set up for following up late responses. (3.47)
- 10.94 The number of different application forms should be reviewed and the system simplified. (3.48)
- 10.95 The prisoner complaints hotline should be more widely advertised and explained to prisoners. (3.49)

Legal rights

- 10.96 All staff acting as legal aid officers should be appropriately trained. (3.52)

Faith and religious activity

- 10.97 The chaplaincy leaflet should be available in translated formats. (3.65)
- 10.98 Counselling services should be available. (3.66)
- 10.99 The chaplaincy should establish links with faith communities outside the prison according to prisoners' individual needs. (3.67)

Substance use

- 10.100 The clinical support and CARAT teams should develop a mechanism of joint care planning to facilitate effective integrated service provision. (3.69)

- 10.101 The prison should establish a stabilisation/detoxification unit with 24-hour nurse cover and a supportive regime. Prisoners undergoing alcohol detoxification should also be located on this unit. (3.71)
- 10.102 Clinical and counselling, assessment, referral, advice and throughcare (CARAT) services should coordinate and jointly deliver a programme of psychosocial support to prisoners. (3.82)
- 10.103 A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems, and multi-agency care coordination should be established. (3.83)
- 10.104 There should be a clear separation between mandatory drug testing (MDT) and compact-based drug testing in terms of staffing, and the MDT function should come under the remit of the security department. (3.84)

Diversity

- 10.105 All prisoners should be screened during reception or induction for physical, mental and/or sensory disability. This assessment should be reviewed annually, when circumstances change or at the prisoner's request. (4.2)
- 10.106 A multidisciplinary team, led by a senior manager, should conduct monitoring and regular analyses to ensure that prisoners from minority groups are not victimised or excluded from any activity and that their needs are appropriately addressed. (4.3)

Diversity: race equality

- 10.107 Prisoner diversity representatives should receive adequate training to undertake their role, including for older prisoners and those with a disability, and regular meetings should be convened to ensure that they are able to feed back prisoners' views and fully engage in the race equality action team meeting. (4.10)
- 10.108 Racist incident investigations should be subject to routine external validation and the conclusions fed back to the REAT to improve practice. (4.13)
- 10.109 Interventions should be developed for challenging prisoners found guilty of racist misconduct and for protecting and supporting their victims. (4.15)
- 10.110 The profile of race equality work should be raised, including making relevant staff and prisoner representatives more visible and accessible and better promoting racial and cultural diversity. (4.16)
- 10.111 There should be additional staffing resources for race equality work in order to carry out these duties effectively. (4.28)
- 10.112 Regular prisoner diversity representative meetings should take place. (4.29)
- 10.113 Staff who lack confidence in dealing with race and cultural issues should be prioritised for the diversity training and provided with additional support to challenge discriminatory behaviour effectively. (4.30)

- 10.114 The quality of racist incident report form (RIRF) investigations should be improved and the complaint responded to, and prisoners should be informed when they can expect a response. (4.31)
- 10.115 The decline in the number of RIRFs being submitted and current lack of prisoner confidence in the system should be should be investigated and appropriately responded to. (4.32)
- 10.116 There should be regular consultation groups with a range of ethnic minority groups to ensure that their views contribute to the overall management of race equality. (4.33)

Diversity: foreign nationals

- 10.117 There should be accredited translation and interpretation services for prisoners, especially where matters of accuracy and/or confidentiality are a factor. (4.40)
- 10.118 Prisoners should be able to contact accredited, independent immigration advice and support agencies. (4.41)
- 10.119 There should be routine consultation with the foreign national prisoner population, with areas of concern fed back to senior managers and action taken to address significant issues. (4.42)
- 10.120 Any future surveys of foreign national prisoners' views should be accessible to all such prisoners, and the results should be analysed and discussed at the race equality action team (REAT) meeting, with action taken where appropriate. (4.43)
- 10.121 All foreign national prisoners should be permitted to make a free telephone call to inform family members of their whereabouts. (4.48)
- 10.122 Foreign national prisoners should be seen by the foreign nationals coordinator or a nominated member of staff within 48 hours of arrival. (4.49)
- 10.123 A foreign nationals group should be held, so that information and support can be shared and offered and any areas of concern referred to the REAT for action. (4.50)

Diversity: disability

- 10.124 Reception screening should be improved to ensure that disabilities are identified. (4.61)
- 10.125 Prisoners with disabilities who require personal emergency evacuation plans should have these developed and staff should be aware of them. (4.62)
- 10.126 Formal arrangements for unlocking prisoners unfit for work because of their disability should be implemented. (4.63)
- 10.127 Equality of treatment and access should be monitored by disability and appropriate action taken to rectify any inequalities. (4.64)
- 10.128 Carers should be recruited for prisoners with disabilities on main location. (4.65)
- 10.129 Care plans should be regularly reviewed. (4.66)

10.130 Care needs for prisoners with disabilities should be assessed and support arrangements put in place before release. (4.67)

10.131 Disability pay should be increased. (4.68)

Diversity: older prisoners

10.132 Older prisoners should receive an initial assessment to identify any age-related impairments or social care needs, and appropriate action taken. (4.75)

10.133 Equality of treatment and access should be monitored by age and appropriate action taken to rectify any inequalities. (4.76)

10.134 Suitable activities for older prisoners should be identified. (4.77)

10.135 Older prisoners' care needs should be assessed and support arrangements put in place before release. (4.78)

10.136 Older prisoners who require personal emergency evacuation plans should have these developed and staff should be aware of them. (4.79)

10.137 Formal arrangements for unlocking retired prisoners should be implemented. (4.80)

10.138 Retirement pay should be increased. (4.81)

Diversity: gender and sexual orientation

10.139 A policy for supporting and meeting the needs of gay, bisexual and transgender prisoners should be developed. (4.84)

10.140 Formal procedures should be developed that will assist in ensuring that transgender prisoners have as much access to the regime as possible, and where necessary that alternative arrangements are made. (4.85)

Health services

10.141 A skill mix review should be undertaken to ensure that appropriately qualified nurses and health support workers are employed in clinical areas. (5.1)

10.142 All staff should receive clinical supervision. (5.3)

10.143 Missing and used items of equipment should be replaced immediately following their use. (5.5)

10.144 Appropriate storage facilities should be identified for the management of clinical records. (5.6)

10.145 An NHS-compatible electronic medical information system should be established. (5.9)

10.146 All healthcare areas should be cleaned regularly and cleaning schedules maintained to show that this has been done, and there should be management checks on the schedules. (5.11)

10.147 The tiled floor in the treatment room on house block 1 should be replaced to comply with infection control requirements. (5.13)

- 10.148 A programme of refurbishment for the health services department should be introduced – in particular for the duty room area. (5.14)
- 10.149 A system should be devised whereby the identity of personnel entering comments into patients' records is apparent. (5.16)
- 10.150 Advance notice of dates and venues for future meetings should be noted in the prisoner health forum minutes, as well as how appropriate action has been achieved. (5.18)
- 10.151 The electronic waiting list should include the date of referral/application so that it can be ascertained how long each patient has waited for his first appointment. (5.20)
- 10.152 There should be a review of the reception screening tool to ensure that it provides appropriate information about prisoner health for their first night in prison. (5.22)
- 10.153 Telephone interpreting services should always be offered to prisoners with a poor command of English. (5.24)
- 10.154 The secondary health assessment should be reviewed in conjunction with the reception screen, to ensure that appropriate and sufficiently detailed information is collected. (5.25)
- 10.155 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (5.26)
- 10.156 The waiting time to see a GP should be reduced to match NHS guidelines. (5.27)
- 10.157 There should be closer supervision by officers during central medication distribution. (5.29)
- 10.158 Hoods should be fitted to the administration hatches in the central medication area to improve privacy. (5.30)
- 10.159 Health promotion should be given higher priority in the overall health improvement strategy. (5.31)
- 10.160 All nurses working within primary care should receive basic primary care training. (5.33)
- 10.161 The lead clinical nurse should receive professional updating to develop, in conjunction with the practice nurses, chronic disease management and health promotion services. (5.34)
- 10.162 An audit of prisoners failing to attend healthcare appointments should be undertaken and a system devised whereby prisoners failing to attend healthcare appointments are followed up and appropriately managed. (5.36)
- 10.163 Barrier protection and health education should be provided for prisoners. (5.37)
- 10.164 The MHIRT, in conjunction with the managers of health services (both primary and inpatient service) and the PCT commissioners, should review their practices to ensure that prisoners with mental health issues are cared for appropriately and that liaison between health service professionals takes place as required. (5.38)
- 10.165 Primary mental health services should be provided. (5.40)
- 10.166 Day care should be provided for those less able to cope with life on the house blocks. (5.41)

- 10.167 The number of patients being seen at each dental session should be kept under review to ensure that the use of clinical time is optimised. (5.43)
- 10.168 The number of dental sessions should be increased. (5.44)
- 10.169 All prisoners should have equitable access to dental treatment, regardless of their custodial status. (5.45)
- 10.170 Night sedation should not be administered before 9pm. (5.47)
- 10.171 Simple pain relief should be readily available to patients. (5.48)
- 10.172 Patient group directions should be introduced to enable more potent medication to be administered by the pharmacist or nurse. A copy of the original signed PGDs should be present in the pharmacy, and read and signed by all relevant staff. (5.49)
- 10.173 Patient group directions should be reviewed regularly to ensure that they are in date. (5.50)
- 10.174 The policy and procedure for the checking, recording and use of patients' own drugs should be reviewed. (5.52)
- 10.175 A panic button should be installed at the house block 4B medication administration point. (5.54)
- 10.176 The pharmacist should be supported to increase the number of pharmacy clinics, to provide patients with a wider range of medication advice. (5.56)
- 10.177 The prisoners' toilets in the healthcare department should be screened more effectively to provide them with appropriate privacy and dignity. (5.79)
- 10.178 The remaining carpets in healthcare offices, specifically the mental health in-reach team (MHIRT) office on the second floor, should be replaced. (5.80)
- 10.179 All local policies should be reviewed and updated. (5.81)
- 10.180 Clinical incidents, including serious untoward incidents, should be reviewed regularly and learning disseminated to staff. (5.82)
- 10.181 Dedicated healthcare complaints boxes should be sited on the house blocks to ensure that complaints containing potentially medically sensitive information are screened first by health services staff. (5.83)
- 10.182 Nurses should be deployed using their registration qualifications appropriately wherever possible. (5.84)
- 10.183 Nurses should conduct structured triage of applications, to enable GP sessions to be used more effectively. (5.85)
- 10.184 An audit of central medications should be conducted to ensure that prisoners receive their medications as prescribed and alternative arrangements made if necessary. (5.86)
- 10.185 An audit of the podiatry waiting list should be conducted to assess how long high-risk patients, specifically diabetics, are waiting for routine and emergency treatment. (5.87)

- 10.186 Genito-urinary clinics should be regular and protected time given to the nurse conducting them. (5.88)
- 10.187 All nursing staff should receive basic life support training as a matter of urgency. (5.89)
- 10.188 All nursing staff should receive defibrillator training as a matter of urgency. (5.90)
- 10.189 The head of healthcare should have overall responsibility and control for all health services, including the MHIRT. (5.91)
- 10.190 There should be protected time for staff with skills such as bereavement counselling. (5.92)

Learning and skills and work activities

- 10.191 Activity provision should be effectively promoted to prisoners at induction, on the house blocks and when planning and reviewing their time at the prison. (6.2)
- 10.192 An integrated process should be introduced to ensure that allocations to activities are prioritised according to prisoners' needs and to make full use of the provision available. (6.4)
- 10.193 Managers should continue to develop the recognition and recording of progress and achievement for non-accredited learning. (6.20)
- 10.194 Managers should ensure that induction includes the promotion of education and vocational training courses. (6.21)
- 10.195 Staff resources for the careers information and advice service should be increased. (6.22)
- 10.196 A wider range of vocational training courses should be developed and implemented, particularly at level two and above. (6.23)
- 10.197 Regime management should ensure that work, vocational training and education places are fully utilised where practicably possible. (6.24)
- 10.198 The library should maintain better records of attendance and use this to identify trends and to inform actions to increase usage. (6.25)
- 10.199 The facilities for prisoners to be able to study in the library should be improved. (6.26)
- 10.200 Access to the library should be improved for all prisoners and the provision should be better promoted through induction. (6.27)

Time out of cell

- 10.201 Evening association should not be unavailable for four nights in a row. (6.34)
- 10.202 Exercise yards should be cleaned and inspected daily. (6.36)
- 10.203 More should be done to lessen the austerity of exercise yards. (6.37)
- 10.204 Prisoners should be issued with weatherproof clothing so that exercise is available in wet weather. (6.39)

10.205 Prisoners should have an average of 10 hours out of cell every weekday. (6.44)

10.206 Cancellation of association should be applied on a rota basis. (6.45)

Security and rules

10.207 The reasons for the low rate of drug suspicion tests resulting in positive results should be examined and acted upon. (7.2)

Discipline

10.208 Historical data relating to adjudications, such as charges and punishments awarded, should be collated and analysed, with appropriate action taken to respond to emerging patterns and trends. (7.21)

10.209 A formal quality assurance process should be put in place for completed adjudication documentation. (7.22)

10.210 Historical data relating to use of force should be collated and analysed, with appropriate action taken to respond to emerging patterns and trends. (7.23)

10.211 Documentation relating to prisoners being relocated to special accommodation should provide clear and detailed reasons why such action has been carried out and evidence appropriate managerial authorisation. (7.24)

10.212 Prisoners should only be strip-searched on relocation to the segregation unit subject to a risk assessment, and when being located to an unfurnished cell should be provided with normal clothing unless the risk assessment indicates otherwise. (7.25)

Incentives and earned privileges

10.213 Prisoners on standard should be automatically reviewed. (7.27)

10.214 The incentives and earned privileges (IEP) policy should be reviewed no less than once every 12 months. (7.33)

10.215 There should be sufficient differences between the regime levels to encourage and motivate better behaviour from prisoners. (7.34)

10.216 There should be better managerial monitoring of the IEP scheme, with regular quality assurance checks of documentation and frequent analysis of IEP data in order to respond to emerging patterns and trends. (7.35)

10.217 All prisoners demoted to basic should be set targets that provide clear guidance as to how to improve their behaviour sufficiently to regain the standard level. (7.36)

Catering

10.218 The number of prisoners required for the kitchen party should be determined and allocated, and their attendance prioritised. (8.2)

- 10.219 Staff and prisoners should be trained in catering cleanliness and the kitchen kept to the adequate standard, with daily checks by senior managers to ensure that acceptable standards are met and maintained. (8.5)
- 10.220 Food trolleys should be deep cleaned regularly, and thoroughly cleaned twice daily after serving food. (8.6)
- 10.221 Wing managers should ensure that the arrangements on the wing for the checking and recording of food temperatures are consistently carried out. Food should be replaced when failing to meet the correct temperature. (8.9)
- 10.222 Wing managers should ensure that prisoners consistently have the opportunity to make comments about the food. (8.11)
- 10.223 Catering staff should ensure that the responses to all of the comments are meaningful and indicate what will be done as a result of the comment. (8.12)
- 10.224 The services of a professional dietician should be employed in planning the menu, to ensure that a healthy, varied and balanced diet is provided. (8.14)
- 10.225 Catering staff should have a regular forum at which to meet prisoners and respond to issues raised. (8.15)
- 10.226 An annual catering survey should be carried out and action taken accordingly. (8.16)
- 10.227 All prisoners working in the kitchen should study for the three core catering National Vocational Qualification (NVQ) units, which are transferable. (8.18)
- 10.228 NVQ level two should be offered. (8.20)
- 10.229 Prisoners from different ethnic backgrounds should be able to cook food. (8.28)
- 10.230 Breakfast should be served on the day it is due to be eaten. (8.29)
- 10.231 The evening meal at weekends should not be served before 5pm. (8.30)
- 10.232 All prisoners should have access to hot water. (8.31)

Prison shop

- 10.233 An annual survey about prison shop provision should be held, to solicit prisoners' views on the available products, as well as on the quality of the service. (8.35)
- 10.234 The prison shop should sell fresh fruit and vegetables. (8.43)
- 10.235 Arrangements should be made for prisoners to repay initial loans for smokers' or a non-smokers' packs over a reasonable period of time. (8.45)
- 10.236 Catalogue items should not incur an administration charge. (8.47)

Strategic management of resettlement

- 10.237 Specific assessments should be carried out to establish the resettlement needs of small but significant groups of the population, including juveniles (if held); young adults, category A prisoners, lifers and other indeterminate sentenced prisoners, sex offenders and those spending over 12 months at the prison. (9.1)
- 10.238 The reducing reoffending meeting should run as programmed. (9.2)
- 10.239 An action plan should be developed to implement diversity issues identified by the resettlement impact assessment. (9.3)
- 10.240 The resettlement strategy should be reviewed to reflect the priorities of the regional strategy. (9.9)
- 10.241 The resettlement strategy should promote the use of release on temporary licence to achieve positive outcomes for prisoners. (9.10)

Offender management and planning

- 10.242 A pre-release resettlement course should be developed and offered to prisoners approaching discharge. (9.13)
- 10.243 Delays in processing HDC work by prisoner eligibility dates should be addressed. (9.16)
- 10.244 Prisoners serving life sentences and indeterminate sentences for public protection should not be held at the prison beyond the four months available to complete initial risk assessment work, except for valid reasons. (9.20)
- 10.245 Specific events for lifers, including lifer days, lifer family days, town visits where appropriate, and a regular lifer forum should be held. (9.22)
- 10.246 An identified member of staff should maintain regular contact with prisoners to ensure that sentence planning targets are delivered. (9.32)
- 10.247 Personal officers should contribute to all sentence planning boards. (9.33)
- 10.248 Interventions should be determined by sentence planning targets and any agreed variations should be reflected in updated targets. (9.34)

Resettlement pathways

- 10.249 There should be more opportunities for prisoners to engage in employment-related vocational training linked to skill shortage areas and vacancies in the labour market. (9.36)
- 10.250 The job club should be implemented and computers in the library installed. (9.39)
- 10.251 A system should be developed to identify prisoners who need to be seen by health services staff for a pre-discharge assessment. (9.41)

- 10.252 Prisoners should be given information and assistance to obtain health and social care services on release. (9.42)
- 10.253 Prisoners should be provided with assistance to open a bank account. (9.45)
- 10.254 Resettlement peer advisers should be trained in providing accommodation advice. (9.54)
- 10.255 The Jobcentre Plus employee should have access to the Jobcentre Plus computer while in the prison. (9.55)
- 10.256 The drug strategy document should include annual development targets and objectives. (9.56)
- 10.257 The recommendations of the annual needs analysis should be incorporated as development targets in the annual drug strategy document. (9.57)
- 10.258 The establishment should undertake a detailed population needs analysis to inform a new alcohol strategy. (9.59)
- 10.259 A dedicated voluntary drug testing unit should be re-established, to provide additional support for prisoners to remain drug free. (9.62)
- 10.260 The establishment should ensure that there is consistency and continuity in the management of the drug and alcohol strategy. (9.72)
- 10.261 The security measures for verifying visitors' identities should be rationalised to reduce duplication and, as a consequence, queues and delays. (9.80)
- 10.262 The price of refreshments in the main visits hall should be in line with those available at the visitors' centre. (9.84)
- 10.263 Arrangements for vulnerable prisoner visits should be changed to ensure that they feel safe and are not obviously identifiable. (9.85)
- 10.264 All convicted prisoners should be entitled to one visit a week and there should not be an upper limit set on the number of visits that a remand prisoner is entitled to. (9.95)
- 10.265 Prisoners should receive a reference number for their visiting order on the day after the application is made. (9.96)
- 10.266 There should be enough visits spaces available at the weekend to meet demand. (9.97)
- 10.267 The online booking system should be upgraded, to make it universally accessible. (9.98)
- 10.268 Refreshments should be available in the visitors' centre at every session. (9.99)
- 10.269 A volunteer visitors scheme should be provided. (9.100)
- 10.270 The visitors' survey data should be analysed and the findings published to prisoners and visitors, with an action plan which describes how any criticisms will be met. (9.101)
- 10.271 Family visits and family days should be available for all prisoners, regardless of IEP status. (9.102)

- 10.272 An accredited parenting or family skills course should be provided. (9.103)
- 10.273 Personal officers should be aware of the offending behaviour needs of those they are responsible for. They should also encourage the participation in relevant work which addresses offending behaviour. (9.109)
- 10.274 The prison should offer interventions with sex offenders unwilling to address their offending behaviour. (9.114)

Housekeeping points

Residential units

- 10.275 The responsibilities for delivering the 'email a prisoner' scheme should be clarified and staff made aware of these. (2.33)
- 10.276 All telephone booths should have notices advising prisoners that their calls may be monitored. (2.34)
- 10.277 Light-weight trousers should be available for escape-list prisoners. (2.35)
- 10.278 Substantial holdalls should be available for prisoners discharged with large amounts of property. (2.36)
- 10.279 Mattresses on which there is offensive graffiti should be replaced. (2.37)
- 10.280 A range of children's toys and play activities should be available in the PWU visits room. (2.74)

Diversity

- 10.281 The diversity and equality strategy action plan should be regularly updated. (4.7)

Diversity: race equality

- 10.282 Prisoners should be told about the role of prisoner diversity representatives during their induction. (4.11)
- 10.283 Pictures of prisoner diversity representatives should be displayed on the house blocks. (4.17)

Health services

- 10.284 Emergency equipment should not be kept in the corridors. (5.93)
- 10.285 The seating arrangements in the MHIRT interview room should be altered to ensure the safety of staff working there. Discipline staff should be close at hand during interviews with prisoners. (5.94)
- 10.286 The injury log (F213s) should be properly and clearly recorded and copies kept of the original forms for reference and review. (5.95)

10.287 There should be prioritisation of the podiatry list to ensure that patients are seen based on clinical need. (5.96)

Time out of cell

10.288 Activities available during association should be broadened to include board games, recreational education and supervised hobby activities. (6.46)

Catering

10.289 The kitchen should ensure that special diets are checked and catered for daily. (8.32)

Prison shop

10.290 Hobby items should be made consistently available through the prison shop. (8.48)

Resettlement pathways

10.291 The soft chairs in the visits area should be used. (9.104)

10.292 Visitors who can be identified by the biometric system should not be required to provide further identification. (9.105)

Examples of good practice

Residential units

10.293 Prison communication orderlies kept information rooms and notice boards up to date and supported peers in making applications and understanding systems. (2.38)

Other residential units

10.294 The positive approach by staff towards prisoners was a major factor in maintaining the equilibrium of the close supervision centre, which accommodated some of the most challenging and dangerous prisoners in the system. (2.58)

Self-harm and suicide

10.295 The seven-day follow up of prisoners whose ACCT documents had been closed provided additional support to vulnerable prisoners. (3.34)

10.296 The algorithm for assessing the need for constant watch provided assurance that this procedure was only used when necessary. (3.35)

Faith and religious activity

10.297 Work was being undertaken with selected Muslim prisoners around radicalisation. (3.68)

Diversity: disability

10.298 The carers scheme provided prisoners on the vulnerable prisoner unit with a disability additional support with day-to-day tasks. (4.69)

Prison shop

10.299 There was a separate chaplaincy shop list for religious artefacts. (8.49)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Sara Snell	Team leader
Vinnett Pearcy	Inspector
Karen Dillon	Inspector
Martin Owens	Inspector
Andrew Rooke	Inspector
Sean Sullivan	Inspector
Nicola Rabjohns	Healthcare inspector
Bridget McEvilly	Healthcare inspector
Siggi Engelen	Substance use inspector
John Reynolds	Dental inspector
Simon Denton	Pharmacy inspector
Neil Edwards	Ofsted inspector
Phil Romain	Ofsted inspector
Samantha Booth	Researcher
Adam Altoft	Researcher
Amy Summerfield	Researcher

Appendix II: Prison population profile¹

Status	18-20-year-olds	21 and over	%
Sentenced	23	329	44
Recall	6	70	10
Convicted unsentenced	11	67	10
Remand	30	245	35
Civil prisoners	0	0	0
Detainees	1	8	1
Total	71	719	100

Sentence	18-20-year-olds	21 and over	%
Unsentenced	38	240	35
Less than 6 months	8	70	10
6 months to less than 12 months	4	43	6
12 months to less than 2 years	4	73	10
2 years to less than 4 years	9	108	15
4 years to less than 10 years	3	92	12
10 years and over (not life)	0	36	4
ISPP	5	35	5
Life	0	22	3
Total	71	719	100

Age	Number of prisoners	%
Please state minimum age	18	
Under 21 years	71	9
21 years to 29 years	341	43
30 years to 39 years	206	26
40 years to 49 years	123	16
50 years to 59 years	30	4
60 years to 69 years	15	1.5
70 plus years	4	0.5
Please state maximum age	76	
Total	790	100

Nationality	18-20-year-olds	21 and over	%
British	60	578	81
Foreign nationals	8	112	15
Not disclosed/on system	3	29	4
Total	71	719	100

Security category	18-20-year-olds	21 and over	%
Uncategorised unsentenced	5	503	1
Uncategorised sentenced	60	39	65
Cat A	0	32	4

¹ Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Cat B	0	31	4
Cat C	0	103	13
Cat D	0	5	1
Other	6	6	2
Total	71	719	100

Ethnicity	18-20-year-olds	21 and over	%
White			
British	42	475	65
Irish	1	5	1
Other white	0	51	6
<i>Mixed</i>			
White and black Caribbean	2	15	2
White and black African	0	3	0
White and Asian	0	5	1
Other mixed	1	5	1
<i>Asian or Asian British</i>			
Indian	3	11	2
Pakistani	3	15	2
Bangladeshi	3	7	1
Other Asian	1	10	1
<i>Black or black British</i>			
Caribbean	5	46	7
African	4	25	4
Other black	4	17	3
<i>Chinese or other ethnic group</i>			
Chinese	0	2	0
Other ethnic group	0	5	1
Not stated	2	22	3
Total	71	719	100

Religion	18-20-year-olds	21 and over	%
Baptist	0	2	0
Church of England	8	149	20
Roman Catholic	16	126	18
Other Christian denominations	3	37	5
Muslim	17	86	13
Sikh	0	5	1
Hindu	2	2	0.5
Buddhist	0	11	1
Jewish	0	4	0.5
Other	5	59	8
No religion	20	238	33
Total	71	719	100

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	10	1	138	17
1 month to 3 months	12	1	116	15
3 months to 6 months	10	1	164	21
6 months to 1 year	2	0	57	7
1 year to 2 years	0	0	10	1
2 years to 4 years	0	0	1	0
4 years or more	0	0	0	0
Total	34		486	100

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	4	0	24	3
1 month to 3 months	8	1	35	4
3 months to 6 months	5	1	48	6
6 months to 1 year	1	0	7	1
1 year to 2 years	0	0	2	0
2 years to 4 years	0	0	1	0
4 years or more	0	0	0	0
Total	18		117	100

Main offence	18–20-year-olds	21 and over	%
Violence against the person	8	105	14
Sexual offences	0	47	6
Burglary	2	37	5
Robbery	4	40	5
Theft and handling	1	22	3
Fraud and forgery	1	12	2
Drugs offences	6	53	7
Other offences	12	62	9
Civil offences	0	0	0
Offence not recorded/holding warrant	38	351	49
Total	72	729	100

Appendix III: Wing history sheet analysis

Background

On 16 November 2009, the population at HMP Woodhill was 790. A sample of wing history sheets was analysed for the previous six months. As P-NOMIS had been introduced within the previous six months, this included both P-NOMIS case notes and paper files where applicable. A total of 42 wing history sheets were looked at across the prison. This represented 5% of the population.

<i>Location</i>	<i>Number of wing history sheets analysed</i>
<i>1A</i>	<i>3</i>
<i>1B</i>	<i>3</i>
<i>2A (young adults)</i>	<i>6</i>
<i>2B</i>	<i>3</i>
<i>3A</i>	<i>2</i>
<i>3B</i>	<i>4</i>
<i>4A</i>	<i>3</i>
<i>4B (vulnerable prisoners)</i>	<i>6</i>
<i>5 (induction unit)</i>	<i>2</i>
<i>First night centre</i>	<i>2</i>
<i>Healthcare centre</i>	<i>1</i>
<i>Close supervision centre</i>	<i>2</i>
<i>6B</i>	<i>1</i>
<i>6C</i>	<i>2</i>
<i>6D/E (protected witness unit)</i>	<i>2</i>

All history sheets were assessed in terms of the frequency and quality of comments. The additional forms and information contained in the paper files were also noted.

Identification of the prisoner

All history sheets stated the prisoner's name, number and ethnicity. All, apart from those on the protected witness unit, contained a photograph of the prisoner.

Frequency of entries

The frequency of entries was calculated in terms of the average number of days since the last entry and the average number of entries made per month.

	<i>Average number of days since last entry in file</i>	<i>Average number of entries per month</i>
1A	16	3
1B	15	2
2A	9	3
2B	12	3
3A	31	1
3B	10	3
4A	18	5
4B	8	3
5	8	10
<i>First night centre</i>	1	10
<i>Healthcare centre</i>	1	3
<i>CSC²</i>	3	10
6B	31	4
6C	3	6
6D/E	14	5
<i>OVERALL</i>	11	4

Only three (7%) files contained management checks and these were all within the paper files. None of the P-NOMIS case notes we looked at contained management checks.

Quality of comments

Comments were assessed in terms of the level of interaction with prisoners. All other comments were noted to be simply observational or functional.

<i>Wing</i>	<i>Interactional</i>	<i>Observational</i>
1A	14 (41%)	20 (59%)
1B	11 (58%)	8 (42%)
2A	26 (60%)	17 (40%)
2B	13 (72%)	5 (28%)
3A	2 (40%)	3 (60%)

² In addition to these entries, on the CSC a daily diary was also kept for each prisoner, with weekly reports placed on P-NOMIS

<i>3B</i>	<i>29 (41%)</i>	<i>41 (59%)</i>
<i>4A</i>	<i>20 (83%)</i>	<i>4 (17%)</i>
<i>4B</i>	<i>43 (66%)</i>	<i>22 (34%)</i>
<i>5</i>	<i>9 (90%)</i>	<i>1 (10%)</i>
<i>First night centre</i>	<i>11 (92%)</i>	<i>1 (8%)</i>
<i>Healthcare</i>	<i>9 (53%)</i>	<i>8 (47%)</i>
<i>Close supervision centre</i>	<i>31 (74%)</i>	<i>11 (26%)</i>
<i>6B</i>	<i>7 (32%)</i>	<i>15 (68%)</i>
<i>6C</i>	<i>20 (69%)</i>	<i>9 (31%)</i>
<i>6D/E</i>	<i>33 (52%)</i>	<i>30 (48%)</i>
<i>Overall</i>	<i>278 (59%)</i>	<i>195 (41%)</i>

Of the total 473 comments assessed, 59% (n=278) were assessed as demonstrating interaction with the prisoner. Therefore, 41% (n=195) were deemed to be observational or functional in nature.

Comments regarding sentence plan or offending behaviour needs

Seven (17%) files contained comments referring to prisoners' sentence plan or offending behaviour needs. These were mainly made by offending supervisors or personal officers and detailed required courses or sentence plan targets. In one case the minutes of a sentence planning review were included and in another details of an early interventions interview.

References to family or family contact

References to family or family contact were made in 20 (48%) files. These were mainly made by personal officers, who discussed level of contact between prisoners and their families. In one case staff had called a prisoner's partner to notify them of his transfer to Woodhill, as his PIN telephone numbers had not been cleared.

Personal officers

History sheets were assessed in terms of whether it was clear who the personal officer was, and the quantity and quality of comments made by the personal officer. In 57% (n=24) of the files it was clear when entries had been written by the personal officer. For these, the majority of comments by personal officers were detailed and showed interaction. Several referred to family contact and resettlement issues.

Comments on bullying/violence reduction

Nine (21%) files contained comments on bullying or assaults:

- Four prisoners had assaulted or been implicated in an assault of another prisoner. In two cases it was specified that they had been placed on ABS2 and in one that they would be watched closely by staff.

- One prisoner had confided to an officer that he was being bullied and this was dealt with appropriately.
- One person had problems with another prisoner on his unit. This was monitored by staff until he was moved.
- Two prisoners had raised with staff a problem that could arise if they were to be located on the same house block as another individual. For one of these it was clear that a SIR existed regarding this.

IEP

Twenty-two (52%) files contained entries regarding IEP, consisting of warnings that had been given or prisoners' applications for enhanced status, along with the result of the application.

Notes on detoxification/withdrawal

One file mentioned that a prisoner was detoxifying and this had been picked up during their first night case interview. Some files also mentioned when a person was working with the CARAT team or had drug or alcohol treatment/intervention as part of their sentence plan targets.

Notes on self-harm

Three files mentioned when an ACCT document had been opened and one file noted when a prisoner was refusing food and was on observations. In one file it noted that the prisoner might be at risk of self-harm when his trial began, and for staff to monitor this.

Additional documentation

Seventeen prisoners' files preceded P-NOMIS and had paper files as well. For these, it was noted whether additional documentation was included; whether it had been completed; and whether it had been completed at HMP Woodhill. The table below shows the results of this.

<i>Documentation</i>	<i>Percentage of files included and completed at Woodhill</i>
<i>IEP</i>	94%
<i>First night induction sheet</i>	88%
<i>Resettlement pathways interventions plan</i>	53%
<i>Personal officer initial interview</i>	41%

Other documentation included applications, adjudication results, suicide and self-harm warning form, healthcare centre multi-unlock risk assessment and VDT compact.

Additional comments

- One prisoner had disclosed that he was dyslexic and had been provided with coloured overlays for work and another prisoner was training to be a prisoner carer.

- One prisoner had only one comment, even though he had been at Woodhill for about 3.5 months.

Overall state of the file

All files were rated with a score from 1 (poor) to 4 (very good). The ratings were based on the level of evidence of interaction with prisoners; evidence of personal officer interaction; and the frequency of comments.

All files were given a rating of 1 (poor), 2 (fair), 3 (good) or 4 (very good). The most frequent rating was fair. In total, 26% (n=11) were rated poor; 45% (n=19) were rated as fair and 29% (n=12) were rated as good.

Appendix IV: Summary of prisoner questionnaires

Adult 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 10 November 2009, the prisoner population at HMP Woodhill was 721. The sample size was 134. Overall, this represented 19% 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. Seven 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, 118 respondents completed and returned their questionnaires. This represented 16% of the prison population. The response rate was 88%. In addition to the seven respondents who refused to complete a questionnaire, seven 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 local prisons. This comparator is based on all responses from prisoner surveys carried out in 37 local prisons since April 2003.
- The current survey responses in 2009 against the responses of prisoners surveyed at HMP Woodhill in 2007.
- A comparison within the adult 2009 survey between the responses of prisoners on house block 4B and those on all other house blocks.
- A comparison within the 2009 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2009 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2009 survey between 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 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.

Young 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 10 November 2009, the young adult population at HMP Woodhill was 79. The sample size was 79. Overall, this represented 100% of the young adult 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, 61 respondents completed and returned their questionnaires. This represented 77% of the young adult population. The response rate was 77%. In addition to the nine respondents who refused to complete a questionnaire, eight questionnaires were not returned and one was returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all young adults surveyed in young offender institutions. This comparator is based on all responses from young adult surveys carried out in 22 young offender institutions since April 2003.
- The current survey responses in 2009 against the responses of young adults surveyed at HMP Woodhill in 2007.
- A comparison within the 2009 survey between the responses of white young adults and those from a black and minority ethnic group.
- A comparison within the 2009 survey between the responses of Muslim young adults and non-Muslim young adults.
- A comparison within the 2009 survey between the responses of young adults who consider themselves to have a disability and those who do not consider themselves to have a disability.

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

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

Summary

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

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

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

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>	3%
<i>21 - 29</i>	43%
<i>30 - 39</i>	32%
<i>40 - 49</i>	15%
<i>50 - 59</i>	4%
<i>60 - 69</i>	3%
<i>70 and over</i>	1%

Q1.3 Are you sentenced?

<i>Yes</i>	53%
<i>Yes - on recall</i>	8%
<i>No - awaiting trial</i>	18%
<i>No - awaiting sentence</i>	21%
<i>No - awaiting deportation</i>	0%

Q1.4 How long is your sentence?

<i>Not sentenced</i>	41%
<i>Less than 6 months</i>	8%
<i>6 months to less than 1 year</i>	4%
<i>1 year to less than 2 years</i>	6%
<i>2 years to less than 4 years</i>	17%
<i>4 years to less than 10 years</i>	13%
<i>10 years or more</i>	3%
<i>IPP (Indeterminate Sentence for Public Protection)</i>	2%
<i>Life</i>	6%

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>	44%
<i>6 months or less</i>	20%
<i>More than 6 months</i>	36%

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

<i>Less than 1 month</i>	27%
<i>1 to less than 3 months</i>	25%
<i>3 to less than 6 months</i>	22%

6 to less than 12 months.....	14%
12 months to less than 2 years.....	7%
2 to less than 4 years.....	3%
4 years or more.....	2%

Q1.7 Are you a foreign national? (i.e. do not hold UK citizenship)

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

Q1.8 Is English your first language?

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

Q1.9 What is your ethnic origin?

White - British.....	69%	Asian or Asian British – Bangladeshi.....	0%
White - Irish.....	4%	Asian or Asian British - other.....	3%
White - other.....	9%	Mixed race - white and black Caribbean.....	2%
Black or black British - Caribbean... ..	8%	Mixed race - white and black African.....	0%
Black or black British - African.....	2%	Mixed race - white and Asian.....	2%
Black or black British - other.....	0%	Mixed race - other.....	0%
Asian or Asian British - Indian.....	1%	Chinese.....	0%
Asian or Asian British - Pakistani	2%	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.....	1%
Church of England.....	28%	Jewish.....	0%
Catholic.....	17%	Muslim.....	13%
Protestant.....	0%	Sikh.....	0%
Other Christian denomination.....	5%	Other.....	2%
Buddhist.....	3%		

Q1.12 How would you describe your sexual orientation?

Heterosexual/straight.....	96%
Homosexual/gay.....	1%
Bisexual.....	2%
Other.....	1%

Q1.13 Do you consider yourself to have a disability?

Yes.....	21%
No.....	79%

Q1.14	How many times have you been in prison before?	0 32%	1 14%	2 to 5 28%	More than 5 26%	
Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?	1 53%	2 to 5 32%	More than 5 15%		
Q1.16	Do you have any children under the age of 18?	Yes..... 57%				
		No..... 43%				

Section 2: Courts, transfers and escorts

Q2.1	We want to know about the most recent journey you have made either to or from court or between prisons. How was:							
		<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>
	The cleanliness of the van?	6%	47%	15%	16%	10%	6%	1%
	Your personal safety during the journey?	11%	52%	9%	14%	9%	3%	2%
	The comfort of the van?	4%	14%	5%	36%	40%	0%	1%
	The attention paid to your health needs?	7%	31%	23%	14%	15%	2%	8%
	The frequency of toilet breaks?	4%	13%	19%	18%	20%	2%	25%
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>		
		28%	53%	16%	1%	3%		
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>	
		13%	52%	28%	6%	0%	2%	
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?			74%	25%	1%		
	Before you arrived here did you receive any written information about what would happen to you?			19%	78%	3%		
	When you first arrived here did your property arrive at the same time as you?			84%	14%	3%		

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>	12%	<i>Money worries</i>	22%
<i>Loss of property</i>	15%	<i>Feeling depressed or suicidal</i>	53%
<i>Housing problems</i>	35%	<i>Health problems</i>	63%
<i>Contacting employers</i>	25%	<i>Needing protection from other prisoners</i>	22%
<i>Contacting family</i>	58%	<i>Accessing phone numbers</i>	51%
<i>Ensuring dependants were being looked after</i>	16%	<i>Other</i>	5%

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>	20%	<i>Money worries</i>	19%
<i>Loss of property</i>	12%	<i>Feeling depressed or suicidal</i>	24%
<i>Housing problems</i>	23%	<i>Health problems</i>	30%
<i>Contacting employers</i>	5%	<i>Needing protection from other prisoners</i>	7%
<i>Contacting family</i>	34%	<i>Accessing phone numbers</i>	31%
<i>Ensuring dependants were looked after</i>	5%	<i>Other</i>	3%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	83%	11%	5%
When you were searched, was this carried out in a respectful way?	80%	17%	3%

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
12%	56%	17%	10%	5%	0%

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

<i>Information about what was going to happen to you</i>	47%
<i>Information about what support was available for people feeling depressed or suicidal</i>	49%
<i>Information about how to make routine requests</i>	37%
<i>Information about your entitlement to visits</i>	38%
<i>Information about health services</i>	50%
<i>Information about the chaplaincy</i>	50%
<i>Not offered anything</i>	27%

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>	77%
	<i>The opportunity to have a shower</i>	50%
	<i>The opportunity to make a free telephone call</i>	75%
	<i>Something to eat</i>	90%
	<i>Did not receive anything</i>	5%
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>	45%
	<i>Someone from health services</i>	79%
	<i>A Listener/Samaritans</i>	19%
	<i>Did not meet any of these people</i>	17%
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>	25%
	<i>No</i>	75%
Q3.9	Did you feel safe on your first night here?	
	<i>Yes</i>	78%
	<i>No</i>	15%
	<i>Don't remember</i>	7%
Q3.10	How soon after your arrival did you go on an induction course?	
	<i>Have not been on an induction course</i>	28%
	<i>Within the first week</i>	36%
	<i>More than a week</i>	24%
	<i>Don't remember</i>	12%
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	28%
	<i>Yes</i>	40%
	<i>No</i>	18%
	<i>Don't remember</i>	13%

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?	11%	29%	23%	21%	10%
	Attend legal visits?	13%	43%	15%	8%	6%
	Obtain bail information?	6%	14%	20%	16%	13%
						6%
						14%
						30%

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 10%
 Yes 25%
 No 65%

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?	66%	30%	3%	1%
Are you normally able to have a shower every day?	92%	6%	2%	0%
Do you normally receive clean sheets every week?	86%	12%	3%	0%
Do you normally get cell cleaning materials every week?	85%	12%	3%	0%
Is your cell call bell normally answered within five minutes?	42%	33%	18%	6%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	73%	26%	1%	0%
Can you normally get your stored property if you need to?	27%	35%	31%	7%

Q4.4 What is the food like here?

Very good 5% *Good* 15% *Neither* 19% *Bad* 35% *Very bad* 27%

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

Have not bought anything yet 6%
 Yes 50%
 No 43%

Q4.6 Is it easy or difficult to get either

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	39%	40%	4%	5%	2%	10%
An application form	37%	44%	7%	6%	2%	5%

Q4.7 Have you made an application?

Yes 84%
 No 16%

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?	17%	50%	32%
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	17%	39%	44%

Q4.9	Have you made a complaint?					
	Yes					42%
	No					58%
Q4.10	Please answer the following questions concerning complaints:					
	<i>(If you have not made a complaint please tick the 'not made one' option.)</i>					
		Not made one	Yes	No		
	Do you feel <i>complaints</i> are dealt with fairly?	60%	14%	26%		
	Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	61%	16%	24%		
	Were you given information about how to make an appeal?	47%	21%	32%		
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					59%
	Yes					8%
	No					33%
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>
	38%	6%	19%	23%	10%	5%
Q4.13	What level of the IEP scheme are you on now?					
	Don't know what the IEP scheme is					10%
	<i>Enhanced</i>					33%
	<i>Standard</i>					56%
	<i>Basic</i>					0%
	<i>Don't know</i>					1%
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					11%
	Yes					59%
	No					17%
	<i>Don't know</i>					13%
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?					
	Don't know what the IEP scheme is					10%
	Yes					40%
	No					39%
	<i>Don't know</i>					10%
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)?	6%	94%			
	In the last six months have you spent a night in the segregation/care and separation unit?	7%	93%			

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?	58%	14%	29%
	Are you able to speak to a religious leader of your faith in private if you want to?	51%	6%	43%

Q4.18	Can you speak to a Listener at any time if you want to?	Yes	No	<i>Don't know</i>
		57%	10%	33%

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?	82%	18%
	Do most staff treat you with respect?	79%	21%

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?
	Yes 34%
	No 66%

Q5.2	Do you feel unsafe in this prison at the moment?
	Yes 13%
	No 87%

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> 69%
	<i>Everywhere</i> 7%
	<i>Segregation unit</i> 3%
	<i>Association areas</i> 7%
	<i>Reception area</i> 3%
	<i>At the gym</i> 10%
	<i>In an exercise yard</i> 6%
	<i>At work</i> 3%
	<i>During movement</i> 11%
	<i>At education</i> 2%
	<i>At mealtimes</i> 1%
	<i>At health services</i> 5%
	<i>Visit's area</i> 7%
	<i>In wing showers</i> 7%
	<i>In gym showers</i> 6%
	<i>In corridors/stairwells</i> 4%
	<i>On your landing/wing</i> 4%
	<i>In your cell</i> 3%
	<i>At religious services</i> 4%

Q5.4	Have you been victimised by another prisoner or group of prisoners here?
	Yes 16%
	No 84%

- Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)**
- | | | | |
|---|----|--|----|
| <i>Insulting remarks (about you or your family or friends).....</i> | 8% | <i>Because of your sexuality.....</i> | 2% |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 2% | <i>Because you have a disability.....</i> | 3% |
| <i>Sexual abuse.....</i> | 0% | <i>Because of your religion/religious beliefs.....</i> | 0% |
| <i>Because of your race or ethnic origin.....</i> | 2% | <i>Because of your age.....</i> | 3% |
| <i>Because of drugs.....</i> | 4% | <i>Being from a different part of the country than others.....</i> | 0% |
| <i>Having your canteen/property taken.....</i> | 4% | <i>Because of your offence/crime.....</i> | 1% |
| <i>Because you were new here.....</i> | 3% | <i>Because of gang related issues.....</i> | 1% |
- Q5.6 Have you been victimised by a member of staff or group of staff here?**
- | | |
|----------|-----|
| Yes..... | 24% |
| No..... | 76% |
- Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)**
- | | | | |
|---|----|--|----|
| <i>Insulting remarks (about you or your family or friends).....</i> | 5% | <i>Because you have a disability.....</i> | 5% |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 2% | <i>Because of your religion/religious beliefs.....</i> | 3% |
| <i>Sexual abuse.....</i> | 0% | <i>Because of your age.....</i> | 3% |
| <i>Because of your race or ethnic origin.....</i> | 4% | <i>Being from a different part of the country than others.....</i> | 0% |
| <i>Because of drugs.....</i> | 3% | <i>Because of your offence/crime.....</i> | 5% |
| <i>Because you were new here.....</i> | 4% | <i>Because of gang related issues.....</i> | 3% |
| <i>Because of your sexuality.....</i> | 0% | | |
- Q5.8 If you have been victimised by prisoners or staff, did you report it?**
- | | |
|---|-----|
| <i>Not been victimised</i> | 70% |
| Yes..... | 13% |
| No..... | 17% |
- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**
- | | |
|----------|-----|
| Yes..... | 15% |
| No..... | 85% |
- 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>
	10%	9%	5%	6%	14%	56%

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	18%	4%	25%	11%	29%	14%
The nurse	19%	6%	33%	15%	19%	6%
The dentist	33%	3%	9%	9%	24%	23%
The optician	39%	3%	9%	13%	24%	13%

Q6.2	Are you able to see a pharmacist?	
	Yes.....	52%
	No.....	48%

Q6.3	What do you think of the quality of the health service from the following people?					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	21%	14%	30%	15%	12%	7%
The nurse	24%	13%	28%	13%	16%	6%
The dentist	53%	4%	10%	11%	13%	11%
The optician	58%	5%	11%	9%	10%	7%

Q6.4	What do you think of the overall quality of the health services here?					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	17%	7%	25%	20%	22%	10%

Q6.5	Are you currently taking medication?	
	Yes.....	51%
	No.....	49%

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>	50%
	Yes.....	37%
	No.....	14%

Q6.7	Do you feel you have any emotional well-being/mental health issues?	
	Yes.....	31%
	No.....	69%

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>	81%
<i>Doctor</i>	15%
<i>Nurse</i>	8%
<i>Psychiatrist</i>	7%
<i>Mental health in-reach team</i>	10%
<i>Counsellor</i>	2%
<i>Other</i>	2%

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

	Yes	No
Drugs	29%	71%
Alcohol	29%	71%

Have you developed a problem with drugs since you have been in this prison?

Q6.10

Yes	7%
No.....	93%

Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?

Yes	32%
No.....	9%
<i>Did not/do not have a drug or alcohol problem</i>	59%

Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?

Yes	26%
No.....	15%
<i>Did not/do not have a drug or alcohol problem</i>	59%

Q6.13 Was the intervention or help you received, while in this prison, helpful?

Yes	17%
No.....	5%
<i>Did not have a problem/have not received help</i>	78%

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	10%	76%	14%
Alcohol	4%	82%	13%

Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?

Yes	20%
No.....	10%
N/A.....	70%

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	37%
Vocational or skills training.....	12%
Education (including basic skills).....	21%
Offending behaviour programmes.....	9%
Not involved in any of these	49%

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	43%	20%	28%	9%
Vocational or skills training	58%	23%	11%	8%
Education (including basic skills)	48%	32%	12%	8%
Offending behaviour programmes	58%	22%	12%	8%

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

Don't want to go	19%
Never.....	32%
Less than once a week.....	14%
About once a week.....	22%
More than once a week.....	5%
Don't know.....	8%

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	
	22%	29%	3%	3%	24%	8%	11%

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	
	9%	7%	20%	35%	28%	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	16%
2 to less than 4 hours.....	42%
4 to less than 6 hours.....	11%
6 to less than 8 hours.....	16%
8 to less than 10 hours.....	6%
10 hours or more.....	7%
Don't know.....	3%

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know	
	2%	0%	8%	33%	52%	6%

Q7.8	How often do staff normally speak to you during association time?	
	<i>Do not go on association</i>	1%
	<i>Never</i>	13%
	<i>Rarely</i>	24%
	<i>Some of the time</i>	41%
	<i>Most of the time</i>	14%
	<i>All of the time</i>	7%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	46%
	<i>In the first week</i>	23%
	<i>More than a week</i>	14%
	<i>Don't remember</i>	17%

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>
	47%	12%	23%	6%	7%	6%

Q8.3	Do you have a sentence plan/OASys?	
	<i>Not sentenced</i>	41%
	<i>Yes</i>	29%
	<i>No</i>	29%

Q8.4	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/OASys</i>	71%
	<i>Very involved</i>	8%
	<i>Involved</i>	11%
	<i>Neither</i>	4%
	<i>Not very involved</i>	4%
	<i>Not at all involved</i>	3%

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>	72%
	<i>Yes</i>	12%
	<i>No</i>	16%

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>	72%
	<i>Yes</i>	15%
	<i>No</i>	13%

- Q8.7 Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?**
Not sentenced..... 42%
 Yes 13%
 No 45%
- Q8.8 Do you feel that any member of staff has helped you to prepare for your release?**
 Yes 11%
 No 89%
- Q8.9 Have you had any problems with sending or receiving mail?**
 Yes 50%
 No 42%
 Don't know..... 9%
- Q8.10 Have you had any problems getting access to the telephones?**
 Yes 25%
 No 72%
 Don't know..... 3%
- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet 8%
 Yes 36%
 No 54%
 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 |
|---------------------------|-----|--------|--------|-----------|
| 8% | 45% | 44% | 4% | 0% |
- Q8.13 How are you and your family/friends usually treated by visits staff?**
Not had any visits 29%
 Very well 9%
 Well 20%
 Neither 19%
 Badly 9%
 Very badly 6%
 Don't know..... 10%
- Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**
 Yes 39%
 No 61%

**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>	63%	<i>Help with your finances in preparation for release</i>	15%
<i>Maintaining good relationships</i>	13%	<i>Claiming benefits on release</i>	26%
<i>Avoiding bad relationships</i>	7%	<i>Arranging a place at college/continuing education on release</i>	16%
<i>Finding a job on release</i>	21%	<i>Continuity of health services on release</i>	10%
<i>Finding accommodation on release</i>	26%	<i>Opening a bank account</i>	13%

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

<i>No problems</i>	46%	<i>Help with your finances in preparation for release</i>	21%
<i>Maintaining good relationships</i>	9%	<i>Claiming benefits on release</i>	22%
<i>Avoiding bad relationships</i>	12%	<i>Arranging a place at college/continuing education on release</i>	12%
<i>Finding a job on release</i>	36%	<i>Continuity of health services on release</i>	13%
<i>Finding accommodation on release</i>	26%	<i>Opening a bank account</i>	19%

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>	42%
<i>Yes</i>	28%
<i>No</i>	30%

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>	90%
<i>21 - 29</i>	10%
<i>30 - 39</i>	0%
<i>40 - 49</i>	0%
<i>50 - 59</i>	0%
<i>60 - 69</i>	0%
<i>70 and over</i>	0%

Q1.3 Are you sentenced?

<i>Yes</i>	38%
<i>Yes - on recall</i>	7%
<i>No - awaiting trial</i>	21%
<i>No - awaiting sentence</i>	34%
<i>No - awaiting deportation</i>	0%

Q1.4 How long is your sentence?

<i>Not sentenced</i>	58%
<i>Less than 6 months</i>	8%
<i>6 months to less than 1 year</i>	8%
<i>1 year to less than 2 years</i>	12%
<i>2 years to less than 4 years</i>	5%
<i>4 years to less than 10 years</i>	5%
<i>10 years or more</i>	0%
<i>IPP (Indeterminate Sentence for Public Protection)</i>	0%
<i>Life</i>	3%

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>	61%
<i>6 months or less</i>	18%
<i>More than 6 months</i>	21%

Q1.6	How long have you been in this prison?			
	<i>Less than 1 month</i>		33%	
	<i>1 to less than 3 months</i>		22%	
	<i>3 to less than 6 months</i>		25%	
	<i>6 to less than 12 months</i>		11%	
	<i>12 months to less than 2 years</i>		9%	
	<i>2 to less than 4 years</i>		0%	
	<i>4 years or more</i>		0%	
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)			
	<i>Yes</i>		10%	
	<i>No</i>		90%	
Q1.8	Is English your first language?			
	<i>Yes</i>		88%	
	<i>No</i>		12%	
Q1.9	What is your ethnic origin?			
	<i>White - British</i>	49%	<i>Asian or Asian British - Bangladeshi</i>	4%
	<i>White - Irish</i>	2%	<i>Asian or Asian British - other</i>	2%
	<i>White - other</i>	4%	<i>Mixed race - white and black Caribbean</i>	7%
	<i>Black or black British - Caribbean</i> ...	4%	<i>Mixed race - white and black African</i>	5%
	<i>Black or black British - African</i>	9%	<i>Mixed race - white and Asian</i>	0%
	<i>Black or black British - other</i>	2%	<i>Mixed race - other</i>	4%
	<i>Asian or Asian British - Indian</i>	4%	<i>Chinese</i>	0%
	<i>Asian or Asian British - Pakistani</i>	7%	<i>Other ethnic group</i>	0%
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?			
	<i>Yes</i>		11%	
	<i>No</i>		89%	
Q1.11	What is your religion?			
	<i>None</i>	33%	<i>Hindu</i>	4%
	<i>Church of England</i>	18%	<i>Jewish</i>	0%
	<i>Catholic</i>	16%	<i>Muslim</i>	29%
	<i>Protestant</i>	0%	<i>Sikh</i>	0%
	<i>Other Christian denomination</i>	0%	<i>Other</i>	0%
	<i>Buddhist</i>	0%		
Q1.12	How would you describe your sexual orientation?			
	<i>Heterosexual/ Straight</i>		96%	
	<i>Homosexual/Gay</i>		2%	
	<i>Bisexual</i>		2%	
	<i>Other</i>		0%	

Q1.13	Do you consider yourself to have a disability?			
	Yes			18%
	No			82%
Q1.14	How many times have you been in prison before?			
	0	1	2 to 5	More than 5
	31%	21%	38%	10%
Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?			
	1	2 to 5	More than 5	
	56%	41%	4%	
Q1.16	Do you have any children under the age of 18?			
	Yes			20%
	No			80%

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?	0%	37%	24%	24%	10%	0%	5%
	Your personal safety during the journey?	4%	50%	23%	17%	2%	0%	4%
	The comfort of the van?	0%	2%	16%	25%	54%	0%	4%
	The attention paid to your health needs?	4%	17%	33%	19%	15%	6%	7%
	The frequency of toilet breaks?	0%	14%	16%	25%	33%	0%	12%
Q2.2	How long did you spend in the van?						<i>Don't remember</i>	
	<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>				
	27%	43%	18%	7%			5%	
Q2.3	How did you feel you were treated by the escort staff?							<i>Don't remember</i>
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>		<i>Don't remember</i>	
	8%	63%	19%	0%	7%		3%	
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?			76%	24%	0%		
	Before you arrived here did you receive any written information about what would happen to you?			22%	69%	9%		
	When you first arrived here did your property arrive at the same time as you?			82%	16%	2%		

Section 3: Reception, first night and induction

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

<i>Didn't ask about any of these</i>	25%	<i>Money worries</i>	18%
<i>Loss of property</i>	16%	<i>Feeling depressed or suicidal</i>	39%
<i>Housing problems</i>	39%	<i>Health problems</i>	55%
<i>Contacting employers</i>	25%	<i>Needing protection from other prisoners</i>	16%
<i>Contacting family</i>	45%	<i>Accessing phone numbers</i>	39%
<i>Ensuring dependants were being looked after</i>	16%	<i>Other</i>	2%

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>	28%	<i>Money worries</i>	34%
<i>Loss of property</i>	12%	<i>Feeling depressed or suicidal</i>	14%
<i>Housing problems</i>	28%	<i>Health problems</i>	14%
<i>Contacting employers</i>	12%	<i>Needing protection from other prisoners</i>	16%
<i>Contacting family</i>	30%	<i>Accessing phone numbers</i>	22%
<i>Ensuring dependants were looked after</i>	12%	<i>Other</i>	2%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	85%	13%	2%
When you were searched, was this carried out in a respectful way?	77%	16%	7%

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
2%	46%	35%	11%	4%	4%

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

<i>Information about what was going to happen to you</i>	60%
<i>Information about what support was available for people feeling depressed or suicidal</i>	49%
<i>Information about how to make routine requests</i>	35%
<i>Information about your entitlement to visits</i>	49%
<i>Information about health services</i>	58%
<i>Information about the chaplaincy</i>	58%
<i>Not offered anything</i>	18%

- Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)**
- A smokers/non-smokers pack* 86%
 - The opportunity to have a shower*..... 58%
 - The opportunity to make a free telephone call*..... 82%
 - Something to eat*..... 89%
 - Did not receive anything***..... 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.)**
- Chaplain or religious leader* 43%
 - Someone from health services* 84%
 - A Listener/Samaritans*..... 21%
 - Did not meet any of these people*** 12%
- Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?**
- Yes* 17%
 - No* 83%
- Q3.9 Did you feel safe on your first night here?**
- Yes* 73%
 - No* 20%
 - Don't remember*..... 7%
- Q3.10 How soon after your arrival did you go on an induction course?**
- Have not been on an induction course***..... 22%
 - Within the first week* 42%
 - More than a week* 24%
 - Don't remember*..... 12%
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
- Have not been on an induction course***..... 22%
 - Yes* 40%
 - No* 19%
 - Don't remember*..... 19%

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?	2%	38%	18%	25%	14%	4%
Attend legal visits?	13%	43%	25%	2%	4%	14%
Obtain bail information?	4%	17%	22%	28%	15%	15%

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 14%
 Yes 26%
 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?	34%	61%	5%	0%
Are you normally able to have a shower every day?	90%	9%	0%	2%
Do you normally receive clean sheets every week?	81%	12%	2%	5%
Do you normally get cell cleaning materials every week?	78%	15%	3%	3%
Is your cell call bell normally answered within five minutes?	31%	55%	12%	2%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	39%	58%	4%	0%
Can you normally get your stored property if you need to?	19%	46%	27%	8%

Q4.4 What is the food like here?

Very good 0% *Good* 7% *Neither* 27% *Bad* 24% *Very bad* 42%

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

Have not bought anything yet 11%
 Yes 46%
 No 43%

Q4.6 Is it easy or difficult to get:

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	29%	47%	7%	5%	3%	8%
An application form	22%	55%	12%	2%	2%	7%

Q4.7 Have you made an application?

Yes 75%
 No 25%

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?	25%	29%	46%
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	25%	18%	57%

Q4.9	Have you made a complaint?					
	Yes					32%
	No					68%
Q4.10	Please answer the following questions concerning complaints:					
	<i>(If you have not made a complaint please tick the 'not made one' option.)</i>					
		Not made one	Yes	No		
	Do you feel <i>complaints</i> are dealt with fairly?	68%	7%	25%		
	Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	68%	12%	19%		
	Were you given information about how to make an appeal?	48%	22%	30%		
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					68%
	Yes					4%
	No					28%
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>
	60%	2%	7%	16%	7%	7%
Q4.13	What level of the IEP scheme are you on now?					
	Don't know what the IEP scheme is					2%
	<i>Enhanced</i>					30%
	<i>Standard</i>					61%
	<i>Basic</i>					7%
	<i>Don't know</i>					0%
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?					
	Don't know what the IEP scheme is					2%
	Yes					51%
	No					35%
	<i>Don't know</i>					12%
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?					
	Don't know what the IEP scheme is					2%
	Yes					69%
	No					25%
	<i>Don't know</i>					4%
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)?	5%	95%			
	In the last six months have you spent a night in the segregation/care and separation unit?	4%	96%			

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?	53%	16%	31%
	Are you able to speak to a religious leader of your faith in private if you want to?	41%	9%	50%

Q4.18	Can you speak to a Listener at any time if you want to?	Yes	No	<i>Don't know</i>
		55%	3%	41%

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

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?
	Yes 41%
	No 59%

Q5.2	Do you feel unsafe in this prison at the moment?
	Yes 21%
	No 79%

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> 60%
	<i>Everywhere</i> 7%
	<i>Segregation unit</i> 0%
	<i>Association areas</i> 21%
	<i>Reception area</i> 5%
	<i>At the gym</i> 10%
	<i>In an exercise yard</i> 17%
	<i>At work</i> 9%
	<i>During movement</i> 16%
	<i>At education</i> 12%
	<i>At mealtimes</i> 14%
	<i>At health services</i> 7%
	<i>Visit's area</i> 5%
	<i>In wing showers</i> 24%
	<i>In gym showers</i> 10%
	<i>In corridors/stairwells</i> 14%
	<i>On your landing/wing</i> 19%
	<i>In your cell</i> 10%
	<i>At religious services</i> 3%

Q5.4	Have you been victimised by another prisoner or group of prisoners here?
	Yes 22%
	No 78%

- 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> | 5% | <i>Because of your sexuality.....</i> | 3% |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 9% | <i>Because you have a disability.....</i> | 2% |
| <i>Sexual abuse.....</i> | 2% | <i>Because of your religion/religious beliefs.....</i> | 3% |
| <i>Because of your race or ethnic origin.....</i> | 7% | <i>Because of your age.....</i> | 7% |
| <i>Because of drugs.....</i> | 5% | <i>Being from a different part of the country than others.....</i> | 7% |
| <i>Having your canteen/property taken.....</i> | 7% | <i>Because of your offence/crime.....</i> | 0% |
| <i>Because you were new here.....</i> | 12% | <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..... 24%
- No..... 76%
- Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)**
- | | | | |
|---|----|--|----|
| <i>Insulting remarks (about you or your family or friends).....</i> | 9% | <i>Because you have a disability.....</i> | 0% |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 2% | <i>Because of your religion/religious beliefs.....</i> | 3% |
| <i>Sexual abuse.....</i> | 2% | <i>Because of your age.....</i> | 7% |
| <i>Because of your race or ethnic origin.....</i> | 3% | <i>Being from a different part of the country than others.....</i> | 5% |
| <i>Because of drugs.....</i> | 2% | <i>Because of your offence/crime.....</i> | 2% |
| <i>Because you were new here.....</i> | 9% | <i>Because of gang related issues.....</i> | 3% |
| <i>Because of your sexuality.....</i> | 0% | | |
- Q5.8 If you have been victimised by prisoners or staff, did you report it?**
- Not been victimised**..... 65%
- Yes..... 13%
- No..... 22%
- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**
- Yes..... 23%
- No..... 77%
- Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**
- Yes..... 16%
- No..... 84%
- 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> |
| 18% | 7% | 2% | 5% | 7% | 60% |

Section 6: Health services

Q6.1	How easy or difficult is it to see the following people?						
	Don't know	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	
	The doctor	25%	7%	18%	12%	28%	11%
	The nurse	24%	9%	17%	12%	29%	9%
	The dentist	38%	7%	11%	5%	30%	9%
	The optician	40%	7%	11%	11%	24%	7%
Q6.2	Are you able to see a pharmacist?						
	Yes					54%	
	No					46%	
Q6.3	What do you think of the quality of the health service from the following people?						
	Not been	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	
	The doctor	35%	11%	21%	14%	9%	11%
	The nurse	30%	12%	26%	12%	9%	11%
	The dentist	53%	5%	15%	11%	7%	9%
	The optician	61%	6%	15%	7%	4%	7%
Q6.4	What do you think of the overall quality of the health services here?						
	Not been	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	
	27%	4%	34%	14%	11%	11%	
Q6.5	Are you currently taking medication?						
	Yes					25%	
	No					75%	
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?						
	Not taking medication					77%	
	Yes					23%	
	No					0%	
Q6.7	Do you feel you have any emotional well-being/mental health issues?						
	Yes					22%	
	No					78%	
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)						
	Do not have any issues/not receiving any help					85%	
	Doctor					9%	
	Nurse.....					4%	
	Psychiatrist.....					2%	
	Mental health in-reach team.....					4%	
	Counsellor.....					2%	
	Other					0%	

Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	34%	66%	
	Alcohol	24%	76%	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes			5%
	No			95%
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes			28%
	No			9%
	<i>Did not/do not have a drug or alcohol problem</i>			64%
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?			
	Yes			21%
	No			14%
	<i>Did not/do not have a drug or alcohol problem</i>			65%
Q6.13	Was the intervention or help you received while in this prison, helpful?			
	Yes			16%
	No			5%
	<i>Did not have a problem/have not received help</i>			79%
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	<i>Don't know</i>
	Drugs	2%	69%	29%
	Alcohol	4%	75%	22%
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes			8%
	No			14%
	N/A			78%

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	34%
	Vocational or skills training	2%
	Education (including basic skills)	29%
	Offending behaviour programmes	14%
	<i>Not involved in any of these</i>	54%

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

	Not been involved	Yes	No	Don't know
Prison job	48%	29%	17%	6%
Vocational or skills training	67%	23%	5%	5%
Education (including basic skills)	44%	40%	7%	9%
Offending behaviour programmes	60%	23%	8%	10%

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

Don't want to go	18%
Never.....	45%
Less than once a week.....	12%
About once a week.....	18%
More than once a week.....	2%
Don't know.....	6%

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
14%	29%	2%	9%	29%	4%	14%

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
6%	2%	22%	28%	33%	9%

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.....	35%
2 to less than 4 hours.....	29%
4 to less than 6 hours.....	9%
6 to less than 8 hours.....	7%
8 to less than 10 hours.....	4%
10 hours or more.....	7%
Don't know.....	9%

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
2%	2%	5%	27%	52%	13%

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

Do not go on association	2%
Never.....	7%
Rarely.....	35%
Some of the time.....	31%
Most of the time.....	11%
All of the time.....	13%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>					64%
	<i>In the first week</i>					9%
	<i>More than a week</i>					13%
	<i>Don't remember</i>					14%
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>
	67%	9%	11%	7%	4%	2%
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>					60%
	<i>Yes</i>					14%
	<i>No</i>					26%
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>					86%
	<i>Very involved</i>					0%
	<i>Involved</i>					11%
	<i>Neither</i>					4%
	<i>Not very involved</i>					0%
	<i>Not at all involved</i>					0%
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>					86%
	<i>Yes</i>					12%
	<i>No</i>					2%
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>					86%
	<i>Yes</i>					7%
	<i>No</i>					7%
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?					
	<i>Not sentenced</i>					61%
	<i>Yes</i>					11%
	<i>No</i>					29%
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	<i>Yes</i>					13%
	<i>No</i>					88%

- Q8.9 Have you had any problems with sending or receiving mail?**
 Yes 43%
 No 45%
 Don't know..... 11%
- Q8.10 Have you had any problems getting access to the telephones?**
 Yes 38%
 No 58%
 Don't know..... 4%
- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet 13%
 Yes 30%
 No 52%
 Don't remember..... 6%
- Q8.12 How many visits did you receive in the last week?**
- | Not been in a week | 0 | 1 to 2 | 3 to 4 | 5 or more |
|---------------------------|----------|---------------|---------------|------------------|
| 13% | 48% | 39% | 0% | 0% |
- Q8.13 How are you and your family / friends usually treated by visits staff?**
Not had any visits 30%
 Very well 11%
 Well 21%
 Neither 19%
 Badly 2%
 Very badly 2%
 Don't know..... 15%
- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**
 Yes 35%
 No 65%
- Q8.15 Do you know who to contact to get help with the following within this prison: (Please tick all that apply to you.)**
- | | | | |
|---|-----|---|-----|
| Don't know who to contact | 64% | <i>Help with your finances in preparation for release</i> | 13% |
| <i>Maintaining good relationships</i> | 16% | <i>Claiming benefits on release</i> | 13% |
| <i>Avoiding bad relationships</i> | 4% | <i>Arranging a place at college/continuing education on release</i> | 22% |
| <i>Finding a job on release</i> | 22% | <i>Continuity of health services on release</i> | 11% |
| <i>Finding accommodation on release</i> | 22% | <i>Opening a bank account</i> | 13% |

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

<i>No problems</i>	57%	<i>Help with your finances in preparation for release</i>	12%
<i>Maintaining good relationships</i>	6%	<i>Claiming benefits on release</i>	6%
<i>Avoiding bad relationships</i>	6%	<i>Arranging a place at college/continuing education on release</i>	22%
<i>Finding a job on release</i>	35%	<i>Continuity of health services on release</i>	6%
<i>Finding accommodation on release</i>	22%	<i>Opening a bank account</i>	12%

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>	61%
<i>Yes</i>	18%
<i>No</i>	21%



Prisoner survey responses HMP Woodhill ADULTS 2009

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

Key to tables

		HMP Woodhill 2009	Local prisons comparator	HMP Woodhill 2009	HMP Woodhill 2007
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Number of completed questionnaires returned		118	4157	118	111
SECTION 1: General information					
2	Are you under 21 years of age?	3%	5%	3%	0%
3a	Are you sentenced?	61%	67%	61%	64%
3b	Are you on recall?	8%	11%	8%	16%
4a	Is your sentence less than 12 months?	12%	17%	12%	15%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	4%	2%	5%
5	Do you have six months or less to serve?	20%	33%	20%	24%
6	Have you been in this prison less than a month?	27%	20%	27%	
7	Are you a foreign national?	12%	14%	12%	11%
8	Is English your first language?	88%	89%	88%	89%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	19%	27%	19%	28%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	5%	5%	
11	Are you Muslim?	13%	12%	13%	6%
12	Are you homosexual/gay or bisexual?	4%	3%	4%	1%
13	Do you consider yourself to have a disability?	21%	19%	21%	17%
14	Is this your first time in prison?	32%	28%	32%	32%
15	Have you been in more than five prisons this time?	15%	9%	15%	
16	Do you have any children under the age of 18?	57%	57%	57%	55%
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?	53%	50%	53%	57%
1b	Was your personal safety during the journey good/very good?	63%	59%	63%	59%
1c	Was the comfort of the van good/very good?	18%	13%	18%	10%
1d	Was the attention paid to your health needs good/very good?	38%	29%	38%	28%
1e	Was the frequency of toilet breaks good/very good?	16%	14%	16%	8%
2	Did you spend more than four hours in the van?	1%	4%	1%	8%
3	Were you treated well/very well by the escort staff?	65%	66%	65%	74%
4a	Did you know where you were going when you left court or when transferred from another prison?	74%	73%	74%	56%
4b	Before you arrived here did you receive any written information about what would happen to you?	19%	15%	19%	9%
4c	When you first arrived here did your property arrive at the same time as you?	84%	82%	84%	77%

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SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	15%	12%	15%	
1c	Housing problems?	35%	30%	35%	
1d	Problems contacting employers?	25%	13%	25%	
1e	Problems contacting family?	58%	48%	58%	
1f	Problems ensuring dependants were looked after?	16%	13%	16%	
1g	Money problems?	22%	19%	22%	
1h	Problems of feeling depressed/suicidal?	53%	53%	53%	
1i	Health problems?	63%	62%	63%	
1j	Problems in needing protection from other prisoners?	22%	22%	22%	
1k	Problems accessing phone numbers?	51%	39%	51%	
2	When you first arrived:				
2a	Did you have any problems?	80%	77%	80%	78%
2b	Did you have any problems with loss of property?	12%	12%	12%	21%
2c	Did you have any housing problems?	23%	23%	23%	24%
2d	Did you have any problems contacting employers?	5%	7%	5%	6%
2e	Did you have any problems contacting family?	34%	32%	34%	34%
2f	Did you have any problems ensuring dependants were being looked after?	5%	8%	5%	5%
2g	Did you have any money worries?	19%	24%	19%	35%
2h	Did you have any problems with feeling depressed or suicidal?	24%	23%	24%	29%
2i	Did you have any health problems?	30%	27%	30%	23%
2j	Did you have any problems with needing protection from other prisoners?	7%	9%	7%	9%
2k	Did you have problems accessing phone numbers?	31%	31%	31%	
3a	Were you seen by a member of health services in reception?	84%	88%	84%	80%
3b	When you were searched in reception, was this carried out in a respectful way?	80%	70%	80%	72%
4	Were you treated well/very well in reception?	68%	58%	68%	65%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	47%	43%	47%	32%
5b	Information about what support was available for people feeling depressed or suicidal?	49%	43%	49%	29%
5c	Information about how to make routine requests?	37%	34%	37%	28%
5d	Information about your entitlement to visits?	38%	42%	38%	32%
5e	Information about health services?	51%	46%	51%	
5f	Information about the chaplaincy?	50%	43%	50%	

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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?	77%	82%	77%	49%
6b	The opportunity to have a shower?	50%	33%	50%	37%
6c	The opportunity to make a free telephone call?	75%	55%	75%	66%
6d	Something to eat?	90%	81%	90%	81%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	45%	48%	45%	28%
7b	Someone from health services?	79%	72%	79%	71%
7c	A Listener/Samaritans?	19%	26%	19%	37%
8	Did you have access to the prison shop/canteen within the first 24 hours?	25%	19%	25%	20%
9	Did you feel safe on your first night here?	78%	71%	78%	84%
10	Have you been on an induction course?	72%	76%	72%	77%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	56%	58%	56%	49%
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?	40%	42%	40%	31%
1b	Attend legal visits?	57%	60%	57%	52%
1c	Obtain bail information?	20%	24%	20%	17%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	25%	42%	25%	40%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	66%	49%	66%	53%
3b	Are you normally able to have a shower every day?	92%	78%	92%	88%
3c	Do you normally receive clean sheets every week?	86%	81%	86%	84%
3d	Do you normally get cell cleaning materials every week?	85%	62%	85%	79%
3e	Is your cell call bell normally answered within five minutes?	42%	37%	42%	38%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	73%	63%	73%	61%
3g	Can you normally get your stored property, if you need to?	27%	28%	27%	22%
4	Is the food in this prison good/very good?	20%	24%	20%	22%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	51%	43%	51%	38%
6a	Is it easy/very easy to get a complaints form?	79%	80%	79%	76%
6b	Is it easy/very easy to get an application form?	81%	86%	81%	85%
7	Have you made an application?	84%	83%	84%	81%

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SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	61%	54%	61%	38%
8b	Do you feel applications are dealt with promptly (within seven days)?	47%	48%	47%	33%
9	Have you made a complaint?	42%	46%	42%	54%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	36%	31%	36%	24%
10b	Do you feel complaints are dealt with promptly (within seven days)?	40%	34%	40%	33%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	19%	27%	19%	30%
10c	Were you given information about how to make an appeal?	21%	25%	21%	21%
12	Is it easy/very easy to see the Independent Monitoring Board?	24%	27%	24%	20%
13	Are you on the enhanced (top) level of the IEP scheme?	33%	26%	33%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	59%	54%	59%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	45%	40%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	8%	6%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	7%	12%	7%	
13a	Do you feel your religious beliefs are respected?	58%	53%	58%	51%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	51%	56%	51%	48%
14	Are you able to speak to a Listener at any time if you want to?	57%	60%	57%	70%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	82%	68%	82%	59%
15b	Do most staff, in this prison, treat you with respect?	80%	67%	80%	64%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	34%	40%	34%	43%
2	Do you feel unsafe in this prison at the moment?	13%	19%	13%	17%
4	Have you been victimised by another prisoner?	16%	23%	16%	27%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	8%	11%	8%	17%
5b	Hit, kicked or assaulted you?	2%	8%	2%	6%
5c	Sexually abused you?	0%	1%	0%	2%
5d	Victimised you because of your race or ethnic origin?	2%	4%	2%	3%
5e	Victimised you because of drugs?	4%	4%	4%	1%
5f	Taken your canteen/property?	4%	5%	4%	7%
5g	Victimised you because you were new here?	3%	6%	3%	6%
5h	Victimised you because of your sexuality?	2%	1%	2%	0%
5i	Victimised you because you have a disability?	3%	3%	3%	1%
5j	Victimised you because of your religion/religious beliefs?	0%	3%	0%	4%
5k	Victimised you because of your age?	3%	3%	3%	
5l	Victimised you because you were from a different part of the country?	0%	5%	0%	7%
5m	Victimised you because of your offence/crime?	1%	5%	1%	
5n	Victimised you because of gang related issues?	1%	4%	1%	

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	Percentages which are not highlighted show there is no significant difference.				
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	24%	27%	24%	18%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	5%	13%	5%	8%
7b	Hit, kicked or assaulted you?	2%	5%	2%	8%
7c	Sexually abused you?	0%	1%	0%	1%
7d	Victimised you because of your race or ethnic origin?	4%	5%	4%	7%
7e	Victimised you because of drugs?	3%	4%	3%	2%
7f	Victimised you because you were new here?	4%	6%	4%	6%
7g	Victimised you because of your sexuality?	0%	1%	0%	0%
7h	Victimised you because you have a disability?	5%	3%	5%	1%
7i	Victimised you because of your religion/religious beliefs?	3%	4%	3%	3%
7j	Victimised you because of your age?	3%	3%	3%	
7k	Victimised you because you were from a different part of the country?	0%	5%	0%	4%
7l	Victimised you because of your offence/crime?	6%	6%	6%	
7m	Victimised you because of gang related issues?	3%	3%	3%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	43%	32%	43%	23%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	15%	25%	15%	26%
10	Have you ever felt threatened or intimidated by a member of staff in here?	16%	24%	16%	26%
11	Is it easy/very easy to get illegal drugs in this prison?	19%	32%	19%	23%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	28%	26%	28%	
1b	Is it easy/very easy to see the nurse?	40%	49%	40%	
1c	Is it easy/very easy to see the dentist?	11%	9%	11%	
1d	Is it easy/very easy to see the optician?	12%	11%	12%	
2	Are you able to see a pharmacist?	52%	45%	52%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	56%	47%	56%	42%
3b	The nurse?	54%	59%	54%	53%
3c	The dentist?	29%	35%	29%	11%
3d	The optician?	38%	37%	38%	21%
4	The overall quality of health services?	38%	42%	38%	43%

Key to tables

		HMP Woodhill 2009	Local prisons comparator	HMP Woodhill 2009	HMP Woodhill 2007
■	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.				
Healthcare continued					
5	Are you currently taking medication?	51%	47%	51%	51%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	73%	59%	73%	67%
7	Do you feel you have any emotional well-being/mental health issues?	31%	34%	31%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	33%	42%	33%	
8b	A doctor?	50%	29%	50%	
8c	A nurse?	27%	13%	27%	
8d	A psychiatrist?	23%	18%	23%	
8e	The mental health in-reach team?	33%	27%	33%	
8f	A counsellor?	7%	10%	7%	
9a	Did you have a drug problem when you came into this prison?	29%	32%	29%	20%
9b	Did you have an alcohol problem when you came into this prison?	29%	21%	29%	12%
10a	Have you developed a drug problem since you have been in this prison?	7%	10%	7%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	77%	81%	77%	
12	Have you received any help or intervention while in this prison?	64%	71%	64%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	78%	76%	78%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	24%	32%	24%	25%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	18%	26%	18%	29%
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?	67%	57%	67%	46%

Key to tables

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	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
		HMP Woodhill 2009	Local prisons comparator	HMP Woodhill 2009	HMP Woodhill 2007
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	37%	45%	37%	
1b	Vocational or skills training?	12%	12%	12%	
1c	Education (including basic skills)?	21%	26%	21%	
1d	Offending behaviour programmes?	9%	8%	9%	
2ai	Have you had a job while in this prison?	57%	67%	57%	55%
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	35%	40%	35%	35%
2bi	Have you been involved in vocational or skills training while in this prison?	42%	55%	42%	59%
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?	53%	50%	53%	46%
2ci	Have you been involved in education while in this prison?	52%	65%	52%	62%
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	62%	59%	62%	57%
2di	Have you been involved in offending behaviour programmes while in this prison?	42%	52%	42%	48%
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?	52%	48%	52%	51%
3	Do you go to the library at least once a week?	26%	37%	26%	27%
4	On average, do you go to the gym at least twice a week?	35%	41%	35%	47%
5	On average, do you go outside for exercise three or more times a week?	63%	39%	63%	63%
6	On average, do you spend ten or more hours out of your cell on a weekday?	7%	9%	7%	10%
7	On average, do you go on association more than five times each week?	52%	49%	52%	45%
8	Do staff normally speak to you most of the time/all of the time during association?	21%	17%	21%	11%
SECTION 8: Resettlement					
1	Do you have a personal officer?	54%	42%	54%	49%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	66%	62%	66%	50%
For those who are sentenced:					
3	Do you have a sentence plan?	50%	39%	50%	29%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	66%	58%	66%	70%
5	Can you achieve some/all of your sentence plan targets in this prison?	43%	59%	43%	30%
6	Are there plans for you to achieve some/all your targets in another prison?	53%	45%	53%	59%
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?	23%	26%	23%	14%
8	Do you feel that any member of staff has helped you to prepare for release?	11%	15%	11%	14%
9	Have you had any problems with sending or receiving mail?	50%	42%	50%	59%
10	Have you had any problems getting access to the telephones?	25%	31%	25%	33%
11	Did you have a visit in the first week that you were here?	36%	35%	36%	40%
12	Did you receive one or more visits in the last week?	48%	39%	48%	40%

Key to tables

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		HMP Woodhill 2009	Local prisons comparator	HMP Woodhill 2009	HMP Woodhill 2007
Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	40%	49%	40%	
14	Have you been helped to maintain contact with family/friends while in this prison?	40%	37%	40%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	13%	15%	13%	
15c	Avoiding bad relationships?	7%	10%	7%	
15d	Finding a job on release?	21%	34%	21%	41%
15e	Finding accommodation on release?	26%	36%	26%	51%
15f	With money/finances on release?	16%	24%	16%	35%
15g	Claiming benefits on release?	26%	38%	26%	49%
15h	Arranging a place at college/continuing education on release?	17%	24%	17%	32%
15i	Accessing health services on release?	10%	29%	10%	34%
15j	Opening a bank account on release?	13%	23%	13%	26%
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?	12%	14%	12%	
16d	Finding a job?	36%	53%	36%	51%
16e	Finding accommodation?	26%	45%	26%	55%
16f	Money/finances?	21%	45%	21%	66%
16g	Claiming benefits?	22%	36%	22%	41%
16h	Arranging a place at college/continuing education?	12%	28%	12%	37%
16i	Accessing health services?	13%	22%	13%	18%
16j	Opening a bank account?	19%	36%	19%	48%
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?	48%	48%	48%	26%



Prisoner survey responses (wing analysis) HMP Woodhill ADULTS 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

		Houseblock 4B	All other adult houseblocks (excl. CSC)
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Number of completed questionnaires returned		15	103
SECTION 1: General information			
2	Are you under 21 years of age?	0%	3%
3a	Are you sentenced?	80%	58%
3b	Are you on recall?	7%	8%
4a	Is your sentence less than 12 months?	0%	14%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	2%
5	Do you have six months or less to serve?	8%	22%
6	Have you been in this prison less than a month?	15%	28%
7	Are you a foreign national?	23%	10%
8	Is English your first language?	71%	90%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	0%	21%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	5%
11	Are you Muslim?	28%	11%
12	Are you homosexual/gay or bisexual?	16%	2%
13	Do you consider yourself to have a disability?	30%	19%
14	Is this your first time in prison?	72%	27%
15	Have you been in more than five prisons this time?	9%	15%
16	Do you have any children under the age of 18?	28%	61%
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?	57%	53%
1b	Was your personal safety during the journey good/very good?	54%	65%
1c	Was the comfort of the van good/very good?	14%	19%
1d	Was the attention paid to your health needs good/very good?	46%	37%
1e	Was the frequency of toilet breaks good/very good?	14%	17%
2	Did you spend more than four hours in the van?	0%	1%
3	Were you treated well/very well by the escort staff?	66%	64%
4a	Did you know where you were going when you left court or when transferred from another prison?	60%	76%
4b	Before you arrived here did you receive any written information about what would happen to you?	13%	20%
4c	When you first arrived here did your property arrive at the same time as you?	87%	83%

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SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	23%	14%
1c	Housing problems?	23%	36%
1d	Problems contacting employers?	15%	26%
1e	Problems contacting family?	30%	62%
1f	Problems ensuring dependants were looked after?	8%	18%
1g	Money problems?	8%	24%
1h	Problems of feeling depressed/suicidal?	30%	56%
1i	Health problems?	70%	62%
1j	Problems in needing protection from other prisoners?	61%	17%
1k	Problems accessing phone numbers?	46%	52%
2	When you first arrived:		
2a	Did you have any problems?	86%	79%
2b	Did you have any problems with loss of property?	7%	13%
2c	Did you have any housing problems?	21%	23%
2d	Did you have any problems contacting employers?	7%	5%
2e	Did you have any problems contacting family?	50%	31%
2f	Did you have any problems ensuring dependants were being looked after?	14%	3%
2g	Did you have any money worries?	7%	21%
2h	Did you have any problems with feeling depressed or suicidal?	28%	23%
2i	Did you have any health problems?	36%	29%
2j	Did you have any problems with needing protection from other prisoners?	36%	2%
2k	Did you have problems accessing phone numbers?	43%	29%
3a	Were you seen by a member of health services in reception?	94%	82%
3b	When you were searched in reception, was this carried out in a respectful way?	66%	82%
4	Were you treated well/very well in reception?	53%	70%
5	On your day of arrival, were you offered any of the following information:		
5a	Information about what was going to happen to you?	34%	49%
5b	Information about what support was available for people feeling depressed or suicidal?	34%	51%
5c	Information about how to make routine requests?	13%	41%
5d	Information about your entitlement to visits?	26%	40%
5e	Information about health services?	40%	52%
5f	Information about the chaplaincy?	40%	51%

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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?	77%	77%
6b	The opportunity to have a shower?	54%	49%
6c	The opportunity to make a free telephone call?	39%	80%
6d	Something to eat?	85%	91%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	47%	45%
7b	Someone from health services?	80%	79%
7c	A listener/Samaritans?	26%	18%
8	Did you have access to the prison shop/canteen within the first 24 hours?	14%	27%
9	Did you feel safe on your first night here?	66%	79%
10	Have you been on an induction course?	54%	74%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	37%	59%
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?	47%	39%
1b	Attend legal visits?	50%	58%
1c	Obtain bail information?	14%	21%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	34%	24%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	60%	67%
3b	Are you normally able to have a shower every day?	87%	93%
3c	Do you normally receive clean sheets every week?	94%	85%
3d	Do you normally get cell cleaning materials every week?	79%	86%
3e	Is your cell call bell normally answered within five minutes?	26%	45%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	47%	78%
3g	Can you normally get your stored property, if you need to?	21%	28%
4	Is the food in this prison good/very good?	13%	21%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	52%
6a	Is it easy/very easy to get a complaints form?	87%	78%
6b	Is it easy/very easy to get an application form?	87%	80%
7	Have you made an application?	93%	82%

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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?	77%	58%
8b	Do you feel applications are dealt with promptly (within seven days)?	84%	41%
9	Have you made a complaint?	64%	38%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	25%	38%
10b	Do you feel complaints are dealt with promptly (within seven days)?	50%	37%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	22%	18%
10c	Were you given information about how to make an appeal?	46%	17%
12	Is it easy/very easy to see the Independent Monitoring Board?	14%	26%
13	Are you on the enhanced (top) level of the IEP scheme?	43%	31%
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	57%	60%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	41%
16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	6%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	0%	8%
13a	Do you feel your religious beliefs are respected?	47%	59%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	34%	54%
14	Are you able to speak to a Listener at any time if you want to?	57%	57%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	74%	83%
15b	Do most staff, in this prison, treat you with respect?	80%	79%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	60%	30%
2	Do you feel unsafe in this prison at the moment?	26%	11%
4	Have you been victimised by another prisoner?	30%	15%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	15%	7%
5b	Hit, kicked or assaulted you?	0%	2%
5c	Sexually abused you?	0%	0%
5d	Victimised you because of your race or ethnic origin?	8%	1%
5e	Victimised you because of drugs?	0%	4%
5f	Taken your canteen/property?	15%	2%
5g	Victimised you because you were new here?	15%	1%
5h	Victimised you because of your sexuality?	15%	0%
5i	Victimised you because you have a disability?	8%	2%
5j	Victimised you because of your religion/religious beliefs?	0%	0%
5k	Victimised you because of your age?	8%	2%
5l	Victimised you because you were from a different part of the country?	0%	0%
5m	Victimised you because of your offence/crime?	8%	0%
5n	Victimised you because of gang related issues?	0%	1%

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SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	43%	21%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	7%	4%
7b	Hit, kicked or assaulted you?	0%	2%
7c	Sexually abused you?	0%	0%
7d	Victimised you because of your race or ethnic origin?	7%	3%
7e	Victimised you because of drugs?	0%	3%
7f	Victimised you because you were new here?	14%	2%
7g	Victimised you because of your sexuality?	0%	0%
7h	Victimised you because you have a disability?	21%	2%
7i	Victimised you because of your religion/religious beliefs?	7%	2%
7j	Victimised you because of your age?	7%	2%
7k	Victimised you because you were from a different part of the country?	0%	0%
7l	Victimised you because of your offence/crime?	28%	2%
7m	Victimised you because of gang related issues?	0%	3%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	76%	32%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	28%	13%
10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	14%
11	Is it easy/very easy to get illegal drugs in this prison?	21%	19%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	36%	27%
1b	Is it easy/very easy to see the nurse?	54%	38%
1c	Is it easy/very easy to see the dentist?	8%	12%
1d	Is it easy/very easy to see the optician?	8%	12%
2	Are you able to see a pharmacist?	36%	55%
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?	70%	54%
3b	The nurse?	61%	52%
3c	The dentist?	37%	27%
3d	The optician?	63%	32%
4	The overall quality of health services?	46%	36%

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Healthcare continued			
5	Are you currently taking medication?	66%	49%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	78%	72%
7	Do you feel you have any emotional well-being/mental health issues?	20%	32%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	67%	30%
8b	A doctor?	33%	52%
8c	A nurse?	33%	26%
8d	A psychiatrist?	33%	22%
8e	The mental health in-reach team?	33%	33%
8f	A counsellor?	33%	4%
9a	Did you have a drug problem when you came into this prison?	8%	31%
9b	Did you have an alcohol problem when you came into this prison?	15%	31%
10a	Have you developed a drug problem since you have been in this prison?	0%	8%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	100%	76%
12	Have you received any help or intervention while in this prison?	50%	64%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	100%	77%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	14%	25%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	14%	18%
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?	50%	68%

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SECTION 7: Purposeful activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	21%	40%
1b	Vocational or skills training?	28%	10%
1c	Education (including basic skills)?	43%	18%
1d	Offending behaviour programmes?	0%	10%
2ai	Have you had a job while in this prison?	30%	61%
For those who have had a prison job while in this prison:			
2aii	Do you feel the job will help you on release?	33%	36%
2bi	Have you been involved in vocational or skills training while in this prison?	42%	42%
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?	60%	52%
2ci	Have you been involved in education while in this prison?	54%	52%
For those who have been involved in education while in this prison:			
2cii	Do you feel the education will help you on release?	72%	61%
2di	Have you been involved in offending behaviour programmes while in this prison?	30%	44%
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?	33%	54%
3	Do you go to the library at least once a week?	36%	25%
4	On average, do you go to the gym at least twice a week?	26%	36%
5	On average, do you go outside for exercise three or more times a week?	47%	66%
6	On average, do you spend ten or more hours out of your cell on a weekday?	0%	8%
7	On average, do you go on association more than five times each week?	43%	53%
8	Do staff normally speak to you most of the time/all of the time during association?	7%	23%
SECTION 8: Resettlement			
1	Do you have a personal officer?	72%	51%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	71%	65%
For those who are sentenced:			
3	Do you have a sentence plan?	67%	46%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	63%	67%
5	Can you achieve some/all of your sentence plan targets in this prison?	37%	46%
6	Are there plans for you to achieve some/all your targets in another prison?	50%	55%
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?	16%	24%
8	Do you feel that any member of staff has helped you to prepare for release?	8%	12%
9	Have you had any problems with sending or receiving mail?	57%	48%
10	Have you had any problems getting access to the telephones?	21%	26%
11	Did you have a visit in the first week that you were here?	43%	35%
12	Did you receive one or more visits in the last week?	50%	47%

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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)	39%	40%
14	Have you been helped to maintain contact with family/friends while in this prison?	39%	40%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	9%	14%
15c	Avoiding bad relationships?	0%	8%
15d	Finding a job on release?	9%	23%
15e	Finding accommodation on release?	9%	29%
15f	With money/finances on release?	18%	15%
15g	Claiming benefits on release?	18%	28%
15h	Arranging a place at college/continuing education on release?	9%	18%
15i	Accessing health services on release?	9%	10%
15j	Opening a bank account on release?	0%	15%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	7%	10%
16c	Avoiding bad relationships?	0%	14%
16d	Finding a job?	36%	36%
16e	Finding accommodation?	21%	27%
16f	Money/finances?	28%	20%
16g	Claiming benefits?	36%	20%
16h	Arranging a place at college/continuing education?	7%	12%
16i	Accessing health services?	21%	11%
16j	Opening a bank account?	21%	19%
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?	54%	47%


Key questions (disability analysis) HMP Woodhill ADULTS 2009

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

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
Number of completed questionnaires returned		23	89
1.3	Are you sentenced?	59%	64%
1.7	Are you a foreign national?	9%	10%
1.8	Is English your first language?	95%	89%
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%	21%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	9%	4%
1.11	Are you Muslim?	5%	13%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	31%	31%
2.1d	Was the attention paid to your health needs good/very good?	46%	37%
2.3	Were you treated well/very well by the escort staff?	52%	69%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	78%	74%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	59%	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?	55%	53%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	64%	61%
3.2a	Did you have any problems when you first arrived?	87%	83%
3.3a	Were you seen by a member of healthcare staff in reception?	91%	82%
3.3b	When you were searched in reception, was this carried out in a respectful way?	77%	80%
3.4	Were you treated well/very well in reception?	65%	70%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	87%	75%
3.9	Did you feel safe on your first night here?	73%	79%
3.10	Have you been on an induction course?	78%	70%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	44%	40%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	78%	62%
4.3b	Are you normally able to have a shower every day?	83%	94%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in green is significantly better.		
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
4.3e	Is your cell call bell normally answered within five minutes?	39%	43%
4.4	Is the food in this prison good/very good?	36%	14%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	53%
4.6a	Is it easy/very easy to get a complaints form?	78%	80%
4.6b	Is it easy/very easy to get an application form?	82%	81%
4.9	Have you made a complaint?	50%	37%
4.13	Are you on the enhanced (top) level of the IEP scheme?	23%	35%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	62%	58%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	39%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	9%	5%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	9%	6%
4.17a	Do you feel your religious beliefs are respected?	74%	55%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	62%	50%
4.18	Are you able to speak to a Listener at any time if you want to?	70%	54%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	87%	83%
4.19b	Do most staff, in this prison, treat you with respect?	81%	79%
5.1	Have you ever felt unsafe in this prison?	55%	27%
5.2	Do you feel unsafe in this prison at the moment?	23%	10%
5.4	Have you been victimised by another prisoner?	35%	12%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	1%
5.5i	Victimised you because you have a disability?	13%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	0%
5.6	Have you been victimised by a member of staff?	48%	18%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	5%
5.7h	Victimised you because you have a disability?	22%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	2%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in green is significantly better.		
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	27%	12%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	22%	14%
5.11	Is it easy/very easy to get illegal drugs in this prison?	26%	19%
6.1a	Is it easy/very easy to see the doctor?	27%	30%
6.1b	Is it easy/ very easy to see the nurse?	41%	42%
6.2	Are you able to see a pharmacist?	50%	54%
6.5	Are you currently taking medication?	83%	44%
6.7	Do you feel you have any emotional well being/mental health issues?	61%	23%
7.1a	Are you currently working in the prison?	24%	40%
7.1b	Are you currently undertaking vocational or skills training?	5%	13%
7.1c	Are you currently in education (including basic skills)?	29%	18%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	5%	9%
7.3	Do you go to the library at least once a week?	33%	24%
7.4	On average, do you go to the gym at least twice a week?	27%	40%
7.5	On average, do you go outside for exercise three or more times a week?	50%	68%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	0%	8%
7.7	On average, do you go on association more than five times each week?	52%	51%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	19%	20%
8.1	Do you have a personal officer?	64%	51%
8.9	Have you had any problems sending or receiving mail?	48%	51%
8.10	Have you had any problems getting access to the telephones?	27%	25%



Key question responses (ethnicity, nationality and religion) HMP Woodhill ADULTS 2009

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

Key to tables

		BME prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better.						
	Any percent highlighted in blue is significantly worse.						
	Any percent highlighted in orange shows a significant difference in prisoners' background details.						
	Percentages which are not highlighted show there is no significant difference.						
Number of completed questionnaires returned		21	91	13	99	15	100
1.3	Are you sentenced?	62%	62%	30%	64%	60%	60%
1.7	Are you a foreign national?	15%	9%			36%	8%
1.8	Is English your first language?	84%	89%	25%	96%	61%	91%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			27%	17%	77%	11%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	6%	0%	5%	0%	5%
1.11	Are you Muslim?	48%	3%	39%	9%		
1.12	Do you consider yourself to have a disability?	10%	24%	18%	20%	8%	21%
1.13	Is this your first time in prison?	48%	28%	77%	25%	60%	28%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	32%	40%	25%	39%	16%	41%
2.3	Were you treated well/very well by the escort staff?	65%	66%	39%	67%	47%	66%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	75%	75%	54%	79%	66%	76%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	70%	57%	80%	58%	50%	59%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	53%	54%	61%	53%	67%	52%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	53%	64%	80%	61%	58%	62%
3.2a	Did you have any problems when you first arrived?	87%	80%	73%	84%	92%	80%
3.3a	Were you seen by a member of healthcare staff in reception?	85%	82%	70%	85%	80%	84%
3.3b	When you were searched in reception, was this carried out in a respectful way?	74%	81%	46%	85%	60%	84%
3.4	Were you treated well/very well in reception?	55%	71%	39%	72%	40%	72%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	83%	77%	75%	79%	70%	80%
3.9	Did you feel safe on your first night here?	72%	79%	71%	80%	67%	79%
3.10	Have you been on an induction course?	83%	71%	82%	71%	64%	73%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	45%	39%	16%	42%	30%	41%

Key to tables

		BME prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better.						
	Any percent highlighted in blue is significantly worse.						
	Any percent highlighted in orange shows a significant difference in prisoners' background details.						
	Percentages which are not highlighted show there is no significant difference.						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	66%	67%	84%	64%	70%	67%
4.3b	Are you normally able to have a shower every day?	89%	92%	91%	94%	100%	92%
4.3e	Is your cell call bell normally answered within five minutes?	45%	42%	36%	41%	39%	43%
4.4	Is the food in this prison good/very good?	10%	22%	33%	18%	15%	22%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	41%	53%	27%	53%	20%	54%
4.6a	Is it easy/very easy to get a complaints form?	74%	79%	84%	78%	86%	77%
4.6b	Is it easy/very easy to get an application form?	64%	83%	67%	82%	85%	79%
4.9	Have you made a complaint?	37%	42%	39%	41%	42%	40%
4.13	Are you on the enhanced (top) level of the IEP scheme?	37%	30%	42%	30%	46%	30%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	36%	63%	61%	59%	36%	62%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	23%	44%	30%	42%	27%	42%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	6%	0%	6%	8%	6%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	6%	7%	9%	7%	0%	7%
4.17a	Do you feel your religious beliefs are respected?	58%	58%	64%	57%	54%	59%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	56%	51%	36%	54%	61%	49%
4.18	Are you able to speak to a Listener at any time if you want to?	42%	60%	27%	58%	16%	61%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	74%	84%	73%	83%	61%	85%
4.19b	Do most staff, in this prison, treat you with respect?	79%	79%	71%	79%	77%	79%
5.1	Have you ever felt unsafe in this prison?	39%	31%	39%	32%	58%	29%
5.2	Do you feel unsafe in this prison at the moment?	11%	13%	10%	13%	16%	11%
5.4	Have you been victimised by another prisoner?	11%	18%	20%	17%	27%	15%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%	10%	1%	9%	0%
5.5i	Have you been victimised because you have a disability? (By prisoners)	6%	2%	10%	2%	9%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	0%	0%	0%	0%	0%
5.6	Have you been victimised by a member of staff?	22%	24%	25%	23%	30%	22%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	2%	16%	2%	23%	1%



Prisoner survey responses HMP Woodhill young adults 2009

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

Key to tables

		HMP Woodhill young adults 2009	Young adults prisons comparator	HMP Woodhill young adults 2009	HMP Woodhill young adults 2007
	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		61	1955	61	51
SECTION 1: General information					
2	Are you under 21 years of age?	90%	88%	90%	100%
3a	Are you sentenced?	44%	84%	44%	42%
3b	Are you on recall?	6%	6%	6%	8%
4a	Is your sentence less than 12 months?	17%	17%	17%	16%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	3%	0%	12%
5	Do you have six months or less to serve?	18%	38%	18%	24%
6	Have you been in this prison less than a month?	32%	16%	32%	
7	Are you a foreign national?	10%	11%	10%	9%
8	Is English your first language?	88%	92%	88%	92%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	46%	31%	46%	42%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	11%	3%	11%	
11	Are you Muslim?	29%	16%	29%	21%
12	Are you homosexual/gay or bisexual?	4%	2%	4%	0%
13	Do you consider yourself to have a disability?	18%	11%	18%	12%
14	Is this your first time in prison?	31%	45%	31%	56%
15	Have you been in more than five prisons this time?	4%	2%	4%	
16	Do you have any children under the age of 18?	21%	24%	21%	29%
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?	38%	39%	38%	48%
1b	Was your personal safety during the journey good/very good?	54%	59%	54%	44%
1c	Was the comfort of the van good/very good?	1%	12%	1%	5%
1d	Was the attention paid to your health needs good/very good?	20%	34%	20%	25%
1e	Was the frequency of toilet breaks good/very good?	14%	13%	14%	5%
2	Did you spend more than four hours in the van?	6%	6%	6%	4%
3	Were you treated well/very well by the escort staff?	71%	65%	71%	55%
4a	Did you know where you were going when you left court or when transferred from another prison?	77%	80%	77%	61%
4b	Before you arrived here did you receive any written information about what would happen to you?	22%	23%	22%	11%
4c	When you first arrived here did your property arrive at the same time as you?	82%	86%	82%	71%

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.				
		HMP Woodhill young adults 2009	Young adults prisons comparator	HMP Woodhill young adults 2009	HMP Woodhill young adults 2007
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%	13%	16%	
1c	Housing problems?	40%	31%	40%	
1d	Problems contacting employers?	25%	12%	25%	
1e	Problems contacting family?	45%	59%	45%	
1f	Problems ensuring dependants were looked after?	16%	12%	16%	
1g	Money problems?	18%	15%	18%	
1h	Problems of feeling depressed/suicidal?	40%	49%	40%	
1i	Health problems?	55%	60%	55%	
1j	Problems in needing protection from other prisoners?	16%	16%	16%	
1k	Problems accessing phone numbers?	40%	45%	40%	
2	When you first arrived:				
2a	Did you have any problems?	72%	56%	72%	80%
2b	Did you have any problems with loss of property?	12%	11%	12%	13%
2c	Did you have any housing problems?	28%	16%	28%	20%
2d	Did you have any problems contacting employers?	12%	4%	12%	7%
2e	Did you have any problems contacting family?	30%	21%	30%	44%
2f	Did you have any problems ensuring dependants were being looked after?	12%	3%	12%	9%
2g	Did you have any money worries?	34%	19%	34%	30%
2h	Did you have any problems with feeling depressed or suicidal?	14%	13%	14%	20%
2i	Did you have any health problems?	14%	9%	14%	11%
2j	Did you have any problems with needing protection from other prisoners?	15%	6%	15%	3%
2k	Did you have problems accessing phone numbers?	22%	16%	22%	
3a	Were you seen by a member of health services in reception?	86%	91%	86%	75%
3b	When you were searched in reception, was this carried out in a respectful way?	77%	75%	77%	68%
4	Were you treated well/very well in reception?	47%	63%	47%	53%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	60%	55%	60%	41%
5b	Information about what support was available for people feeling depressed or suicidal?	49%	54%	49%	39%
5c	Information about how to make routine requests?	35%	45%	35%	24%
5d	Information about your entitlement to visits?	49%	57%	49%	39%
5e	Information about health services?	58%	63%	58%	
5f	Information about the chaplaincy?	58%	56%	58%	

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.				
		HMP Woodhill young adults 2009	Young adults prisons comparator	HMP Woodhill young adults 2009	HMP Woodhill young adults 2007
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?	87%	88%	87%	51%
6b	The opportunity to have a shower?	58%	44%	58%	45%
6c	The opportunity to make a free telephone call?	82%	72%	82%	64%
6d	Something to eat?	89%	82%	89%	84%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	43%	46%	43%	23%
7b	Someone from health services?	84%	73%	84%	46%
7c	A Listener/Samaritans?	21%	20%	21%	23%
8	Did you have access to the prison shop/canteen within the first 24 hours?	17%	16%	17%	11%
9	Did you feel safe on your first night here?	73%	79%	73%	77%
10	Have you been on an induction course?	78%	89%	78%	73%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	51%	64%	51%	41%
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?	40%	51%	40%	41%
1b	Attend legal visits?	55%	59%	55%	70%
1c	Obtain bail information?	20%	33%	20%	21%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	26%	37%	26%	28%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	34%	54%	34%	36%
3b	Are you normally able to have a shower every day?	90%	63%	90%	76%
3c	Do you normally receive clean sheets every week?	82%	83%	82%	60%
3d	Do you normally get cell cleaning materials every week?	78%	56%	78%	51%
3e	Is your cell call bell normally answered within five minutes?	31%	43%	31%	23%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	39%	57%	39%	40%
3g	Can you normally get your stored property if you need to?	19%	34%	19%	18%
4	Is the food in this prison good/very good?	7%	27%	7%	20%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	47%	46%	47%	37%
6a	Is it easy/very easy to get a complaints form?	77%	80%	77%	74%
6b	Is it easy/very easy to get an application form?	78%	84%	78%	79%
7	Have you made an application?	75%	80%	75%	67%

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.				
		HMP Woodhill young adults 2009	Young adults prisons comparator	HMP Woodhill young adults 2009	HMP Woodhill young adults 2007
SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	38%	63%	38%	69%
8b	Do you feel applications are dealt with promptly (within seven days)?	24%	50%	24%	40%
9	Have you made a complaint?	31%	43%	31%	57%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	22%	39%	22%	31%
10b	Do you feel complaints are dealt with promptly (within seven days)?	39%	42%	39%	32%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	13%	24%	13%	17%
10c	Were you given information about how to make an appeal?	23%	30%	23%	25%
12	Is it easy/very easy to see the Independent Monitoring Board?	10%	23%	10%	8%
13	Are you on the enhanced (top) level of the IEP scheme?	30%	31%	30%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	51%	48%	51%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	69%	55%	69%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	14%	6%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	4%	9%	4%	
13a	Do you feel your religious beliefs are respected?	53%	49%	53%	30%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	41%	55%	41%	38%
14	Are you able to speak to a Listener at any time if you want to?	55%	45%	55%	62%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	81%	72%	81%	52%
15b	Do most staff, in this prison, treat you with respect?	81%	67%	81%	64%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	40%	34%	40%	36%
2	Do you feel unsafe in this prison at the moment?	21%	14%	21%	19%
4	Have you been victimised by another prisoner?	22%	22%	22%	23%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	5%	12%	5%	15%
5b	Hit, kicked or assaulted you?	9%	10%	9%	8%
5c	Sexually abused you?	1%	1%	1%	0%
5d	Victimised you because of your race or ethnic origin?	7%	3%	7%	0%
5e	Victimised you because of drugs?	5%	2%	5%	0%
5f	Taken your canteen/property?	7%	6%	7%	8%
5g	Victimised you because you were new here?	12%	7%	12%	7%
5h	Victimised you because of your sexuality?	4%	2%	4%	3%
5i	Victimised you because you have a disability?	1%	1%	1%	4%
5j	Victimised you because of your religion/religious beliefs?	4%	2%	4%	4%
5k	Victimised you because of your age?	7%	1%	7%	
5l	Victimised you because you were from a different part of the country?	7%	6%	7%	3%
5m	Victimised you because of your offence/crime?	0%	4%	0%	
5n	Victimised you because of gang related issues?	5%	7%	5%	

Key to tables

Key to tables		HMP Woodhill young adults 2009	Young adults prisons comparator	HMP Woodhill young adults 2009	HMP Woodhill young adults 2007
	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.				
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	24%	23%	24%	36%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	9%	12%	9%	16%
7b	Hit, kicked or assaulted you?	1%	4%	1%	7%
7c	Sexually abused you?	1%	1%	1%	4%
7d	Victimised you because of your race or ethnic origin?	4%	5%	4%	4%
7e	Victimised you because of drugs?	1%	1%	1%	0%
7f	Victimised you because you were new here?	9%	6%	9%	16%
7g	Victimised you because of your sexuality?	0%	1%	0%	0%
7h	Victimised you because you have a disability?	0%	2%	0%	4%
7i	Victimised you because of your religion/religious beliefs?	4%	3%	4%	4%
7j	Victimised you because of your age?	7%	2%	7%	
7k	Victimised you because you were from a different part of the country?	5%	5%	5%	0%
7l	Victimised you because of your offence/crime?	1%	4%	1%	
7m	Victimised you because of gang related issues?	4%	4%	4%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	36%	31%	36%	16%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	23%	27%	23%	26%
10	Have you ever felt threatened or intimidated by a member of staff in here?	16%	19%	16%	37%
11	Is it easy/very easy to get illegal drugs in this prison?	25%	19%	25%	11%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	24%	40%	24%	
1b	Is it easy/very easy to see the nurse?	26%	57%	26%	
1c	Is it easy/very easy to see the dentist?	18%	16%	18%	
1d	Is it easy/very easy to see the optician?	18%	15%	18%	
2	Are you able to see a pharmacist?	54%	54%	54%	
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?	48%	60%	48%	47%
3b	The nurse?	56%	66%	56%	53%
3c	The dentist?	41%	45%	41%	25%
3d	The optician?	52%	44%	52%	23%
4	The overall quality of health services?	51%	53%	51%	44%

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	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
		HMP Woodhill young adults 2009	Young adults prisons comparator	HMP Woodhill young adults 2009	HMP Woodhill young adults 2007
Healthcare continued					
5	Are you currently taking medication?	24%	22%	24%	25%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	100%	63%	100%	58%
7	Do you feel you have any emotional well-being/mental health issues?	23%	24%	23%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	33%	37%	33%	
8b	A doctor?	44%	27%	44%	
8c	A nurse?	19%	24%	19%	
8d	A psychiatrist?	7%	26%	7%	
8e	The mental health in-reach team?	19%	37%	19%	
8f	A counsellor?	7%	12%	7%	
9a	Did you have a drug problem when you came into this prison?	35%	20%	35%	20%
9b	Did you have an alcohol problem when you came into this prison?	24%	18%	24%	13%
10a	Have you developed a drug problem since you have been in this prison?	6%	5%	6%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	75%	82%	75%	
12	Have you received any help or intervention while in this prison?	62%	74%	62%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	75%	81%	75%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	31%	24%	31%	29%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	25%	24%	25%	27%
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?	36%	49%	36%	42%

Key to tables

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	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.	HMP Woodhill young adults 2009	Young adults prisons comparator	HMP Woodhill young adults 2009	HMP Woodhill young adults 2007
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	34%	37%	34%	
1b	Vocational or skills training?	1%	19%	1%	
1c	Education (including basic skills)?	29%	39%	29%	
1d	Offending behaviour programmes?	14%	10%	14%	
2ai	Have you had a job while in this prison?	52%	68%	52%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	56%	46%	56%	
2bi	Have you been involved in vocational or skills training while in this prison?	33%	58%	33%	
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?	71%	48%	71%	
2ci	Have you been involved in education while in this prison?	56%	76%	56%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	72%	65%	72%	
2di	Have you been involved in offending behaviour programmes while in this prison?	40%	53%	40%	
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?	57%	50%	57%	
3	Do you go to the library at least once a week?	20%	31%	20%	15%
4	On average, do you go to the gym at least twice a week?	41%	50%	41%	42%
5	On average, do you go outside for exercise three or more times a week?	61%	40%	61%	54%
6	On average, do you spend ten or more hours out of your cell on a weekday?	7%	9%	7%	7%
7	On average, do you go on association more than five times each week?	52%	44%	52%	38%
8	Do staff normally speak to you most of the time/all of the time during association?	24%	23%	24%	34%
SECTION 8: Resettlement					
1	Do you have a personal officer?	36%	71%	36%	38%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	61%	62%	61%	50%
For those who are sentenced:					
3	Do you have a sentence plan?	33%	56%	33%	19%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	73%	67%	73%	38%
5	Can you achieve some/all of your sentence plan targets in this prison?	90%	79%	90%	100%
6	Are there plans for you to achieve some/all your targets in another prison?	50%	49%	50%	0%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	28%	35%	28%	41%
8	Do you feel that any member of staff has helped you to prepare for release?	13%	18%	13%	16%
9	Have you had any problems with sending or receiving mail?	44%	41%	44%	55%
10	Have you had any problems getting access to the telephones?	38%	32%	38%	37%
11	Did you have a visit in the first week that you were here?	30%	36%	30%	46%
12	Did you receive one or more visits in the last week?	39%	43%	39%	61%

Key to tables

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		HMP Woodhill young adults 2009	Young adults prisons comparator	HMP Woodhill young adults 2009	HMP Woodhill young adults 2007
Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	46%	50%	46%	
14	Have you been helped to maintain contact with family/friends while in this prison?	34%	45%	34%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	16%	16%	16%	
15c	Avoiding bad relationships?	5%	12%	5%	
15d	Finding a job on release?	22%	40%	22%	42%
15e	Finding accommodation on release?	22%	42%	22%	43%
15f	With money/finances on release?	14%	28%	14%	40%
15g	Claiming benefits on release?	14%	37%	14%	35%
15h	Arranging a place at college/continuing education on release?	22%	33%	22%	34%
15i	Accessing health services on release?	12%	30%	12%	39%
15j	Opening a bank account on release?	14%	24%	14%	36%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	6%	15%	6%	
16c	Avoiding bad relationships?	6%	16%	6%	
16d	Finding a job?	35%	50%	35%	68%
16e	Finding accommodation?	21%	33%	21%	51%
16f	Money/finances?	12%	35%	12%	57%
16g	Claiming benefits?	6%	28%	6%	33%
16h	Arranging a place at college/continuing education?	21%	32%	21%	48%
16i	Accessing health services?	6%	13%	6%	16%
16j	Opening a bank account?	12%	20%	12%	30%
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?	45%	63%	45%	65%



Key questions (disability analysis) HMP Woodhill young adults 2009

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

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
Number of completed questionnaires returned		10	47
1.3	Are you sentenced?	50%	44%
1.7	Are you a foreign national?	0%	12%
1.8	Is English your first language?	100%	87%
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%	55%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	13%	12%
1.11	Are you Muslim?	11%	33%
1.14	Is this your first time in prison?	0%	39%
2.1d	Was the attention paid to your health needs good/very good?	9%	23%
2.3	Were you treated well/very well by the escort staff?	42%	77%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	62%	80%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	33%	47%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	33%	40%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	33%	60%
3.2a	Did you have any problems when you first arrived?	88%	69%
3.3a	Were you seen by a member of healthcare staff in reception?	91%	88%
3.3b	When you were searched in reception, was this carried out in a respectful way?	75%	78%
3.4	Were you treated well/very well in reception?	42%	50%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	90%	87%
3.9	Did you feel safe on your first night here?	42%	79%
3.10	Have you been on an induction course?	91%	79%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	36%	42%

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	42%	34%
4.3b	Are you normally able to have a shower every day?	75%	93%
4.3e	Is your cell call bell normally answered within five minutes?	42%	30%
4.4	Is the food in this prison good/very good?	0%	8%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	56%	46%
4.6a	Is it easy/very easy to get a complaints form?	100%	74%
4.6b	Is it easy/very easy to get an application form?	91%	78%
4.9	Have you made a complaint?	27%	34%
4.13	Are you on the enhanced (top) level of the IEP scheme?	33%	29%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	50%	51%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	70%	68%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	11%	2%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	30%	0%
4.17a	Do you feel your religious beliefs are respected?	36%	57%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	50%	41%
4.18	Are you able to speak to a Listener at any time if you want to?	42%	57%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	85%
4.19b	Do most staff, in this prison, treat you with respect?	75%	83%
5.1	Have you ever felt unsafe in this prison?	67%	36%
5.2	Do you feel unsafe in this prison at the moment?	42%	15%
5.4	Have you been victimised by another prisoner?	64%	13%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	27%	2%
5.5i	Victimised you because you have a disability?	10%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	10%	0%
5.6	Have you been victimised by a member of staff?	27%	21%

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%
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%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	50%	17%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	10%	13%
5.11	Is it easy/very easy to get illegal drugs in this prison?	64%	18%
6.1a	Is it easy/very easy to see the doctor?	33%	22%
6.1b	Is it easy/ very easy to see the nurse?	25%	27%
6.2	Are you able to see a pharmacist?	70%	51%
6.5	Are you currently taking medication?	70%	20%
6.7	Do you feel you have any emotional well-being/mental health issues?	83%	17%
7.1a	Are you currently working in the prison?	70%	28%
7.1b	Are you currently undertaking vocational or skills training?	0%	2%
7.1c	Are you currently in education (including basic skills)?	30%	28%
7.1d	Are you currently taking part in an offending behaviour programme?	30%	13%
7.3	Do you go to the library at least once a week?	63%	14%
7.4	On average, do you go to the gym at least twice a week?	70%	37%
7.5	On average, do you go outside for exercise three or more times a week?	70%	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.)	0%	9%
7.7	On average, do you go on association more than five times each week?	44%	57%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	56%	20%
8.1	Do you have a personal officer?	64%	34%
8.9	Have you had any problems sending or receiving mail?	64%	40%
8.10	Have you had any problems getting access to the telephones?	30%	39%



Key question responses (ethnicity and religion) HMP Woodhill young adults 2009

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

Key to tables

		BME prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
Number of completed questionnaires returned		26	31	16	39
1.3	Are you sentenced?	50%	43%	57%	41%
1.7	Are you a foreign national?	15%	3%	20%	6%
1.8	Is English your first language?	84%	91%	85%	89%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			95%	28%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	9%	14%	5%	14%
1.11	Are you Muslim?	59%	3%		
1.12	Do you consider yourself to have a disability?	3%	27%	5%	17%
1.13	Is this your first time in prison?	47%	21%	50%	27%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	28%	12%	40%	11%
2.3	Were you treated well/very well by the escort staff?	59%	83%	50%	80%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	76%	78%	76%	80%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	49%	39%	62%	36%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	36%	39%	38%	38%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	56%	54%	43%	62%
3.2a	Did you have any problems when you first arrived?	72%	69%	74%	69%
3.3a	Were you seen by a member of healthcare staff in reception?	90%	82%	100%	81%
3.3b	When you were searched in reception, was this carried out in a respectful way?	69%	90%	76%	81%
3.4	Were you treated well/very well in reception?	41%	54%	57%	44%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	77%	92%	86%	84%
3.9	Did you feel safe on your first night here?	62%	87%	62%	84%
3.10	Have you been on an induction course?	77%	80%	76%	80%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	38%	44%	50%	38%

Key to tables

		BME prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
4.3a	Are you normally offered enough clean, suitable clothes for the week?	24%	41%	24%	33%
4.3b	Are you normally able to have a shower every day?	84%	97%	85%	92%
4.3e	Is your cell call bell normally answered within five minutes?	12%	46%	15%	35%
4.4	Is the food in this prison good/very good?	9%	8%	5%	8%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	30%	69%	38%	54%
4.6a	Is it easy/very easy to get a complaints form?	79%	77%	76%	80%
4.6b	Is it easy/very easy to get an application form?	88%	74%	81%	80%
4.9	Have you made a complaint?	41%	25%	43%	29%
4.13	Are you on the enhanced (top) level of the IEP scheme?	32%	23%	47%	18%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	47%	52%	50%	50%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	73%	65%	85%	61%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	8%	0%	6%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	0%	3%	0%	2%
4.17a	Do you feel your religious beliefs are respected?	62%	47%	57%	54%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	53%	32%	67%	31%
4.18	Are you able to speak to a Listener at any time if you want to?	52%	59%	62%	53%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	81%	95%	75%
4.19b	Do most staff, in this prison, treat you with respect?	79%	82%	95%	76%
5.1	Have you ever felt unsafe in this prison?	38%	41%	43%	35%
5.2	Do you feel unsafe in this prison at the moment?	21%	18%	24%	16%
5.4	Have you been victimised by another prisoner?	15%	24%	19%	20%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	3%	0%	6%
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)	3%	0%	0%	2%
5.6	Have you been victimised by a member of staff?	24%	24%	14%	28%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	0%	5%	0%

Key to tables

		BME prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
5.7h	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)	3%	0%	5%	0%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	21%	22%	20%	20%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	21%	11%	5%	18%
5.11	Is it easy/very easy to get illegal drugs in this prison?	24%	23%	24%	22%
6.1a	Is it easy/very easy to see the doctor?	16%	34%	19%	27%
6.1b	Is it easy/ very easy to see the nurse?	21%	31%	19%	29%
6.2	Are you able to see a pharmacist?	33%	71%	37%	61%
6.5	Are you currently taking medication?	27%	22%	38%	18%
6.7	Do you feel you have any emotional well-being/mental health issues?	24%	24%	33%	19%
7.1a	Are you currently working in the prison?	35%	34%	43%	29%
7.1b	Are you currently undertaking vocational or skills training?	3%	0%	5%	0%
7.1c	Are you currently in education (including basic skills)?	41%	14%	43%	21%
7.1d	Are you currently taking part in an offending behaviour programme?	24%	8%	38%	6%
7.3	Do you go to the library at least once a week?	16%	26%	28%	18%
7.4	On average, do you go to the gym at least twice a week?	41%	40%	50%	36%
7.5	On average, do you go outside for exercise three or more times a week?	56%	65%	53%	64%
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.)	9%	8%	5%	9%
7.7	On average, do you go on association more than five times each week?	59%	51%	57%	54%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	9%	38%	5%	28%
8.1	Do you have a personal officer?	36%	39%	35%	38%
8.9	Have you had any problems sending or receiving mail?	49%	35%	47%	37%
8.10	Have you had any problems getting access to the telephones?	50%	27%	44%	36%