

Report on an announced inspection of

HMP Bullingdon

14 – 18 January 2008

by HM Chief Inspector of Prisons

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Introduction

Bullington operates as both a local and training prison. This means that it has to manage a complex mix of convicted and unconvicted prisoners drawn from the courts of Oxfordshire and Berkshire, together with longer-term prisoners, including those needing to address substance abuse problems or sexual offending. The prison has also faced considerable organisational change over recent years. Commendably, this full announced inspection found that Bullington had risen to many of the challenges of its diverse role and was performing reasonably well against all our tests of a healthy prison.

Overall, Bullington remained a reasonably safe prison: prisoners felt well treated in reception, there was little self-harm, the segregation unit was satisfactory and good support was available for those with substance abuse problems. However, a range of areas still needed to be improved: first night and induction arrangements were too informal and responses to bullying were not sufficiently robust. We were pleased that levels of use of force had begun to fall, but these remained high and we were concerned that staff had resorted to use of the body belt three times in 2007 apparently as a response to threatened self-harm – something we consider is almost always inappropriate.

Most accommodation at Bullington was of a reasonable physical standard, but shared cells were cramped and had inadequately screened toilets. Staff-prisoner relationships varied across the prison and would be improved by a better functioning personal officer scheme. Prisoners complained vociferously about the food. Not all diversity issues were adequately addressed and there was a particular need to reinforce support for foreign national prisoners. Provision for the large number of black and minority ethnic prisoners was adequate, but they were disproportionately negative about the prison and these perceptions needed to be addressed. Healthcare was generally sound, but had outgrown its accommodation.

Most prisoners were able to take part in some purposeful activity and, unlike on our previous visit, we regarded the time out of cell figures as fairly accurate. However, the quantity of education, work and training was insufficient to ensure all prisoners were purposefully occupied for most of the day. While some training was of a very good quality, too much was mundane with no opportunities for accreditation. Access to the library and physical education were both good.

Resettlement was generally well managed and work was well advanced on the offender management model, although offender managers in the community were not fully playing their part. Sentence planning was inhibited by a backlog of OASys assessments and there was no custody planning for those spending a short time at the prison. Reintegration services were reasonable and there was an impressive range of programmes available to address a wide array of needs. Drug services were particularly good.

Bullington was designed as a community prison combining a number of roles and has also had to undergo various organisational reforms in recent years. It is, therefore, to the prison's credit that it has risen to many of the challenges posed by the complex and diverse demands placed on it. Inevitably, there is plenty more still to do, but this should not obscure the progress made, or that this progress has been sustained at a time of considerable pressure.

Anne Owers
HM Chief Inspector of Prisons

May 2008

Fact page

Task of the establishment

HMP Bullingdon is a local and category C training prison for convicted and unconvicted adult male prisoners. It serves courts in Oxfordshire and Berkshire, but also holds significant numbers from the London area.

Brief history

Bullingdon Community Prison was built in the late 1980s and early 1990s and opened in February 1992. It was built with four cellular blocks based around the same T-shaped design of three spurs, each with three landings off a central office complex. Each unit can hold 190 prisoners apart from Blackthorn, which can hold 197. Edgcott unit was added in April 1998. It is an L-shaped quick-build unit with two spurs each with two landings. It can hold up to 181 prisoners. Extensive building work is ongoing to provide a refurbished reception, new unit and ancillary buildings.

Area organisation

South Central

Number held

953 on 9 January 2008

Certified normal accommodation

767

Operational capacity

963

Last inspection

Full unannounced: September 2002; short follow-up: June 2004

Description of residential units

Arcott:	remand and convicted prisoners; carries out resettlement programmes.
Blackthorn:	remand and convicted prisoners.
Charndon:	training unit; carries out drug strategy.
Dorton:	training unit, plus prisoner support unit for prisoners who can not cope on normal location.
Edgcott:	training unit, plus self-contained unit for vulnerable prisoners carrying out the sex offender treatment programmes.
Healthcare:	24-hour facility with spaces for 22 in-patients.

Healthy prison summary

Introduction

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

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

... performing well against this healthy prison test.

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

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

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

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

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

... performing poorly against this healthy prison test.

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

Safety

- HP3 Prisoners were positive about their treatment in reception, which was being rebuilt. First night procedures and induction were not sufficiently formalised to ensure consistent treatment. Not all potential bullying incidents were investigated, but those identified as bullies were well monitored. Incidents of self-harm were relatively low,

but there was little continuity of case management of those at risk. Use of force was relatively high, but reducing. Detoxification and maintenance programmes were good. The prison was performing reasonably well against this healthy prison test.

- HP4 In our survey, many prisoners said they found escort vans unsafe, dirty and uncomfortable. Most had relatively short journeys and were positive about their treatment by escort staff. Few received any information about Bullingdon before they arrived.
- HP5 Reception was being rebuilt, but prisoners said they were treated well there. More prisoners in our survey than the comparator said they felt safe on their first night, but there was no formal first night strategy and many said they were not able to have a shower or make a telephone call on the day of their arrival. Cells were not always properly prepared for new arrivals and night staff were not briefed about their specific needs.
- HP6 Unit senior officers gave new prisoners a good initial briefing, but the formal induction programme was not well organised. Attendance was haphazard and the programme did not link effectively to resettlement. Formal induction for vulnerable prisoners on Edgcott unit ran only fortnightly.
- HP7 In our survey, general perceptions about safety were similar to the comparator. Prisoners reported victimisation by staff, but there was little evidence to support this. The anti-bullying and violence reduction strategies needed more attention. Not all indicators of bullying were investigated. Prisoner anti-bullying representatives needed guidance and training in their role. Identified bullies were well monitored, but there were no specific interventions to challenge their behaviour. Most vulnerable prisoners on Edgcott felt safe and the prisoner support unit on Dorton unit helped protect those who might otherwise be victims of bullying.
- HP8 There were relatively few incidents of self-harm. However, many observation panels were blocked, even for those at risk, including that of a man who had recently nearly killed himself. No investigation had been carried out into this or other serious incidents. Delays in receiving investigation reports from the last deaths in custody over a year previously had also hampered learning. There were some good initial assessments of those at risk, but little continuity of case management. Reviews were rarely multidisciplinary or planned in advance. Records were mainly observational rather than suggesting good interaction. There were some limited counselling services and good support from Listeners.
- HP9 The main security issues for the prison were drugs and mobile telephones. High numbers of security information reports suggested reasonably good dynamic security. Targeted searching was mostly completed promptly, but suspicion drug tests were not always carried out. There was some joint work with the police intelligence officers, but they did not often attend security meetings.
- HP10 The segregation unit was efficiently run, but showers and telephone calls were allowed only three times a week. Daily exercise was in a rather bleak yard. Segregation reviews were up to date and well attended, but there were no clear exit strategies for longer stayers. Relationships with prisoners appeared good, but entries in history sheets were mostly superficial. Adjudications were well conducted, but punishments of cellular confinement combined with loss of facilities were very severe.

- HP11 Use of force had reduced since the previous year, but was still relatively high. We were concerned that the body belt had been used three times in 2007, all apparently to prevent self-harm. We did not accept that its use was appropriate. The special cell had been used 10 times. Documentation was mostly thorough, except in one case where the man was held for six hours with insufficient reason given and no record of proper authorisation.
- HP12 There was a good drug treatment service based on individual needs, including a specialist GP for first night prescribing. There was good joint work between healthcare and the counselling, assessment, referral, advice and throughcare (CARAT) team, including some effective multidisciplinary groups. A substance misuse consultant was able to help with more complex cases, but there was a lack of dual diagnosis expertise. With approximately 100 men on maintenance programmes, too much of the time and skills of the specialist clinical team was spent on methadone administration rather than individual work with prisoners. The supply reduction strategy was comprehensive, but the mandatory drug test positive rate was 13.7% against a target of 10%.

Respect

- HP13 Relationships between staff and prisoners were mixed. Most prisoners in the survey said they were treated with respect, but in groups and individually they were more negative. Interactions we saw were good, but personal officer work was underdeveloped. The prison was generally clean, but many shared cells were too cramped. Most men were able to shower daily. Prisoners were dissatisfied with the quality of food. Race relations structures were sound, but there was little promotion of wider diversity issues and work with foreign national prisoners had only recently begun. Health services were satisfactory, but development of services had outgrown the resources available. Plans to transfer the provision to the primary care trust (PCT) had caused some uncertainty. The prison was performing reasonably well against this healthy prison test.
- HP14 Most prisoners in our survey, and similar to the comparator, said that staff treated them with respect. More than the comparator said they had a member of staff they could turn to for support and figures for Edgcott unit were significantly better than other units. In groups, prisoners were more negative and many said officers were reluctant to engage with them. Interactions we observed were mostly positive, but prisoners were generally addressed just by their surnames. Good use of prisoner representatives helped relationships.
- HP15 Prisoners in our survey were relatively positive about personal officers, but this reflected particularly high satisfaction rates in Edgcott unit, where 50% said their personal officer was helpful compared to 34% in the rest of the prison. Many had not met their personal officer. Entries in unit files were mostly about behaviour and displayed little awareness of men's personal and individual circumstances or their resettlement objectives. Until recently, there had been long gaps in entries in some files. Personal officer entries on Edgcott unit were noticeably better than the rest of the prison.
- HP16 Cells and communal areas were generally clean. Shared cells were too cramped and curtain screens for toilets did not provide acceptable privacy in cells where men also

ate their meals. Not all cells had lockable cupboards. Prisoners reported good access to showers, although many of these needed refurbishment and they provided no privacy. Prisoners wore their own clothes and had appropriate laundry facilities. There were sufficient telephones.

- HP17 The incentives and earned privilege (IEP) scheme was well understood by prisoners and staff, but there were few motivational incentives for the enhanced level. The focus was mostly on behaviour rather than compliance with sentence plan targets. Prisoners on basic were monitored regularly, but little motivational help was given. Men on basic were not able to shower or use the telephone daily.
- HP18 The kitchen was about to close for refurbishment, but was kept clean. Although meals we sampled were satisfactory, prisoners were unhappy about the quality of food. There was a lack of cultural diversity and little communication between the prison and the catering contractor. The timings of meals were generally too early.
- HP19 Prisoners had reasonable opportunities to buy goods from the shop. More than the comparator in our survey said it sold a wide enough range to meet their needs, but satisfaction among black and minority ethnic and foreign national prisoners was less good. Distribution of purchases was well organised, although there were some delays with catalogue orders.
- HP20 There was no diversity policy or strategy to identify the needs of all minority groups. There were some initiatives to address sexuality issues on Edgcott unit, but none elsewhere. There was a disability policy and the disability liaison officer kept a register of prisoners with a disability. Most of those known to the prison lived on Edgcott unit, where there were decent arrangements with a stair lift and paid carers. There was no accommodation adapted for wheelchair users except in healthcare and few other adaptations elsewhere.
- HP21 Black and minority ethnic prisoners represented around 30% of the population and in our survey, they were less positive than white prisoners about a range of issues such as treatment by staff, handling of complaints and IEP. More said they had felt unsafe at some point and had been victimised by staff. However, in our prisoner groups, they said there was little racial tension or direct discrimination. Investigations into racist incidents were well conducted. The race equality officer (REO) met and supported enthusiastic prisoner race representatives. There had been some events to promote racial diversity, but scope for more to be done.
- HP22 There were around 150 foreign national prisoners from over 30 countries, the largest group being Vietnamese. Eighteen were held solely on immigration warrants, some for lengthy periods. The Border and Immigration Agency held occasional surgeries, but there was a lack of independent immigration advice. Foreign national prisoners were a vulnerable group and found the lack of information about their immigration status unsettling. A foreign national policy and committee had only recently been established and there was no full-time coordinator, with the main work undertaken by the REO who already had a stretched post. Some consultation with prisoners had begun and two foreign national representatives had been appointed. Unit staff had little knowledge about foreign national prisoners. There was little use of telephone interpreting services, even for confidential matters, and an over-reliance on prisoner interpreters.

- HP23 The chaplaincy team was actively involved in the life of the prison and ran a number of groups and courses. All prisoners were seen by a chaplain shortly after arrival. The chapel was used by all faiths and most prisoners were able to get to services, although they had to give advance notice.
- HP24 Although prisoners in our survey were relatively positive about applications, many complained that they were rarely acknowledged and often had to be repeated to get things done. Receipt of applications was recorded, but it was not possible to track replies. Prisoners were negative in our survey about complaints and expressed a lack of confidence in the system. Most we examined were answered promptly and were generally courteous, but many were not addressed directly to the prisoner. There was no routine trend analysis or complaints.
- HP25 One trained legal service officer saw newly sentenced prisoners. He had not received refresher training since his initial training 10 years previously and there was no back up and few resources. Probation provided a bail information scheme. There had been some success in securing release on bail, but few prisoners in our survey said it was easy to get bail information, suggesting a need for better promotion of the service.
- HP26 Prisoners in our survey were generally positive about healthcare, but increasing development of services meant facilities and staffing had outgrown the accommodation. Prisoners waited too long to see a GP. Services were due to transfer to the PCT, but some strategic and operational issues were still to be resolved. There was a reasonable range of visiting specialist services, including good dental provision, but there were waiting lists for all except the optician. With only one nurse on duty, night cover was inadequate.
- HP27 Relationships were positive on the in-patient unit, but there was little therapeutic support for people with mental health problems and the unit was also often used to hold prisoners with disabilities rather than for clinical need. There was only basic primary mental health care, but other services were reasonably good, although some patients waited too long for transfer to NHS mental health units. The pharmacy provided a generally safe service. There was some good personal follow up of complaints about health services by managers, but little access to the NHS complaints system. The prison had provided excellent Hepatitis B immunisation coverage.

Purposeful activity

HP28 Most prisoners were allocated activity. Time out of cell was mostly well recorded, with an average of about eight hours, but it was much less for those without allocated activity. Most prisoners had some occupation, but overall there were insufficient activity places in work and education to keep all men purposely occupied for the whole working day. Work was of variable quality, with relatively little accreditation of skills, although some training was very good. Access to the library was satisfactory. Prisoners were positive about the gym, which offered a good range of recreational activities, but few vocational programmes. The prison was performing reasonably well against this healthy prison test.

HP29 Time out of cell was mostly accurately recorded. The average time out of cell was about eight hours per prisoner during the week and five at weekends. However,

prisoners without any allocated activity had very little time out of cell. All prisoners had daily association except on Fridays when this was restricted to Blackthorn unit. Staffing difficulties meant one of the two daily association periods at weekends was often cancelled. Significantly fewer than the comparator said they had exercise in the fresh air more than three times a week. On Blackthorn unit, where the exercise period was during the afternoon, more prisoners used the opportunity. On other units, the period was for only 30 minutes first thing in the morning, which was inadequate and clashed with other priorities. No outside clothing was provided for exercise and prisoners were not allowed to have their own.

- HP30 Most vocational and education programmes were of at least satisfactory standard. Although the allocation process was equitable, there were weaknesses with induction and the information, advice and guidance arrangements. Much of the provision was based on the individual choices of prisoners rather than identified needs. Induction focused too much on education rather than opportunities in work and training. There was some retrospective checking to refocus targets towards those of the sentence plan when one was completed, but links to resettlement and other areas were generally underdeveloped.
- HP31 Access to education and training was generally satisfactory. Most education places were used, but attendance and punctuality varied. There was no weekend or evening education or training. Although it did not replicate that in the rest of the prison, vulnerable prisoners on Edgcott Unit had satisfactory access to education and training opportunities. The quality of most teaching was good and there were high pass rates in many programmes. The industrial cleaning training was exceptionally good.
- HP32 Although most prisoners had some allocated activity there was insufficient work to keep prisoners fully active. Much of the work was mundane and repetitive and only 78 of the jobs available led to accredited training. However, some of the training was very good. Prisoners were reasonably prompt arriving at workshops. There were 30 domestic workers on each unit accounting for 150 of the jobs available, but there were also over 40 good quality orderly jobs that gave prisoners a reasonable amount of responsibility.
- HP33 Access to the library was satisfactory. Approximately half the population were library members and some outreach services were provided. Two library orderlies received training. The stock broadly reflected the interests and needs of prisoners, but books to support educational and vocational programmes were limited. Legal materials and Prison Service Orders were available, but only in English. A range of books in appropriate languages was stocked for foreign national prisoners. Space for private study and group work was very limited.
- HP34 In our survey, significantly more than the comparator said they went to the gym at least twice a week. There had been some staffing and organisational difficulties and only 50% of prisoners had been inducted into the gym, but these problems were beginning to be addressed quickly by a new manager. A good range of recreational courses, many of which promoted healthy living, were run, but there was only one training course.

Resettlement

- HP35 There was a good resettlement strategy based on an analysis of need, but better strategic overview was needed. The prison was taking forward offender management work with relatively little input from offender managers in the community. Too many arrived without completed offender assessment system (OASys) plans and there was a backlog of OASys sentence plans and no custody planning for those not eligible. Reintegration services were reasonable and an impressive range of programmes was run. Contact with families was satisfactory. Drugs services were very good. The prison was performing reasonably well against this healthy prison test
- HP36 There was a good up to date resettlement strategy, informed by a needs analysis, but it would have benefited from identifying more explicitly how services for specific groups would be delivered. Good monthly data relating to resettlement was collected, but the strategy was not driven forward by the resettlement management meeting.
- HP37 There was only limited input from offender managers in the community, but, despite this, the prison was taking the process forward. All 287 prisoners in scope for offender management arrangements had been allocated an offender supervisor, although many were not aware of this. Most of the offender supervisors' time was taken up with OASys assessments, but they were often redeployed to other tasks. Over 20 prisoners arrived each month without an OASys assessment and there was a large backlog. The quality of those we examined was good, but there were no sentence planning boards to involve the prisoner. There was no custody planning for remand and short-term prisoners.
- HP38 The prison recorded that no prisoners were discharged without accommodation to go to, but further analysis was needed as this was unlikely to be the case. Many went to temporary accommodation and significantly more than the comparator in our survey said they would have housing problems on release. The St Giles Trust provided a good service to those serving less than 12 months and licence recalls, but not formally to others. Seven prisoner housing advisers worked for the Trust and received good training. Two courses were run to help with finance needs and a Jobcentre Plus worker helped with benefits advice, but more help was needed. There was very little use of release on temporary licence in preparing sentenced prisoners for release.
- HP39 There were over 70 recalled prisoners and delays in receiving dossiers and dates for hearings caused considerable anxiety. Although they received some help from the housing, bail and probation officers, there was little structured support for this group specific to their needs.
- HP40 The work skills training did not generally reflect the skills needed in the community, apart from the small numbers involved in housing support work, some utilities/construction training and industrial cleaning, which led to nationally recognised awards and offered good opportunities for employment. Otherwise, there were few links with employers. A pre-release course was run, but only infrequently and it was undersubscribed.
- HP41 Resettlement arrangements were reasonable for people with severe mental illness. Help for those with physical health needs was more limited, except for prisoners on

Edgcott unit where direct contact was made with their GP and community nursing services as appropriate.

- HP42 A wide range of good quality interventions was delivered. Account was taken of individual needs to ensure equality of access. A regular needs analysis was completed and action taken to bring in new interventions and adjust existing ones where necessary. Prisoners were positive about programmes and institutional support was generally good.
- HP43 There were 104 indeterminate-sentenced prisoners, 44 lifers and 60 serving indeterminate sentences for public protection, with opportunities to begin to address their offending behaviour and progress in their sentences. Indeterminate-sentenced prisoners and potential mandatory lifers were seen routinely shortly after arrival, but otherwise structures to meet their needs were just being established. A lifer liaison officer scheme had recently been introduced and two lifer clinics had been held, but there had been no lifer days or general lifer meetings.
- HP44 There was a comfortable visitors' centre with supportive staff. Visitors said they were well treated and able to book future visits while in the visitors' centre. Visits were held every afternoon, including at the weekends. A supervised play area was run in the large visits room. An enhanced visits area provided more comfortable seating and more privacy. Family days were run about four times year and some good outreach into the community was beginning. No parenting or relationships courses were run, but Fathers Aloud and Rhyme Time schemes helped fathers maintain contact with their children.
- HP45 The drug strategy was based on a needs analysis, which also encompassed alcohol and contained targets and performance measures. The strategy was well managed and there was good joint work between service providers. The range of interventions to help those with substance misuse problems was impressive, particularly the development of a pioneering RAPt six-week alcohol module.

Main recommendations

- HP46 **Effective and consistent first night arrangements should be introduced, followed by a well managed induction programme that keeps new prisoners properly occupied.**
- HP47 **Assessment, care in custody and teamwork procedures should be improved to provide more continuity of case management and multidisciplinary reviews. In particular, daily entries should demonstrate more engagement with prisoners and management checks should comment on the quality of care.**
- HP48 **A formal personal officer policy should be introduced and personal officers should receive specific training and guidance about their role and what is expected of them.**
- HP49 **A full-time foreign national liaison officer should be appointed to ensure that the needs of foreign national prisoners are appropriately met.**

- HP50 Sufficient activity places, including increased numbers of accredited vocational training places, should be provided to give reasonable occupation to all prisoners.
- HP51 All prisoners should have an up to date sentence or custody plan, agreed and discussed with the prisoner at a multidisciplinary board and reviewed annually and before release.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Relationships between Bullingdon and the escort provider were good. Prisoners arrived at court on time, but many spent a long time there. Most were positive about their treatment by escort staff, but complained that vans were unsafe, dirty and uncomfortable. Prisoners were given 24-hour notice of transfer. No food or drink was provided in reception for those leaving for court and prisoners attending court for trial could shower only at weekends.
- 1.2 There were good working relationships between the prison and escort provider. All relevant documentation and information travelled with prisoners. The escort contractor produced monthly reports on the timeliness of prisoners to and from the prison.
- 1.3 Most prisoners did not have long journeys, but many said the vans were unclean, unsafe and uncomfortable. In our survey, significantly more than the comparator said they were well treated by escort staff, but fewer said they knew where they were going when they left court or were transferred from another establishment.
- 1.4 Reception was staffed until 10pm. Records showed that 136 prisoners had arrived after 7pm in October 2007, including 27 after 8pm and one after 9pm. The respective figures for November were 84, 19 and three. Two prisoners arrived after 8.30pm during the inspection. Such late arrivals made it difficult for prisoners to be settled appropriately on their first night.
- 1.5 Prisoners attending court usually left the prison by 8am, but were not given breakfast on the day as breakfast packs were given out the day before. Many ate these the evening before, so they could wait several hours before having something to eat. They arrived at court on time, but some spent long days there before returning. One prisoner had completed his court appearance at 11.14am, but did not return to Bullingdon until 7.30pm. All prisoner escort records included regular checks and meal breaks. Prisoners attending court for trial said they were able to shower only at weekends.
- 1.6 No suitable clothing for court was provided in reception, but could be handed in by family or friends.
- 1.7 A video link provided four booths where prisoners could talk to solicitors or probation staff and two video links to courts. They were also used for inter-prison visits.
- 1.8 Unless security issues prevented it, prisoners were given 24-hour notice of planned transfers from Bullingdon.

Recommendations

- 1.9 The escort provider should ensure that all vans are safe, secure, clean and comfortable.

- 1.10 Prisoners should be given something to eat and drink on the morning before leaving for court.
- 1.11 Suitable clothing for those who need it should be provided for those going to court.
- 1.12 Prisoners should return to the prison shortly after completion of their court appearance.
- 1.13 All prisoners attending court should have the opportunity to shower daily.
- 1.14 Prisoners should arrive at Bullingdon before 7pm.
- 1.15 Information should be provided at local courts about the prison and what to expect on arrival.

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.

- 1.16 Reception was being rebuilt. Staff were polite and reception routines were safe. The cell-sharing risk assessment was not completed in private. An Insider offered peer support in reception and all new arrivals were interviewed by an officer. There was no formal first night strategy, but prisoners were interviewed by a senior officer at a reception board, usually within 24 hours. The induction programme ran over three half-days and did not fully occupy prisoners. Attendance was haphazard and the quality and organisation of induction were poor.

Reception

- 1.17 Escort and reception staff dealt quickly with the handover of documents and prisoner property. The reception area was being refurbished, resulting in disruption and dust, but staff worked to efficient routines and were friendly and polite to prisoners. In our survey, significantly more prisoners than the comparator said they had been well treated in reception.
- 1.18 There were three initial holding rooms, one of which was used only for vulnerable prisoners. The rooms contained bench seating and were generally clean, but had no natural light. Sight-lines for officers were good. Some information about the prison was displayed, but there were no newspapers or televisions to help pass the time. Depending on when they arrived, some prisoners could spend several hours in reception because they could not move to most units until after the evening meal and once the roll count was correct. No written information was provided in languages other than English, but prisoner interpreters were used when necessary. The professional telephone interpreting service was rarely used (see section on foreign national prisoners).
- 1.19 A senior officer completed a cell-sharing risk assessment for each new arrival. This was done at the reception desk and in the hearing of others, which was unlikely to encourage prisoners to disclose much detail or ask for help.

- 1.20 New arrivals were offered a smoker's or non-smoker's reception pack and could buy telephone credit. The repayment arrangements were explained. There was some confusion over whether all prisoners or only those transferred in were allowed a free telephone call. Some officers allowed prisoners to make a call during the reception interview, but this was not in private. Prisoners new to custody could make a telephone call from the pay-phone in reception when formal reception procedures had been completed, but significantly fewer than the comparator in our survey said they had been able to make a free telephone call on their day of arrival.
- 1.21 Three-quarters in our survey said they had been searched sensitively in reception. They were then seen individually by an officer who completed the first page of the passport document. This was included in the prisoner's unit file. The interview was relaxed and interviewing officers were friendly, but did not introduce themselves or ask how the prisoner preferred to be addressed. Interviews took place in an office, but were often disturbed by other officers entering and leaving and noise from reception.
- 1.22 Many of the basic questions on the passport form were completed by the officer in advance. Prisoners, including those new to custody, were not asked how they felt. Accommodation matters, employment history, disabilities and any other urgent needs were noted, but it was not routine to ask about the position of children or other relatives who might need care. Prisoners were given a reception letter and envelope and information about visits, but nothing else in writing, although the passport booklet required officers to confirm that they had issued the induction companion.
- 1.23 Prisoners waiting to go to their allocated unit were held in holding rooms monitored by closed-circuit television. An Insider was available and prisoners could use a payphone. All were given a meal and refreshment and new prisoners were seen by healthcare.
- 1.24 The showers in reception were out of use during the refurbishment and significantly fewer than the comparator in our survey said they had been able to shower on their day of arrival. Most new arrivals went to Blackthorn unit and those arriving after afternoon association could not shower, including those who had been held in police custody without shower facilities for some days.

First night

- 1.25 Significantly more prisoners than the comparator said they had felt safe on their first night, although black and minority ethnic, foreign national and Muslim prisoners were less positive. Prisoners were not told what would happen the next day and there was no formal first night strategy. Information was displayed in first night cells, but was useful only to prisoners who could read well.
- 1.26 In our survey, more prisoners than the comparator said they had problems when they arrived, but many said they had been helped with them within 24 hours.
- 1.27 Most new arrivals were accommodated on one spur of Blackthorn unit, the first night centre. Eight double cells were dedicated for first night use, but not all were properly cleaned or equipped. We saw one that contained broken furniture and litter. Vulnerable prisoners went to Edgcott unit or, if this was full, to healthcare or the segregation unit. Prisoner mentors on Edgcott unit supported new arrivals.
- 1.28 An operational instruction for Blackthorn first night centre (May 2007) set out the principles of first night support, but no structure for delivery. For example, it highlighted 'the need to provide an enhanced service for first night prisoners', but did not explain what was expected of officers

in supporting new arrivals, such as ensuring prisoners at least had the opportunity to shower and use the telephone. Many prisoners said they had simply been locked in their cell on arrival, although some officers had explained a few procedures, such as use of the cell bell. There was no check list to ensure prisoners were given consistent information. During our night visit, the officer on Blackthorn did not know whether any of the prisoners were new arrivals, had any specific needs or were in prison for the first time.

- 1.29 A senior officer saw new prisoners at a reception board usually within 24 hours. These took place in an office with other staff present. The senior officer completed the second section of the passport document and discussed the risk assessment with the prisoner, the circumstances of his offence and any substance misuse or mental health issues. Compacts were signed and policies and procedures were explained, including applications and complaints, race equality, personal officers, visits and anti-bullying.
- 1.30 Each prisoner was given a copy of the prisoner information booklet and asked if he had any questions. Some of the content was irrelevant as it explained procedures such as first night and reception that prisoners had already experienced. There was no mention of support from officers. The information was not in alphabetical order, not indexed and the language was difficult. The booklet given to prisoners on Edgcott unit was available in large print and some languages other than English, but also contained too much difficult text.

Induction

- 1.31 Induction ran on Mondays, Tuesdays and Thursdays, with separate sessions for newly convicted and remand prisoners. Topics were covered on set days so prisoners could wait up to a week to receive some important information.
- 1.32 In our survey, significantly fewer than the comparator said they had been on induction in their first week. We observed one session where only 13 of the expected 22 prisoners attended. Among the 22 allocated were six men who had been at the prison between 17 and 22 days, one over five weeks and one over three months. It was not clear how prisoners were allocated or why some attended sooner than others.
- 1.33 Induction on Blackthorn unit was delivered in a clean and comfortable dedicated room. Some information was displayed on the walls and there were leaflets to take away, but nothing in languages other than English. The programme did not keep prisoners fully occupied. There was no published timetable and prisoners were given only a brief verbal overview of what would be covered.
- 1.34 One induction officer, who was an experienced tutor, delivered much of the sessions with no co-worker or prisoner helpers. The induction officer was respectful and friendly and encouraged prisoners to ask questions. Groups were relaxed and well managed. Specialist sessions, some of which used prisoner representatives, included resettlement, safer custody, drugs, education, physical education and the Independent Monitoring Board. Prisoners were not given a pen and paper to take notes. The aim of induction was not explained and general information about the prison and the names and responsibilities of senior managers were not covered.
- 1.35 Prisoners undergoing detoxification were included on the induction programme, but were sometimes difficult to engage and manage.
- 1.36 The induction officer also ran a programme for prisoners on Edgcott unit. This was scheduled to take place fortnightly, but ran less often. Most essential induction information was given by

the senior officers on Edgcott unit shortly after arrival. Main location prisoners could not attend education or the gym until they had completed induction, but this did not apply to those on Edgcott unit.

- 1.37 The induction officer did not complete the induction section in passport documents, but used his own form and passed a copy of this to the units to be included in unit files. Less than half of the unit files we sampled contained completed induction forms.

Recommendations

- 1.38 The cell-sharing risk assessments and reception interviews should take place in private.
- 1.39 Reception information should be in a range of relevant languages.
- 1.40 All prisoners should be able to shower and make a free private telephone call on their first night.
- 1.41 Prisoners should move to their allocated unit as soon as possible after the completion of reception procedures.
- 1.42 An alternative and effective induction should be introduced for prisoners undertaking detoxification.

Housekeeping points

- 1.43 Reception board interviews should take place in private.
- 1.44 First night cells on Blackthorn unit should be properly prepared and equipped.
- 1.45 The prisoner information booklet should include comprehensive information about the facilities and services and presented in a more user-friendly format.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

- 2.1 The prison was clean and generally well maintained. Many doubled-up cells were too cramped for two men. There was no appropriate accommodation for wheelchair users. Prisoners wore their own clothes, but all clothing had to be posted in, resulting in delays and cost to the sender. There was good access to laundries. Toilets in doubled-up cells were insufficiently screened and some showers needed to be refurbished. Showers could not be used in private. There were sufficient telephones except on Edgcott.
- 2.2 The units contained many single and double cells, with two cells on Edgcott large enough for three. The prison was close to its operating capacity of 963 and some single cells were used to accommodate two prisoners. The doubled-up cells were too small for both prisoners to have their own cupboard, cabinet, chair and table. Not all prisoners had lockable cabinets for their possessions. Most cells had notice boards. Each unit had clothing stores, interview rooms, a laundry, servery and small fitness rooms. A Listener suite was provided on Edgcott unit.
- 2.3 No cells were suitable for wheelchair users, although adjustments for disabled prisoners on Edgcott unit included a stair lift. The design of other units, with steps down to the servery area, meant prisoners with mobility difficulties could not be completely self-sufficient.
- 2.4 Prisoners said cell call bells were not always answered within five minutes and significantly fewer than the comparator in our survey said this was the case. We did not see any left unanswered for more than that time. Behaviour warnings were issued where cell bells were used for non-emergencies. Observation panels in cell doors were clear, but some into the toilets in double cells were obstructed.
- 2.5 The offensive displays policy was unevenly enforced. Some cells contained inappropriate pictures and several prisoners said they had only recently been asked to remove such images.
- 2.6 There were enough telephones on most units and half were in booths, which allowed some privacy. However, on Edgcott there were eight telephones for up to 181 prisoners and significantly more than on other units said they had trouble accessing the telephones. Prisoners were given writing paper and an envelope in reception. There were no restrictions on how many letters they could send or receive. Post was collected and delivered daily. Outgoing mail was posted in boxes on the units that were emptied by night staff, but the box on Arcott unit was not locked.
- 2.7 Consultation with prisoners was widespread on all units and meetings were minuted. Each unit had a prisoner representative and many prisoners knew who their representative was. Notices advertising the names and photographs of prisoner representatives were displayed on notice boards alongside a range of information, although most of this was in English only.

Hygiene, clothing and possessions

- 2.8 The units and most cells were reasonably clean and some cleaners took particular pride in their work. Edgcott unit, with its generally older and more settled population, was kept particularly clean. The other units were beginning to show their age, such as with damage to flooring outside the showers.
- 2.9 Rubbish was regularly thrown from cell windows into the exercise yards despite prisoners being given daily facility time to clean their cells. The problem was particularly acute on the morning after prisoners received their canteen orders and we saw prisoners on exercise walking around the yard among broken glass and open tin cans.
- 2.10 In our survey, significantly fewer prisoners than the comparator said they could get cell cleaning materials every week and many complained that the cleaning agent provided was not powerful enough to remove lime scale in the toilets. We were told that prisoners could apply to have their toilet cleaned by industrial cleaners, but few did so.
- 2.11 Cleaning stores contained a plentiful supply of colour-coded mops and buckets. The floor of one store room on Arccott unit was left with standing water during the inspection, which was a health and safety risk and caused an unpleasant smell.
- 2.12 Toilets in cells designed as doubles were in a separated, ventilated room, but those in shared single cells were next to the end of the bunk beds separated by only a shower curtain or, in one case, a blanket. This was unhygienic, particularly as prisoners ate in their cells. Prisoners preferred to use communal toilets during association, but they claimed these were often blocked. Only one was blocked during the inspection.
- 2.13 Prisoners had good access to showers. Showers were mostly reasonably clean and tidy, but some communal toilet areas were dirty. Some spurs had baths. None could be used in private. Showers were poorly ventilated on Edgcott unit, which caused damage. Others were in poor condition and a refurbishment programme was on-going. However, this did not include the installation of privacy screens.
- 2.14 The community rooms on each spur were used as small gyms or television and interview rooms. Those on the upper landings were prone to pigeons coming in through open windows and feathers and droppings soiled chairs and carpets.
- 2.15 All prisoners could wear their own clothes. Prison-issue clothing and shoes were given to all new arrivals if required. Prison clothing could be exchanged weekly. Prisoners' own clothes could be washed in the unit laundries once a week. Clothing could not be handed in, but had to be posted by family and friends. Prisoners could exchange clothes only after six months of arrival, which meant some were not able to have clothes appropriate for the season. Trainers could be bought only from one catalogue, which offered a limited range of unpopular brands.

Recommendations

- 2.16 Cells designed for one prisoner should not be used to accommodate two.
- 2.17 All toilets should be properly and effectively screened.

- 2.18 Prisoners should be able to have clothing, including trainers, handed in and exchange clothing more regularly.
- 2.19 Showers should be refurbished as necessary and include privacy screening.
- 2.20 Communal toilets and facilities should be well maintained, cleaned regularly and monitored by unit staff.

Housekeeping points

- 2.21 All unit post boxes should be locked.
- 2.22 The practice of rubbish being thrown from cell windows should be effectively addressed.
- 2.23 Cleaning stores on units should be maintained in line with health and safety expectations.

Staff-prisoner relationships

Expected outcomes:

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

- 2.24 Interactions we observed were positive, but many prisoners said that staff did not fully engage with them. Relationships on Edgcott unit appeared better. Prisoners were mostly addressed by their surnames. Good use was made of prisoner representatives.
- 2.25 In our survey, most prisoners, similar to the comparator, said they were treated with respect by staff. Many more prisoners on Edgcott unit said they were treated with respect, but foreign national prisoners were significantly less likely to agree. More than the comparator said they had a member of staff they could turn to for help if they had a problem. This was again particularly true of prisoners on Edgcott unit and far less so among foreign national prisoners. In a measuring the quality of prison life (MQPL) survey carried out in March 2007, 31 of 44 written comments about staff were negative and several referred to an unwillingness to help prisoners with their problems. However, those who wrote positive comments said staff were helpful and polite. Prisoners in MQPL group discussions gave examples of good and bad treatment by officers.
- 2.26 The mixed picture given in the MQPL was reflected in our discussions with prisoners in groups. Most said they had an individual member of staff who would help them when asked, but many were negative about staff in general and said most officers were reluctant to engage with prisoners or to help them. Two of our prisoner groups identified relationships with staff as one of the three main negatives about the prison, with one of the groups specifically commenting that many staff lacked people skills.
- 2.27 Most interactions we observed between officers and prisoners were positive and relaxed. Officers were usually visible on the units and few congregated in unit offices, although prisoner forums and comments in our survey suggested this was not always the case. While staff were

accessible during association, they appeared mostly to be observing rather than interacting. Entries in history sheets did not supply much evidence of good and positive relationships. Prisoners who required attention or help from officers were often referred to as 'a drain on staff resources'. This supported the view of prisoners that some staff did not regard it as their responsibility to help them when they had problems.

- 2.28 Officers almost always referred to and addressed prisoners by their surnames alone. Prisoners were often challenged if they failed to comply with unit routines, but prisoners from Edgcott, who were otherwise positive about officers, said staff did not challenge prisoners who abused them because of the nature of their offences.
- 2.29 Spur and unit consultation meetings helped forge better communication and relationships between officers and prisoners. In addition to individual unit meetings, a management prisoner forum was scheduled to meet quarterly, although there had been a gap of almost five months between the last two meetings. It was not clear how or whether issues relevant to the whole prison raised at the individual unit meetings fed into the prison-wide meeting. Issues noted for action at the July 2007 meeting were not all followed up at the following meeting in December and some were simply repeated.
- 2.30 Good use was made of prisoners in a range of orderly and representative roles throughout the prison.

Recommendations

- 2.31 Officers should actively communicate and interact with prisoners on spurs during association and at other times.
- 2.32 Prisoners should be addressed by their first name or surname and title according to their individual preference.
- 2.33 Staff should challenge all use of inappropriate language towards prisoners on Edgcott unit.
- 2.34 A clear communication strategy for prisoner representative meetings should be agreed so that the central management prisoner forum is able to take account of relevant issues raised at unit meetings and to ensure that meetings take place regularly and all identified action points are followed up and action taken reported to prisoners.

Personal officers

Expected outcomes:

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

- 2.35 Many prisoners said they had not met their personal officers, but those who had were relatively positive about them. Entries in unit files were mostly observational and showed little evidence of interaction with prisoners or knowledge of their personal circumstances and resettlement needs. Most recent entries were frequent, but in some files there had previously been long gaps. Personal officer entries on Edgcott unit were noticeably better than elsewhere.

- 2.36 There was no formally agreed written strategy or policy document for personal officers, although there was an undated document written by a principal officer setting out proposals for a personal officer scheme. Officers we asked said they had received no specific training in personal officer work or what was required at Bullingdon, but they were aware of a leaflet to prisoners giving some general information about the personal officer scheme. Personal officer work was included as part of officers' job specifications. Personal officers were expected to provide the usual range of reports to inform decisions about prisoners and, as a minimum, complete history sheet entries on prisoners at least fortnightly.
- 2.37 In our survey, significantly more prisoners than the comparator, although against a comparatively low base, said they had met their personal officer in the first week and that their personal officer was helpful. However, almost 40% of prisoners said they did not have personal officers or had not met them. Prisoners on Edgcott unit were significantly more positive, with half saying they found their personal officer helpful compared to a third on other units. Fewer black and minority ethnic and Muslim prisoners than the comparators reported meeting their personal officer in their first week, but responses from foreign national prisoners were more positive.
- 2.38 Entries from personal officers in unit files were mostly regular, usually at least fortnightly, although this was not always the case. In some files, there had previously been long gaps between entries and in some cases more frequent entries were clearly only a recent trend. It was very rare for there to be an explicit entry that the personal officer had introduced himself to the prisoner. With the exception of Edgcott unit, where entries were generally better, most were merely observational entries about unit behaviour.
- 2.39 With some notable exceptions, few files showed any evidence of personal knowledge of the men, their background, family, sentence plan targets or resettlement needs. There was one entry from a chaplain informing a man of the death of his father, but no subsequent reference to this by the personal officer. Most entries could have been made without any personal contact with the prisoner. Positive entries included phrases such as 'polite, keeps himself clean and his cell tidy'. Negative entries were either specific warnings about behaviour or along the lines of 'can be very demanding'. Neither type was particularly informative. There were regular management checks, but these commented mainly on frequency of entries rather than quality.
- 2.40 At the end of November 2007, a forum was held with prisoners to discuss their perceptions of the personal officer scheme and any suggestions for improvement. Prisoners said that often personal officers had not come back to them when they had made requests. They did not know whether this was because staff were too busy or ignoring them. They suggested that they should be introduced to their personal office when they were new to unit or spur and that personal officers should interact with prisoners and make regular entries in history sheets and not just negative ones. Some suggestions, such as better identification of personal officers, had been acted on, but there was clearly some way to go to develop better quality personal officer work. One prisoner commented that drug workers got to know a lot about them after relatively short interviews and wondered why personal officers did not show the same interest in them as individuals.

Recommendation

- 2.41 **Personal officers should get to know prisoners' personal circumstances and record contact in wing files to build up an accurate chronological account of a man's time at Bullingdon, his achievement against sentence plan and resettlement objectives and any significant events affecting him.**

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 Prisoners in our survey reported victimisation by staff, but there was little evidence of this. Not all potential incidents of bullying were investigated, but prisoners identified as bullies were reasonably well monitored. Incidents were not sufficiently analysed to discern trends to inform strategy. Prisoner violence reduction representatives had been appointed, but were not well supported. Vulnerable prisoners felt generally safe from bullying.

3.2 In our survey, prisoners' general perceptions of safety were similar to the comparator. However, twice as many said they had been victimised by staff and that staff had made insulting remarks about them or their family, but we found little to explain why this was the case. The last prison bullying survey in 2007 had generated 225 returns. Seventy-one per cent of prisoners said they felt safe from being insulted, 74% from being hurt or injured and 63% from having their property taken. Prisoners on Edgcott felt safest.

3.3 Violence reduction team meetings were held monthly, chaired by a governor in his role as head of prisoner community, but not all members attended regularly. Prisoner violence reduction representatives (VRRs) usually outnumbered staff and unit staff were poorly represented. The violence reduction policy had recently been revised, but did not mention anti-bullying dossiers, which had been introduced in November 2007. This was remedied immediately when we drew attention to it.

3.4 A capable senior officer acted as safer custody coordinator with responsibility for the day-to-day management of the suicide prevention and violence reduction strategies and priority had been given to the former. This was a full-time post, but she was required to work one evening duty a week and had no deputy to cover absences or administrative support. There were no liaison officers on residential units and there had been no training in the strategy.

3.5 VRRs played a significant role in the anti-bullying strategy, with three selected from each unit. They had not been trained, but written guidance described their roles as offering advice, support and reassurance to prisoners being bullied. The guidance warned against approaching alleged bullies directly, but some we spoke to said they would do so and minutes of one violence reduction team meeting recorded that a VRR had brought together the alleged bully and victim without reference to staff. The VRRs had meetings with unit managers and the safer custody coordinator occasionally. They were identified to other prisoners by distinctive cell cards that included an anti-bullying message, but they did not have a direct input to induction. They were able to give staff useful insights about the nature of bullying on units.

3.6 Some well-written material aimed to reassure prisoners and visitors about bullying. This included a recently introduced safer custody letter to new prisoners waiting in court cells for transport to the prison, although it was not clear that all new receptions received one.

Prisoners on induction were given an information leaflet, a violence reduction compact had been introduced and information on notice boards advised victims where to get help. Information for domestic and legal visitors about how to notify any concerns about bullying was provided, but not well promoted.

- 3.7 The violence reduction meeting received statistical reports including the number of prisoners assessed as high risk for cell-sharing, those identified as having committed racially motivated offences or displayed racist behaviour and the number refusing to be moved from the segregation unit. However, it was not apparent that the information was analysed to inform the development of the strategy. Some other relevant data, such as on the use of force, the number of prisoners charged with offences against good order or discipline and use of the special cell, were collated for senior managers, but not considered at the violence reduction meeting.
- 3.8 A central anti-bullying register was up to date. There had been 87 reported incidents in 2005, 92 in 2006 and 93 in 2007. On average, six bullies and eight victims were identified each month. The safer custody coordinator provided brief descriptions of incidents, but they were not analysed by type to identify trends.
- 3.9 From our examination of 93 incidents, over half were associated with threats and assaults, but the underlying reasons were not always clear. Other incidents were associated with drugs, debts and thefts of property. In our survey, significantly more than the comparator said they had been victimised by other prisoners because of drugs. There were no security cameras on walkways, but prisoner movements appeared well supervised. In the prison's own survey, prisoners had identified the showers as where they felt most or very unsafe and we noted a number of assaults in showers.
- 3.10 A violence reduction action plan identified some areas of work being progressed, such as the need to provide lockable cabinets to reduce the opportunity for thefts and improved monitoring of formal complaints to identify incidents of bullying.
- 3.11 Officers who suspected bullying were required to open an anti-bullying dossier and write an initial report that was passed to the unit manager for investigation. Prisoners could make written representations, but few did. Few investigations included written statements from victims or witnesses and no senior manager monitored the quality of investigations or consistency across units.
- 3.12 Initially, written warnings were given and a second warning within 28 days led to consideration for a move to the basic regime. Three prisoners had been placed on the basic regime for bullying in 2007. Further evidence of bullying led to the possibility of segregation under good order or discipline and a possible transfer to another prison. Few had been transferred because of bullying.
- 3.13 Bullies and victims were regularly monitored by residential staff usually for around three weeks. However, the dossier did not go workshops or education, Supervisors or teachers had to telephone their observations after each session and these were not always recorded in the dossier. There were no specific interventions to challenge bullying or explore the experiences of bullies who had themselves been victims. Reviews took place weekly usually chaired by a senior officer and some showed that staff questioned prisoners about bullying. The cases of victims were also reviewed. Usually, little could be offered other than a change of location if requested, although moving the bully was considered first.

- 3.14 Not all potential bullying incidents were referred to unit managers for investigation or notified to the safer custody coordinator. The list of bullying-related incident reports received by the security department and the number of incidents recorded on the anti-bullying log did not match.
- 3.15 All accidental injuries were reported to the violence reduction meeting. Most were associated with injuries sustained in the gym or workshops but unexplained injuries were not investigated. Some injuries sustained when prisoners claimed to have slipped in the shower or fallen off beds or chairs should have warranted further investigation. Two injuries described as suspected assaults by another prisoner were not referred for investigation. There was no evidence that governors conducting adjudications referred any suspicious cases of assaults for investigation.

Vulnerable prisoners

- 3.16 Prisoners facing or previously convicted of sex offences were held on Edgcott unit. Older prisoners and those with disabilities were held on one spur. The prisoners we met on Edgcott felt safe and the unit appeared well run and orderly. All prisoners shared the visits room and chapel services and some vulnerable prisoners were subject to taunts from other prisoners during escorted movements. A small number of bullying-related incidents on Edgcott concerned taunts about offending.
- 3.17 Spur one of Dorton unit was a prisoner support unit (PSU). It held prisoners who found it difficult to cope with prison life and who otherwise might become victims of bullying. It also held those who were not sex offenders, but nevertheless required some protection. The PSU included some victims of bullying and others with learning difficulties. There was support from prisoner mentors who provided practical help and encouragement and this seemed to work well. Some prisoners returned to normal location when they were deemed able to cope.

Recommendations

- 3.18 Violence reduction team members, which should include representatives from each residential unit, should attend meetings regularly or send a representative.
- 3.19 Support should be provided to the safer custody coordinator to allow more focus on violence reduction work.
- 3.20 Violence reduction representatives should be better supported and monitored through regular meetings with a nominated member of staff. Training should be provided and they should contribute to the induction programme.
- 3.21 Violence reduction and anti-bullying initiatives should be effectively promoted.
- 3.22 All information about potential indicators of violence and bullying, including unexplained injuries, should be monitored by the violence reduction team and bullying incidents better analysed to identify any trends that could inform the development of the strategy.
- 3.23 Managers should regularly monitor a sample of bullying investigations from across different units to ensure these are fairly and consistently carried out.

- 3.24 All staff responsible for supervising bullies or victims should contribute to their monitoring and this should be recorded in the anti-bullying dossiers.
- 3.25 Interventions should be developed to challenge bullying behaviour and support victims.
- 3.26 Staff should be trained in the violence reduction and anti-bullying strategies.

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.

- 3.27 The suicide prevention team met regularly and was well supported by the safer custody coordinator. There were relatively few incidents of self-harm, but not enough was done to analyse the underlying reasons and learn from serious incidents. Some assessment, care in custody and teamwork (ACCT) procedures and monitoring needed improvement. There was good access to Listeners and a counselling service coordinated through the chaplaincy department.
- 3.28 The suicide prevention team met monthly before the violence reduction meeting and the head of prisoner community chaired both. A range of disciplines, including drugs workers, attended, as did a representative from the escort contractor and Samaritans and Listeners, who provided a report. Residential staff or representatives from education and workshops did not attend, despite the importance of activity for those at risk of self-harm. The suicide and self-harm policy was out of date, but revision was now underway.
- 3.29 The safer custody coordinator post was very stretched. As well as covering violence reduction, she was the ACCT trainer, acted as an assessor and often attended reviews of prisoners considered at high risk of self-harm. She had no administrative support (see section on bullying and violence reduction).
- 3.30 Central to each meeting was the safer custody coordinator's report, which provided a good overview of the operation of ACCT procedures, training statistics and information on latest national practices and trends. The report contained impressive outlines of the personal circumstances of each prisoner at risk, which showed that good efforts had been made to understand underlying reasons for self-harm. An up to date database provided useful information on prisoners subject to ACCT procedures, including ethnicity, incentives and earned privileges (IEP) level, offence and status, as well as identifying prisoners with a previous history of self-harm.
- 3.31 In 2007, there had been an average of nine or 10 self-harm incidents a month involving about eight prisoners. About 30 ACCTs were opened each month and 13 were open at one time during the inspection. Self-harm cases identified during 2007 included prisoners with mental health issues, often troubled by voices, increasing numbers of foreign national prisoners facing

uncertain futures and prisoners charged with serious sex offences. This information was not analysed to inform strategy and target support.

- 3.32** A mentor scheme on Edgcott (see section on vulnerable prisoners) ensured that no prisoner spent his first night on the unit alone. However, the general lack of a first night strategy and effective induction procedures was a concern as crucial early opportunities for identifying prisoners at risk of self-harm could be missed (see sections on early days of custody).
- 3.33** There was little specific advice about getting help with suicidal feelings in languages other than English. Other prisoners were usually used as interpreters and staff had sometimes been used (see section on foreign nationals). The prison was required to inform the Border and Immigration Agency (BIA) of any foreign national prisoner placed on an open ACCT who was to be deported at the end of sentence. Some staff believed that an open ACCT delayed transfer to immigration removal centres once sentences had been served.
- 3.34** Near-fatal incidents of self-harm were not formally investigated to establish any lessons to be learned. Two recent cases had involved foreign national prisoners. One had been found unconscious having cut his wrist and tied ligatures around his feet and neck. The notification to the BIA classified him as 'high risk of suicide if deportation comes into effect'. He was on an open ACCT, but we were very concerned to find the observation panel to the toilet area of his cell blocked, which was not an isolated case. In the second near-fatal incident, the man was found suspended by a ligature from his door. Four ACCTs had been opened in the same month on foreign national prisoners whose anxieties stemmed from their immigration status. In our survey, only 47% of foreign national prisoners, compared to 72% of British nationals, said that they had a member of staff they could turn to for help.
- 3.35** There had been four self-inflicted deaths since our last inspection, the last two within eight days of each other in September 2006. The prison had received the Prison and Probation Ombudsman's report into one of these some 14 months after the death. The investigation into the second had been delayed by a police investigation and further consideration by the Crown Prosecution Service (CPS) and Director of Public Prosecutions. It was a concern that the length of time the CPS took to reach such decisions hampered effective investigations to learn lessons from deaths. Recommendations from previous self-inflicted deaths in custody since 2002 formed part of a consolidated action plan. Some actions had been completed but others were on-going. There were no target dates for completions and the plan was not routinely reviewed by the suicide prevention team.
- 3.36** ACCT assessors included staff from the chaplaincy, the counselling, assessment, referral, advice and throughcare (CARAT) service and healthcare and many initial assessments were completed to a good standard. There were some good examples of multidisciplinary ACCT procedures and high-risk prisoners on constant watch were well supported by the mental health in-reach (MHIR) team and were able to engage in activities outside their cell. However, an operational instruction giving guidance on constant watches did not sufficiently emphasise the need for staff to engage with prisoners.
- 3.37** Initial ACCT reviews were held promptly, but subsequent reviews lacked continuity of case manager and were rarely multidisciplinary. Many involved only a senior officer and a unit officer. One foreign national prisoner on an open ACCT said uncertainty about his immigration status was his greatest source of anxiety, but the reviews failed to address this. Daily entries were mainly observational rather than interactional and many entries, particularly at night, were too regular. Managers did not always offer comment on the quality when making checks but the safer custody coordinator reported to the suicide prevention meeting her views on quality. All closed ACCT forms we looked at included post-closure reviews.

- 3.38 Regular monthly safer custody training had taken place for staff from a range of disciplines and reported to the suicide prevention meetings. Between July and December 2007, 46 staff had received ACCT training and two had been trained as assessors. The prison had used the ACCT procedures since 2005 and recognised the need for refresher training.
- 3.39 Twenty-five trained Listeners worked on a rota. Prisoners had good access to them and the scheme was well publicised. Few Listeners spoke languages other than English. One Listener worked full-time in reception and Insiders worked in reception and on Blackthorn unit for new arrivals. There was no reluctance to use Listeners during lock-up, including at night. A Listener suite on Edgcott allowed a prisoner to remain with Listeners overnight, but was rarely used. On other units, prisoners used their cells or a community room.
- 3.40 The Listeners we met said most staff respected and supported the scheme. They had fortnightly support meetings with the Samaritans and felt well supported by the safer custody coordinator. They believed their views were considered and concerns they raised at the suicide prevention meeting were acted on.
- 3.41 Samaritan telephones were located on each unit. Their use was recorded in observation books, but not monitored. Those we checked were working, but we were told that reception was difficult in the segregation unit and healthcare. Prisoners were charged for calls to the Samaritans from landing telephones.
- 3.42 The chaplaincy coordinated a counselling service provided by qualified volunteers. Counsellors provided bereavement counselling and support for prisoners on the sex offender treatment programme. Around 16 prisoners were being counselled and there was a waiting list of up to three months, although urgent cases were seen at short notice. Special exercise sessions were run for prisoners at risk or with low self-esteem.
- 3.43 There were two reduced risk cells in the segregation unit and five in healthcare. One of the recent self-inflicted deaths had occurred in one of these cells and work had been done to improve safety. Appropriate protocols for their use were in place. Two further cells on Blackthorn were out of use as safety improvements were being made to them following a recent death in one of them.
- 3.44 Strip clothing was not routinely used for prisoners at risk of self-harm. Some prisoners at risk who were given cellular confinement as punishment had been allowed to serve this in the healthcare centre. A body belt had been used on at-risk prisoners three times in 2007 but the safer custody coordinator had not been informed of each incident (see section on use of force).

Recommendations

- 3.45 Representatives from work and education and all residential units should attend the suicide prevention team meeting.
- 3.46 The suicide prevention team should analyse the underlying reasons for self-harm in order to consider how to improve care for high-risk groups.
- 3.47 Near-fatal incidents of self-harm should be investigated to establish what lessons can be learned.
- 3.48 Observation panels should be kept clear, with particular attention to cells where at-risk prisoners are located.

- 3.49 Investigations into apparent self-inflicted deaths in custody should provide an interim report so that prisons are alerted to any urgent actions required.
- 3.50 The consolidated action plan relating to self-inflicted deaths in custody should include target dates for completion of actions and should be reviewed periodically by the suicide prevention team.
- 3.51 Prisoners should be able to call the Samaritans and other relevant help lines free of charge from the landing telephones.

Housekeeping points

- 3.52 The operational instruction relating to constant watches should reflect the importance of interaction.
- 3.53 The Listener scheme should be advertised in different languages.
- 3.54 The safer custody coordinator should monitor the frequency of use of the Samaritans telephones.

Diversity

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

- 3.55 There was no diversity policy to identify the needs of minority groups and issues of sexuality were largely unaddressed. A detailed disability policy and guidelines had recently been updated. Disability liaison duties were a shared residential function, but there was no designated time for the role. Most prisoners with disabilities lived on Edgcott, where there was some good support. Healthcare was the only residential option for prisoners in wheelchairs.
- 3.56 There was no diversity policy or equal opportunities policy for prisoners. A head of decency's remit incorporated disability, equal opportunities and support for minority groups. A draft strategy included a section on accommodation and facilities and equality of access, but did not set out how these aims would be met. In our survey, 6% of prisoners said they were gay or bi-sexual, 1% described themselves as transgender or transsexual and 9% said they had a disability. On Edgcott, 16% said they had a disability and 15% said they were gay or bi-sexual. Eighteen prisoners were over the age of 70, with the oldest aged 80.
- 3.57 The disability policy was up to date and there were some good guidelines for residential staff. Day-to-day work was the responsibility of a residential governor who acted as the disability liaison officer. He was assisted by an officer on Edgcott and other designated staff on residential units. Residential staff were responsible for interviewing all those who had stated a disability at reception and providing a support plan involving other departments. Staff had a good awareness of their role and could identify prisoners with disabilities on their units, but care plans were not always evident on unit files. There was no analysis of access to activities or work or any focus in the strategy about older prisoners.

- 3.58 The majority of those identified (31 in total) had physical impairments including reduced mobility and 23 were on Edgcott unit or in healthcare. Disabled prisoners on Edgcott were located on the ground floor of one spur but cells had not been adapted. A stair lift allowed prisoners to access most areas of the unit. Prisoners acted as paid carers and provided practical support for those who needed it. Senior officers met older and disabled prisoners on Edgcott regularly. The meetings were minuted and minutes made available to staff and prisoners.
- 3.59 The healthcare department had the only cells wide enough for wheelchair access and four prisoners with disabilities lived in healthcare solely due to their disability. One disabled foreign national detainee had twice not been able to attend his hearing following the expiry of his sentence because the immigration authority had sent transport unsuitable for wheelchairs.
- 3.60 The new build underway at the time of the inspection would provide two adapted cells and a lift to link the upper and lower walkway. However, there had been no in-depth analysis to establish the extent and range of disability issues and this appeared insufficient to meet need.
- 3.61 Sexuality issues were largely un-addressed. There were some initiatives to address sexuality issues on Edgcott and prisoners reported a largely tolerant environment, but there was little or no awareness elsewhere in the prison.

Recommendations

- 3.62 A diversity policy should be agreed that meets the requirements of anti-discrimination legislation and outlines how the needs of minority groups will be met, including gay prisoners and older prisoners.
- 3.63 The decency strategy should set out how the aims of equality of access and equal opportunity should be met.
- 3.64 Monitoring should take place to ensure that prisoners from minority groups are not excluded and any findings highlighted to a nominated senior manager responsible for diversity.

Race equality

Expected outcomes:

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

3.65 A third of prisoners were from black and minority ethnic groups. They reported more negatively than white prisoners in our survey about some areas, including treatment by staff, but prisoners, including race representatives, believed there was little discrimination. The race equality officer (REO) carried out some effective work, but the post was stretched. Investigations into racist incidents were well conducted, but there were no formal interventions to challenge racist behaviour. There was no external community involvement, but prisoners were well consulted. There was some promotion of racial diversity, but scope for more.

- 3.66 Black and minority ethnic prisoners represented 30% of the population and 5% of staff came from those backgrounds. In our survey, black and minority ethnic prisoners were less positive

than white prisoners in several areas, including being victimised by staff, feeling unsafe, access to doctor and nurse, and being fairly treated under the IEP scheme.

- 3.67 There was a dedicated REO. With 35 hours a week, the post was stretched as there was no designated relief and only ad hoc cover and the role also included day-to-day work with foreign national prisoners. Designated residential staff acted as deputy race relations officers, but had not been trained and did not have any allocated time for the work.
- 3.68 Despite the stretched resources, the system generally worked well. There had been 226 racist incident reports in 2007. Investigations were mostly completed by the REO to a good standard, although she had not been trained. More senior staff usually carried out investigations when the complaint was against a higher ranking member of staff. In many cases, complainants were seen personally and feedback letters were sent to both the victim and the alleged perpetrator. Complaints were analysed routinely for the race equality action team (REAT). Senior managers did not always give sufficient feedback to investigating officers and a number of racist incident report forms were signed off without comment. The local Independent Monitoring Board completed quality checks of racial incident report forms.
- 3.69 There were no specific interventions for those found guilty of racist behaviour. Often the prisoner was spoken to about their behaviour or the cell-sharing risk assessment was changed. Mediation and other ways of challenging perceptions and behaviours were not used.
- 3.70 There were good links between different areas of the prison. Issues about racist bullying were reported to the REO by the safer custody coordinator and vice versa, and formal complaints with a racial element were converted into racist incident report forms and investigated as such. The REO was aware of prisoners serving sentences for racially aggravated offences and their details were communicated to staff through briefing and a shared database.
- 3.71 Impact assessments were thorough and almost all up to date. One impact assessment had been evaluated as best practice. Prisoner groups were consulted as part of the process. Ethnic monitoring was completed regularly. There had been some anomalies about accommodation and participation in programmes, but these were mostly explained by the different ethnic composition on Edgcott unit.
- 3.72 There were eight race relations representatives, two of whom were full time and paid. They wore distinctive tops and their role was well advertised in residential areas. They were consulted regularly about race relations issues and met the REO formally once a month and in frequent informal sessions for briefing and updates. The representatives spoke positively about the work of the REO and all felt supported and valued. Edgcott representatives were included in these forums. Representatives also acted as advisers to the foreign national population and attended canteen and catering meetings. Prisoners in our groups were not so positive as the representatives about race relations, but agreed there was no direct discrimination and that prisoners were tolerant of each other.
- 3.73 The REAT met quarterly chaired by the governor. The meeting was well-attended, including prisoner representatives, but no external community organisations were represented. The REO had invited the local Race Equality Council and other groups to attend, but there had been little interest. The head of interventions was piloting a programme mentoring young black men, but this was based in London and there was little locally.
- 3.74 There was limited promotion of diversity. The prison had celebrated black history month in October and there were plans to celebrate Chinese New Year. There was little celebration of

cultural diversity through food, although black and minority ethnic prisoners' views of the catering were similar to those of white prisoners (see section on catering).

Recommendations

- 3.75 The race equality officer (REO) should have a trained designated deputy to cover absence and who is given sufficient time to carry out the role.
- 3.76 Feedback on the outcome of investigations should be given to the REO and this should be documented on the racist incident report forms.
- 3.77 External organisations should be invited to attend the race equality action team (REAT) and the assistance of the area race adviser sought to improve community involvement.
- 3.78 Interventions to challenge racism should be introduced.
- 3.79 All staff carrying out investigations should be properly trained.

Foreign national prisoners

Expected outcomes:

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

- 3.80 Seventeen per cent of prisoners were foreign nationals and some stayed for long periods as detainees. The foreign national policy and strategy were very recent and consultation had just begun, but foreign national representatives felt involved. Awareness about foreign national issues among staff was insufficient and there was no full-time coordinator. There were some links with the immigration authorities, but no independent advice and many felt unsettled about their immigration position. There was little use of translation or interpreting services even for confidential matters.
- 3.81 Seventeen per cent (150) of prisoners were foreign nationals and included 18 held solely on detainee warrants. The single biggest group was Vietnamese. In our survey, significantly fewer than British prisoners said they had felt safe on their first night and had a member of staff they could turn to for help and significantly more said they felt unsafe generally.
- 3.82 Foreign national provision was just developing. The policy was very recent, but addressed all important areas. A quarterly foreign nationals committee meeting had recently been established, managed by the foreign national liaison officer and including prisoner representatives, two of whom were paid and full time. All foreign national prisoners had been invited to a forum in December 2007 and 48 had attended. Issues discussed included legal advice, telephone cards, food and the facilitated release scheme. The two orderlies were responsible for raising awareness among prisoners, providing support and maintaining the information boards. They also acted as race relations representatives, met the REO regularly and spoke positively about the support they received.

- 3.83 Some detainees had been held for long periods, in one case since September 2006. Many others had been waiting for over six months to be moved to immigration centres. Information was faxed to the immigration authorities weekly, but there was no explanation for the delays.
- 3.84 We were told there were increasing numbers of foreign national prisoners from South East Asia, many of whom did not speak or understand English well. Between March and December 2007, the professional telephone interpreting service had been used only twice on the residential units, twice by the chaplaincy and once by healthcare and reception. There was a lot of reliance on prisoner interpreters. New prisoners were routinely asked about language skills and a database of those willing and able to interpret was maintained and well used. Often this was appropriate, but prisoner interpreters were inappropriately used in ACCT procedures and for healthcare appointments, which compromised confidentiality. There was little translated material, although some information on the offender assessment system was available in other languages.
- 3.85 The foreign national liaison officer had no dedicated time for this work and, as a residential governor, had a wide range of other pressing responsibilities. Much of the day-to-day work therefore was carried out by the REO. Administrative tasks were the responsibility of a full-time clerk. Processes were well organised, including risk assessments for those held on detainee-only warrants. The take-up of the facilitated release scheme was low.
- 3.86 Immigration service representatives attended every three months and saw around 50 prisoners each time. Prisoners said this was helpful, but there was no contact with the Immigration Advisory Service and the lack of independent advice caused problems. Prisoners also said that staff generally had a poor awareness of their status.
- 3.87 Foreign national prisoners could apply for a telephone account from their own money in addition to what they were allowed to buy through the canteen. Those receiving visits were also able to make a free monthly five-minute telephone call, but this was not well promoted and few were aware of it. The REO estimated that 40% of foreign nationals received visits, but there was no information on how many were able to maintain family contact and the process of applying for the telephone call acted as a disincentive.

Recommendations

- 3.88 The prison should establish links with an independent immigration advice agency to assist immigration detainees and other foreign national prisoners.
- 3.89 Professional interpreting services should be used when prisoners are discussing confidential and sensitive information with staff and prisoner interpreters used only with their fully informed consent.
- 3.90 Foreign national prisoners should routinely be given a free monthly international telephone call to enable them to keep in contact with family abroad.
- 3.91 Foreign national immigration detainees should be transferred to immigration removal centres as soon as possible after expiration of sentence and held at Bullingdon only in exceptional circumstances.

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.

3.92 In our survey, more prisoners than the comparator said it was easy to get an application and complaints form and that applications were sorted out promptly and fairly but they were negative about handling of complaints. In groups, prisoners were less positive about the applications system and expressed a lack of confidence in the complaints system. The logging system did not enable sufficient tracking for applications. There was insufficient analysis of trends in complaints.

3.93 More prisoners in our survey than the comparator said it was easy to get an application form and over half said applications were sorted out fairly. Despite this, most prisoners we spoke to said applications were rarely effective and had to be submitted repeatedly to get a response. The receipt of an application was generally logged, but this could be haphazard. One spur office had two application registers and which one was used seemed to be arbitrary. Applications were returned directly to the prisoners and were not logged so it was impossible to determine whether they were dealt with or, as some prisoners alleged, ignored. Information about the applications system was covered at induction and in booklets provided by some units, but not displayed on notice boards, although most prisoners seemed aware of how it worked.

3.94 Eighty-seven per cent of prisoners, significantly more than the comparator, said complaints forms were easy to get, but far fewer said complaints were dealt with fairly or promptly. A clear complaints information sheet in English was displayed on notice boards on two units, but otherwise details about the system appeared to be confined to the generic Prison Service booklets. The information sheet emphasised that attempts should be made to resolve issues informally and there were examples of this happening. However, many prisoners told us they would not complain for fear of reprisals such as losing their job or being transferred, although they were unable to give any specific examples of this happening.

3.95 Complaints boxes were emptied by administrative staff. Responses were efficiently tracked and only one of those we looked at had not received a reply. Responses were mostly polite, but not always addressed to the prisoner. There was no routine management monitoring for trends such as location or topic. The number of complaints had fallen from over 300 a month in July and August 2007 to 200 or less between September and December. The reasons for this were unclear.

3.96 Confidential complaints were passed unopened to the governor and delegated to the deputy governor. Most did not require the confidential access procedure. The reply explained this and identified the member of staff who would reply to the prisoner and copy this to the deputy governor, who tracked that such replies were actually sent. Consideration was given to the possible need to protect the complainant, although most complaints detailed general victimisation rather than naming members of staff.

3.97 Boxes for applications to see the Independent Monitoring Board (IMB) were prominent in serverly areas, but information about the IMB's role was less visible. There was only one

obvious poster advertising the role of the prison ombudsman, although this supplied the information in various languages.

Recommendations

- 3.98 Information about contacting the Prison and Probation Ombudsman and the Independent Monitoring Board should be reinforced through additional unit notices.
- 3.99 Requests and complaints should be monitored and tracked for trends and analysis.

Legal rights

Expected outcomes:

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

- 3.100 There was only one legal services officer (LSO). His training was out of date and he had no cover. He had few up to date resources or information leaflets on legal issues and was largely reliant on information from the internet. He had no photocopier and no information in languages other than English. Bail information was provided mostly by probation staff, but there was little awareness of the service.
- 3.101 The LSO saw all new arrivals apart from those transferred or remanded, who were seen by a probation officer. The LSO checked whether prisoners intended to appeal against conviction or sentence or had legal aid queries. Forms were provided for prisoners to lodge any outstanding fines. Illiterate prisoners were offered assistance and additional letters were provided where appropriate. All prisoners seen were recorded and the log indicated about 65 contacts a month. There was no backlog of prisoners waiting to see the LSO.
- 3.102 Prisoners recalled on licence were given an information sheet explaining procedures and the timescales for consideration of their cases. The terms and conditions of release on licence were explained to prisoners by the principal officer in charge of reception before their release.
- 3.103 The Probation Service provided a bail information scheme on weekdays for remand prisoners. Staff from observation, classification and allocation (OCA) department provided this service at weekends. Appropriate cases were considered for the bail and accommodation support services (provided by ClearSprings) or bail hostels. Between July and December 2007, the probation service had seen an average of 47 prisoners a month and produced around 12 bail information reports monthly. An average of five prisoners a month had been successful in securing release on bail. In our survey, only 18%, against a comparator of 26%, said it was easy to get bail information. There was no leaflet to publicise the service.
- 3.104 Although in our survey significantly more than the comparator said it was easy to attend legal visits, the officer responsible for booking legal visits believed the 10 visits booths were insufficient to meet demand. Legal visitors had to book at least two weeks in advance to be sure of an appointment and visits at shorter notice were very difficult to accommodate.

Recommendations

- 3.105 The legal services officer (LSO) should have refresher training and a trained officer should be available in his absence.
- 3.106 Current information on relevant legal issues should be available to prisoners in a range of languages.
- 3.107 Provision for legal visits should be sufficient to meet demand.

Housekeeping point

- 3.108 New prisoners should be provided with written information about the bail information scheme.

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.

- 3.109 Good progress had been made in rolling out the integrated drug treatment system (IDTS). Treatment started on the first night and opiate-dependent prisoners could access flexible needs-based prescribing regimes alongside IDTS group work modules. A specialist clinical team worked with the CARAT service. Issues such as methadone administration, 24-hour nurse cover and the provision of safe cells were due to be addressed by the new build of a dedicated stabilisation/first night unit. Supply reduction measures were comprehensive, but the current random mandatory drug testing (MDT) rate stood at 13.7% against a target of 10%.

Clinical management

- 3.110 Following a healthcare screen on arrival, substance-dependent prisoners saw a GP for first night prescribing, which included methadone treatment for opiate users. Those with complex physical or mental health needs were admitted as in-patients. Others were located on spur 1 of B unit for a maximum of five days for stabilisation. Cell doors lacked hatches for observation. Night cover was provided from healthcare.
- 3.111 Prisoners received a comprehensive assessment by a substance misuse nurse the following day to determine a suitable treatment regime. Prescribing was undertaken by healthcare GPs in line with clinical protocols, which had been revised in January 2007. Assessments took place in healthcare, but interview space was lacking.
- 3.112 The local mental health trust's specialist community addictions service was commissioned to provide specialist substance misuse services. The team consisted of a clinical manager, three substance misuse nurses (including one nurse seconded from the Prison Service) and two pharmacy technicians. A substance misuse consultant psychiatrist and a specialist GP ran three clinics a week to treat patients with complex needs.

- 3.113 The team conducted 1024 clinical substance misuse assessments between April and December 2007: 969 opiate users were stabilised, followed by 686 detoxification and 390 maintenance regimes. The forecast was for 1100 detoxification and 1050 maintenance programmes a year. In addition, 100 prisoners had undergone alcohol detoxification.
- 3.114 Surveys conducted during September and November 2007 revealed that 81% of prisoners felt their wishes were taken into consideration when drugs were prescribed and 94% said opiate substitute prescribing regimes were fully discussed with them.
- 3.115 Controlled drugs were administered from B unit. Prisoners from different units had set treatment times and were accompanied by a dedicated officer. At the time of the inspection, 125 prisoners were on maintenance or detoxification regimes and daily administration of methadone and buprenorphine took up much of the substance misuse nurses' time. They covered six days a week and two additional part-time nurse posts had been funded to provide weekend cover. One post was vacant. There were no arrangements for early morning pre-court administration of methadone.
- 3.116 The IDTS project team was aware of problem areas and had plans to address these, including the introduction of automated methadone dispensers, a new pharmacy contract and refurbishment of treatment rooms to improve the administration of controlled drugs and reduce prisoner movement. The new build was to provide 80 spaces for prisoners stabilising/detoxing and contain appropriate treatment, interviewing and group work facilities.
- 3.117 Substance misuse and CARAT services jointly completed prisoners' assessment and care plans, and conducted five-day clinical reviews. The full range of IDTS group work modules, including alcohol awareness, ran four times a week according to prisoner need. Groups were jointly facilitated by CARATs workers, nurses and officers. In the previous six months, 532 prisoners had attended sessions. Psychosocial support was well developed and the establishment provided an impressive choice of interventions (see section on resettlement pathways).
- 3.118 Good joint work between the substance misuse, CARAT and MHIR teams was evident, but the MHIR team's skills mix did not include dual-diagnosis expertise, and no multidisciplinary meetings took place to facilitate care planning and coordination. It was estimated that 50% of the MHIR team's caseload consisted of clients with substance and mental health problems.
- 3.119 Care pathways for continuing treatment after release had been developed and effective links with the local drug intervention programme (DIP) ensured access to rapid prescribing in the community. Prison link workers from the area visited prisoners regularly and the CARAT team provided monthly updates to DIP teams. Unplanned releases presented particular challenges in terms of throughcare arrangements.

Drug testing

- 3.120 The random year-to-date MDT positive rate, including December's results, stood at 13.7% against a target of 10%. Suspicion, risk and frequent testing programmes operated, with suspicion tests averaging a 40% positive rate. Opiates were the main drugs used followed by cannabis. A small number of prisoners returned buprenorphine positive results. Compliance and voluntary drug tests confirmed that drug use was least prevalent on E unit and most prevalent on A unit.

- 3.121 MDT was well managed by a security senior officer, two dedicated testers and additional relief cover. Testing was spread throughout the month and weekend targets were met. The self-contained testing suite included three holding rooms and facilities were satisfactory.
- 3.122 There were appropriate security measures to prevent drugs from entering the prison. Visits, correspondence and the perimeter wall had been identified as main routes. Two dog handlers with three dogs covered visits and undertook intelligence-led searches. Approximately 20% of security information reports related to drugs. Security staff were represented on the drug strategy committee and drug strategy leads attended security meetings. MDT positive prisoners and drug-related adjudications were not always referred to the CARAT service.

Recommendations

- 3.123 The prison, in partnership with the primary care trust (PCT), should provide a safe and suitable environment and 24-hour nurse cover for prisoners undergoing stabilisation and detoxification.
- 3.124 The administration of controlled drugs should be improved and substance misuse nurses freed up to provide specialist care.
- 3.125 The mental health in-reach (MHIR) team's skills mix should include dual-diagnosis expertise and multidisciplinary meetings should be established to facilitate care coordination.
- 3.126 The establishment should ensure that prisoners testing positive under mandatory drugs testing are consistently referred to counselling, assessment, referral, advice and throughcare (CARAT) services.

Good practice

- 3.127 *Good progress had been made in implementing the integrated drug treatment system. Opiate-dependent prisoners could access a wide range of prescribing regimes based on assessed need and felt consulted in the process. Clinical and CARAT service providers worked jointly to facilitate throughcare and prisoners were offered an impressive choice of psychosocial support interventions.*

Section 4: Health services

Expected outcomes:

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

4.1 Plans to transfer provision of health services to the primary care trust (PCT) had led to some uncertainty. Staff used the clinical information system imaginatively to improve quality of care, but services had outgrown staff capacity and space in the health centre. Health promotion work was limited. Triage and stop smoking clinics had been suspended due to staff shortages, but the team had won a prize for its high coverage of Hepatitis B immunisation. The quality of care provided by visiting specialists was good, but there were long waits for some clinics, particularly the dentist and chiropodist. Patients waited too long for routine appointments to see a GP. Patients on the in-patient unit were positive about their care, but the unit had to fulfil too many conflicting functions. Prisoners with disabilities were inappropriately admitted yet the skills mix was not suitable to provide 24-hour nursing for patients with severe mental illness. The low level of nursing cover at night was unsafe. People with severe mental illness waited too long for external specialist facilities.

General

- 4.2 Health services were commissioned by Oxfordshire PCT. The PCT was to start providing primary care nursing services in 2008-09, but considerable detail remained to be decided about staffing and service level agreements. This had caused some uncertainty and working relationships with the PCT had been mixed over recent months. A health needs assessment was underway, but a draft was not available. A prison health partnership board had met three times in 2007 and was well attended by senior representatives from the prison, health care and the PCT. Progress was being made in implementing a prison health delivery plan.
- 4.3 The health services building was clean and well maintained apart from the main prisoner waiting area, which had bench seating and was poorly decorated. Vulnerable prisoners waited in a separate room, which was also bare. Waiting, consulting and treatment rooms, the pharmacy, dental suite and administrative offices were on the first floor, with a stairlift to help access. There was great pressure on room bookings for clinical sessions. A 21-bed in-patient unit on the ground floor had its own well equipped treatment room. Cells were large, single and the only ones in the prison accessible to wheelchairs. One cell had a Perspex screen and a barred gate for constant observation. A further five cells were furnished with safe furniture. Some beds were hospital style. There was little privacy as all in-cell toilets were unscreened. The shower room was communal with no cubicles and also contained a bath with a hoist. There were two common rooms for prisoners furnished with easy chairs, television and pool table and one had a telephone in a soundproof booth. One room was divided off at one end to form a quiet room for consultations. The unit had its own small garden accessible during association. Closed-circuit television coverage was limited to one corridor.
- 4.4 Blackthorn and Edgcott units had treatment rooms. The Edgcott room was spacious and fully equipped, including with an ECG, but the room on Blackthorn had little space for private consultation and no clinical equipment or examination couch. There was also a small consultation room in reception and two even smaller rooms for health screening that were

virtually unfurnished. This was temporary because of building works, but was a completely unsuitable environment. Rooms on the three other residential units were being converted into treatment rooms.

- 4.5 Some health promotion material was displayed and some literature was available, but this was not consistent throughout the prison and there was nothing in languages other than English. Special gym sessions on referral were supposed to be run for prisoners with physical or mental health problems or during detoxification, but were often cancelled. A successful health promotion day had been held in October 2007, but otherwise health promotion was not consistent.

Clinical governance

- 4.6 Many policies had been revised in the previous six months and published on the intranet. The electronic clinical records system (EMIS) had been used to audit practice such as opiate prescribing and to improve record-keeping, including ethnic and religious monitoring. However, these data had not been used to assess equity of service provision. In our survey, significantly fewer black and ethnic minority prisoners than white prisoners said it was easy or very easy to see a nurse or doctor. Patients were not consulted about health care or given access to the PCT's Patient Advisory Liaison Service (PALS). Complaints about healthcare came through the prison system and were not confidential to health staff. There was no explanation about how to use the NHS complaints process. However, the head of healthcare or a healthcare principal officer met prisoners to discuss more serious complaints. Prisoners were issued with an informative booklet about health services on arrival, but it was available only in English. Use of interpreting services was minimal and other prisoners were used as a first resort (see section on foreign nationals).
- 4.7 The head of healthcare was a governor grade and former health care officer (HCO). The clinical manager in charge of nursing services had a background in prison and community nursing. Fourteen nursing staff (including one nurse qualified health care senior officer (HCSO)) and three healthcare assistants made up 14.5 whole time equivalent (wte) posts across three teams covering primary care and the in-patient unit. Four staff, including the HCSO who managed the in-patients, had mental health qualifications. Two newly appointed nurses were due to start, but one was to cover a resignation. A bid had been submitted for additional staff to cover the anticipated increase in prisoner population, but meanwhile there was extensive use of agency staff to cover gaps. Six HCOs and two healthcare principal officers (HCPOs) were employed. Their future with the PCT was not known. One HCPO managed the integrated drug treatment system (IDTS). One nurse was seconded from the primary care team to the IDTS. A part-time nurse had just started with another about to start working alternate weekends on the IDTS and during the week on general duties. A part-time IT and data quality manager and four administrative officers (3.6 wte) were part of the healthcare team. A pharmacist and three pharmacy technicians were directly employed by the prison. Another technician post was vacant and another pharmacist had recently retired. His vacancy was covered by a locum.
- 4.8 Primary medical services were commissioned from a private company of GPs. The lead GP participated in some management activities and contributed to nurse learning and development. Two other GPs did the clinical work, including IDTS. Out-of-hours primary medical services were contracted from another company. A psychiatrist was employed by the prison and reported to the head of healthcare. He had a broad role encompassing mental health, detoxification prescribing and some primary care, but only received clinical supervision for his mental health work. Mental health in-reach (MHIR) was provided by the local mental health trust and included sessions from two senior mental health nurses, a general psychiatrist

and a forensic mental health nurse and psychiatrist. A psychologist returned from maternity leave during the inspection and a social worker had recently left. A new support time and recovery worker to provide rehabilitative support to people with severe mental illness was being inducted. Specialist registrars saw patients under supervision of the forensic psychiatrist. A substance misuse psychiatrist from the same trust worked one session a week for the IDTS.

- 4.9 Staff completed mandatory training. Learning and development was available from the PCT and Tuesday afternoons were reserved for team learning and development. Supervision was offered fortnightly by the PCT to nurses during the transfer of staff to PCT employment, but not all staff made use of these opportunities. GPs received annual appraisal. The MHIR team received supervision from their trust and relied on the PCT for learning and development related to their prison health role.
- 4.10 Emergency equipment including defibrillators, oxygen and suction was kept in the four treatment rooms and checked weekly. Orderlies and an external cleaner did the cleaning. The PCT had done an infection control audit in November 2007 and was to follow up action points, some of which were substantial, in February 2008. The prison received good support from the local health protection unit. Clinical staff used EMIS for clinical records, which promoted communication and continuity of patient care. The MHIR team kept separate notes and entered a summary on EMIS. The dentist used standard NHS dental records kept in lockable cabinets in the dental surgery, an electronic dental record on a dedicated programme, and entered summaries on EMIS, which was inefficient and time consuming. She sent appropriate returns to the Dental Practice Division, but patients were not given a copy of their official NHS treatment plan and consent form. The sexual health service notes were kept confidential. The pharmacy kept electronic patient medication records. Prescription and administration record sheets were stored in the treatment room or in the pharmacy. Record-keeping was satisfactory in samples of clinical and dental notes and in a sample of prescription and administration record sheets. Controlled drug registers were properly maintained. Current and past paper clinical records were stored securely.

Primary care

- 4.11 New prisoners received a standard comprehensive health screen by nurses in reception on the evening of their arrival, including on Saturdays. Transferred prisoners had a shorter in-house screen. Older, frail or prisoners with disabilities were asked an additional set of questions. Nurses completed a cell-sharing risk assessment and prisoners on medication signed a compact on safe keeping of medicines. Prisoners often arrived late. After 9pm, the nurse on night duty finished reception screening. Arriving prisoners had good access to the GP who worked in reception from 6.30pm to 9.30pm Monday to Saturday, mainly to prescribe first night medication as part of IDTS. All prisoners had a secondary health screen the day after arrival. Consent was requested to obtain past medical history. Staff adapted reception and the secondary health screens in response to need. As a result they had increased immunisation against Hepatitis B to 87% and 93% on successive quarters in 2007 and had been awarded £10,000 from the Department of Health. Some of the money had been used to buy two televisions awaiting installation in the waiting areas. Prisoners could see the prison psychiatrist on their first morning. The only health professional involved in the formal induction programme was the dental nurse who explained the dental service and gave oral health promotion advice.
- 4.12 Prisoners could apply in confidence to see a health professional using dedicated application boxes on each unit. A nurse allocated the 30 applications a day to clinics. The aim was to give prisoners 48 hours notice of their appointments using appointment slips and a list of the prisoners sent to unit staff, but prisoners complained they had often received the slip too late or not at all. Reasons for non-attendance were followed up, but failure to attend was a problem

for all clinics, especially for the dentist. Before Christmas, a senior nurse had started patient triage using 20 patient group directions (PGDs) and GP waiting times had reduced to 48 hours. She had stopped because of workload and routine GP waiting times were now two weeks, which was too long.

- 4.13 Treatment times were 8am in the health centre, on Blackthorn and Edgcott units. The Blackthorn session was rushed because methadone administration began at 8:30am. There was a 4pm treatment time in the main health centre for patients not in possession of their own medication. Prisoners could report sick at treatment times and could be seen by a GP that day. No triage protocols were used. Most patients arrived at the health centre during mass movements. This tended to mean a crowd of people waited for some time to be seen, but no discipline staff were allocated to escort patients apart from vulnerable prisoners, although most of these were seen on Edgcott. The treatment hatch in the main health centre and on Blackthorn opened onto communal areas and consultations were not confidential. Supervision of the treatment areas was poor except on Edgcott.
- 4.14 A GP provided nine weekday consultations. There was a rota for weekend clinics for new receptions. Sessions were very busy, with up to 15 patients. The GP also reviewed inpatients daily and prisoners in the segregation unit three times a week. Due to the waiting times, another GP had been engaged to provide extra sessions. Nurses ran disease management clinics for high blood pressure and diabetes, but no retinal screening was done. Standard protocols were used and there was an up to date electronic register of patients with long-term conditions. A pharmacy technician ran an asthma clinic and had reviewed inhaler prescriptions. As a result, peak flow measurements were to be done at secondary screening. Pharmacy staff shortages had curtailed stop smoking groups and there were no other disease management programmes. There was a sensible policy on care of older people. A senior nurse had 20 to 30 frail older people on her caseload. The prison had some mobility equipment and borrowed other items from community services. Healthcare had a budget for equipment, but the procurement process could be extremely lengthy and staff reported one delay of nearly two years, including security clearance, before a disabled man had received a long-handled set of 'pickers' to reach for items. Disabled prisoners did not have access to occupational therapy or physiotherapy expertise. There was a palliative care policy and healthcare had positive experiences of using Macmillan nurses and a local hospice.
- 4.15 A sexual health adviser and sexual health consultant alternated at their one session a week. The adviser saw 10 patients a session and the consultant up to 20 for advice, screening and treatment. Waiting times were two months, but an extra weekly session had been added after a surge of applications from the health promotion day. Urgent requests were seen within a week, but the 48-hour target was not being met. Condoms and dental dams were available from the sexual health service, but prisoners first had to sign a disclaimer and compact about their use. Further supplies were available at treatment times, but only on returning used items in a labelled waste bag, which was degrading. A radiographer attended one session a week. Films were reported on by a radiologist. The chiropodist saw up to 10 people a session once a month and had a waiting list of four months, which was too long. The optician came in one day a fortnight to see 20 patients and had a waiting time of six weeks.

Pharmacy

- 4.16 The pharmacy also served HMYOI Huntercombe. The local mental health trust was taking over provision from April 2008, but staff shortages had limited strategic work such as medication reviews, updating policies or nurse training. Pharmacy staff had little direct patient contact and had not been involved in planning for the new residential unit. A medicines and therapeutics

committee met quarterly and was attended by a PCT representative, prescribers and the pharmacist, but topics covered were mainly reactive, including implementing IDTS.

- 4.17 Supplies arriving at the main gate were not delivered promptly to the pharmacy. Pharmacy staff had their own special key and there was a secure procedure to access the pharmacy out of hours if necessary. The pharmacy was well organised with most medication stored in lockable cupboards. Thermolabile medications were kept at required temperatures, but some products were unnecessarily refrigerated and there was food in the drugs refrigerator on Edgcott. Audits of out-of-date medication and treatment room stock against agreed stock levels were done weekly. Prescription-only medicines and medicines for supply by nurses were not properly separated in all treatment room drug cupboards. Normal drug stock was stored in the same cabinets as controlled drugs, which was a potential security risk as these cupboards were opened frequently during treatment sessions and at other times. On Blackthorn, a pump for measuring methadone was installed, but not used. Nurses used tots (small plastic disposable containers) to measure methadone, which was unacceptable.
- 4.18 Nurses administered prescribed and other medicines at treatment sessions. The list of non-prescription medicines was outdated and limited. The canteen medicines list did not include simple analgesia, although officers gave out paracetamol at night following a call to healthcare. Most patients received prescribed medicines in possession at intervals up to 28 days. Some patients on one or two day's supply of medicines at a time were given loose tablets in Henley bags, which was poor practice. A prisoner was allowed his medicines in possession on the decision of the prescribing doctor, but there was no risk assessment or systematic review of this decision and no guidance to follow. Some PGDs had been developed, but only one nurse was trained to use them. Patient information leaflets were not well publicised.

Dentistry

- 4.19 The dental surgery was a good size and kept clean, but clean and dirty areas were not clearly demarcated. Most equipment was in good working order, but the x-ray machine had malfunctioned and had been condemned two months previously, but was yet to be replaced. The autoclave had no printer. There were enough hand-pieces, but not enough periodontal probes. Staff followed appropriate procedures for cross infection control and safe use of the dental equipment including waste disposal. The dentist had been unable to obtain documentation from the PCT about their arrangements for waste disposal and for certification and maintenance schedules of equipment. Therefore she could not give assurance that equipment was in safe working order. This was of particular importance for the autoclave and compressor and for portable appliance testing, which was two years overdue.
- 4.20 The dentist and dental nurse were committed to prison dentistry and involved in and part of the healthcare team. Both participated in professional development and health promotion initiatives. The dental contract with the PCT was for 104 days a year and was provided as full-day surgeries twice a week with five patients seen each treatment session and 12 each triage session. The dental nurse gave good quality oral health promotion advice at each session. Holidays or sickness were covered. Out-of-hours cover was provided by the dentist.
- 4.21 The full range of NHS dental care was available to prisoners with a remaining sentence of at least six months. The dental nurse booked appointments. Patients were triaged within one week of application, given temporary fillings and placed on a waiting list. Emergency treatment was given the same day. The treatment waiting list held 145 names. The longest was 16 weeks for patients needing radiographs for root filling and extraction, but even prisoners needing simple fillings waited 12 weeks. The waiting list had deteriorated markedly over the previous year and applications for treatment had doubled to at least 50 a week. This was only

partly because of the lack of x-ray facilities as the prison population had changed with more longer and indeterminate-sentenced prisoners meeting the criteria for treatment and with a high level of need. Standard prison-issue toothbrushes and paste were available and other brushes, including electric brushes, and dental floss could be bought from the canteen.

In-patients

- 4.22 Most in-patients were positive about their care. The atmosphere was calm and respectful, and prisoners and staff engaged well. Medical and nursing reviews were appropriate. Care plans were completed. Patients' access to general prison activities such as the library, gym and chapel was limited, which was particularly inappropriate for prisoners in wheelchairs who were otherwise well enough to participate. Patients could participate in mainstream education or work subject to their health and the accessibility of the activity, but there was no tailored educational, therapeutic activity or work on the unit apart from three art sessions a week. During the day, the regime was relaxed with prisoners on association morning and afternoon, but not in the evenings so time out of cell was less than the main prison.
- 4.23 Unit policy restricted admission to health reasons on the assessment of a health professional, but 15 cells were on the certified normal accommodation and this was overridden when Edgcott unit was full in the case of prisoners with disabilities or where prisoners required high level or constant observation to prevent self-harm. The unit was not full (six months data from 2007 showed 48% to 62% occupancy) and reasons for admission were multifarious, but there had been no review of its policy and purpose. The mix of patients with physical, mental health, substance misuse, alcohol and self-harm problems together with disabled prisoners was not conducive to good clinical care and wasted valuable nursing resources.
- 4.24 Only one nurse was on duty at night assisted by an operational support grade. This was insufficient to provide safe cover, although on specific occasions the head of healthcare had allocated a healthcare assistant to give temporary additional support overnight.

Secondary care

- 4.25 A maximum of two external escorts a day was provided. About 6% of appointments had been cancelled due to lack of escorts in the previous six months. There was no monitoring of NHS waiting time targets. To reduce referrals, the lead GP who had expertise in diabetes and minor surgery was reassessing referrals and managing more of them in-house. Out-patient escorts had reduced from 32 in October to 18 in the previous three months, but the quality and outcomes of care for patients had not yet been evaluated.

Mental health

- 4.26 The MHIR team provided mental health awareness training to prison staff. There was a good working relationship with the main prison. People with mild to moderate mental health problems were managed by the GP. The prison psychiatrist also saw patients with mild to moderate mental health problems and with personality disorder four afternoons a week (up to four patients a session). Primary care mental health qualified nurses were deployed to general nursing duties and did not routinely follow up this patient group, which was a gap in provision. The MHIR team psychologist did brief intervention work, but her three sessions a week did not meet needs. Some counselling was available from the chaplaincy, but there was no information-sharing so healthcare did not know who was receiving this.

- 4.27 Prisoners about whom there were concerns of severe mental illness could be referred to the MHIR team by any member of staff or by a prisoner's community mental health team. Eight to 10 referrals a week were received and allocated for assessment, including to the psychiatrist who was an integral member of the team. The team caseload averaged 40 people. Waiting times were one to two weeks. Urgent referrals were seen within 72 hours. The care programme approach (CPA) was used and patients had a copy of their care plan to sign. Due to a lack of space, the psychiatrist, who saw patients three sessions a week, sometimes had to use the dental surgery, which was inappropriate. The MHIR team provided the care coordination for people with substance misuse and mental health problems, but did not employ anyone with substance misuse expertise. The substance misuse psychiatrist saw dual-diagnosis patients. There was no therapeutic day care for prisoners with severe mental illness. There was good access to the forensic psychiatrist and open and informal communication between professionals caring for people with mental health and substance misuse problems, but little formal liaison, joint care planning or feedback.
- 4.28 It was sometimes difficult to find hospital places for severely ill patients. In the previous six months, four of the 12 patients in this category had waited four months or more from the date they were identified, although five had waited a month or less.

Recommendations

- 4.29 In-patients should have privacy when using the toilet and bathing.
- 4.30 Decent, comfortable facilities should be provided for prisoners waiting to see health staff, including in reception.
- 4.31 Prisoners should be able to have a confidential consultation with a health professional and collect their medicines in privacy without being overheard by other prisoners.
- 4.32 There should be a strategic and prison-wide approach to promoting and protecting the health and wellbeing of prisoners.
- 4.33 Steps should be taken to identify and minimise any barriers to health services experienced by ethnic minorities, foreign nationals and other potentially excluded groups.
- 4.34 Prisoners should be able to feedback and make suggestions about health services.
- 4.35 Prisoners wishing to make a complaint about healthcare should be able to do so in confidence direct to healthcare and information on how to use the NHS complaints system should be clearly displayed.
- 4.36 Easy to understand information on health promotion and health services should be widely available in relevant community languages throughout the establishment including in reception.
- 4.37 Other prisoners should not be used to interpret for patients who do not speak English.
- 4.38 Staffing requirements and recruitment arrangements should be regularly reviewed to ensure the staff capacity and skills mix is appropriate for an up to date health service that meets the needs of prisoners, including in the pharmacy.

- 4.39 All medical personnel should keep their professional knowledge and skills up to date and recognise and work within their areas of competence in the interests of patients.
- 4.40 Health staff should participate in the induction programme to promote health services and give health promotion advice.
- 4.41 Patients should have access to treatment and care inside and outside the prison in line with NHS waiting time targets.
- 4.42 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners.
- 4.43 The prison should ensure a safe and controlled environment for prisoners collecting medication.
- 4.44 Diabetic prisoners should receive annual retinal screening.
- 4.45 A wider programme of chronic disease management should be introduced.
- 4.46 Prisoners with injuries and disabilities should have access to advice and treatment from a physiotherapist.
- 4.47 Prisoners with disabilities should receive an occupational therapy assessment and equipment and adaptations provided without delay.
- 4.48 Patients should have access to the advice of a pharmacist.
- 4.49 The medicines and therapeutics committee should adopt a strategic work programme, including regular reviews of prescribing trends, auditing and updating of policies, and organising learning and development for staff.
- 4.50 Controlled drugs should be stored in dedicated secure cabinets separate from other medication.
- 4.51 Methadone mixture should be measured using appropriate glass measures or an automated pump.
- 4.52 There should be an agreed multidisciplinary and documented system of risk assessment to determine whether a patient can have their medication in possession.
- 4.53 Condoms should be freely and anonymously available to prisoners.
- 4.54 A new x-ray machine should be fitted.
- 4.55 A new autoclave with printer should be supplied.
- 4.56 In-patients should have daily opportunities for exercise and association equivalent to the rest of the prison as their clinical condition allows.
- 4.57 In-patients should have access to therapeutic day care options including education and work appropriate to their clinical condition and that contribute to their recovery.

- 4.58 Beds in healthcare should not form part of the prison's certified normal accommodation and admission should only be on assessment of clinical need.
- 4.59 The aim and purpose of the in-patient unit should be clarified.
- 4.60 The number of trained health staff on night duty should be increased to provide safe cover of in-patients and residential units.
- 4.61 Patients with mild to moderate mental health problems should receive multidisciplinary treatment and care as set out in National Institute for Health and Clinical Excellence (NICE) guidelines.
- 4.62 There should be an information-sharing protocol between counsellors in the chaplaincy and healthcare.

Housekeeping points

- 4.63 Patients should be given a copy of their dental treatment plan, especially on their release from prison.
- 4.64 Medicines delivered to the prison should be transported to the pharmacy without delay.
- 4.65 Appropriate medicine stock should be stored in the treatment room drug cupboards to minimise the need to access the pharmacy out of hours.
- 4.66 Prescription-only medicines and medicines for supply by nurses should be stored separately.
- 4.67 Medicines administered by health staff should be labelled and in the original packaging.
- 4.68 Additional periodontal probes should be provided.
- 4.69 Pressure vessel certification and schemes of maintenance for the compressor and autoclave should be supplied by the primary care trust (PCT) and copies of all relevant documentation made available to the dentist.
- 4.70 More efficient clinical record-keeping should be introduced for the dentist to reduce time spent making notes in different formats.
- 4.71 Portable appliance testing should be carried out.
- 4.72 Prisoners should consistently receive adequate notice of an appointment in healthcare.

Good practice

- 4.73 *The team IT and data quality lead reviewed the electronic clinical entries of all new receptions against paper records and gave feedback to staff emphasising the importance of accurate records. She had worked with staff to adapt the clinical record template to collect information relevant to the health of prisoners. This had greatly improved the quality and completeness of records to the benefit of patient care.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

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

5.1 There was a clear strategy for learning and skills. Managers regularly reviewed targets and undertook appropriate action to rectify problems. Up to 380 education places were available and the provision was generally good. There was no weekend or evening education. There were only limited vocational training places, but industrial cleaning training was outstanding. Bricklaying skill development was good. Some of the workshop work was repetitive and mundane. Information, advice and guidance arrangements were unsatisfactory. Access to the library was satisfactory, but the space was cramped.

5.2 Following a restructuring, the head of learning and skills reported to the deputy governor and was responsible for purposeful activity. This included the workshops, gym, gardens as well as the education and library contract.

5.3 There was a clear strategy for learning and skills supported by a three-year development plan. The plan appropriately linked education and training to the prison's resettlement agenda and identified areas for improvement. Current links were underdeveloped. The education contract was held by Milton Keynes College. The head of learning and skills worked effectively with the education provider and was well supported by senior staff and the management team to progress key objectives.

5.4 Managers met regularly to review targets and take action to rectify problems. Systems to monitor attendance and requirements had recently been introduced to raise class attendance and improve value for money. Managers had jointly developed strategies such as those for information communication technology (ICT) and skills for life. However, some decisions on key developments took place in isolation and information and good practice were not always shared and used across the prison.

5.5 Resources for learning were satisfactory. Accommodation in education was comfortable, well decorated and furnished. Equipment, software and teaching materials had been updated appropriately to meet programme needs. However, the availability and use of ICT was very limited. Most education staff were suitably qualified, but this was not the case for staff working in vocational areas.

5.6 Equality of opportunity was satisfactory and equal opportunities orderlies supported and offered guidance to prisoners. The pay policy had been revised to ensure that prisoners were encouraged to attend education programmes. The system for allocation to education and work was clearly structured and administered fairly, although some units processed applications faster than others. Education provision and opportunities for work were different for vulnerable prisoners, but the prison effectively ensured they were broadly equitable. However, until

recently the gym had not provided equality of access and many prisoners were prevented from joining because induction was slow.

- 5.7 The induction programme was inadequate and provided too little information about the range of learning and skills opportunities. Prisoners were not encouraged to join programmes that best met their individual needs. The education provider had held the contract for information, advice and guidance (IAG) provision since August 2006, but there were not enough qualified IAG workers to deliver an effective service and systems were undeveloped.
- 5.8 Teaching and learning were generally good. Lessons were usually well planned and included detailed end-of-session reviews that were effectively used to improve practice. Tutors had good rapport with learners. The education department provided effective outreach literacy and numeracy support in all parts of the prison.
- 5.9 In building and construction activities, prisoners were able to develop relevant occupational skills. Instructors had good links with schools and external organisations and developed close partnership working arrangements. Learners demonstrated a good range of skills in a variety of bricklaying projects and developed their health and safety knowledge through the construction skills certification scheme (CSCS). They could use this on release to access construction sites for employment and further training. Training towards British Institute of Cleaning Sciences accredited programmes was outstanding and 32 learners were working towards accredited qualifications. Training in specialist cleaning techniques provided skills in deep cleaning kitchen areas and dealing with blood spills safely in the prison.
- 5.10 Good links with Blue Sky, a charitable organisation, provided opportunities for prisoners who had completed water utilities training in the prison workshop. Forty-six had enrolled on the course and some had obtained jobs through the partnership. Instructors in the laundry provided national vocational qualification (NVQ) training in laundry operations and had close links with three commercial laundries. Over the last two years, five former prisoners had found work through these links.
- 5.11 While the range of vocational programmes was satisfactory, there were too few accredited vocational training places. When all training workshops were in operation, there were only 114 places available and not sufficient work to keep prisoners fully active. At the time of the inspection, only 78 jobs led to accredited training. There were 30 domestic workers on each unit accounting for 150 of the total jobs, but there were also 40 better-quality orderly jobs, which gave prisoners a good amount of responsibility. Some of the workshop work was repetitive and mundane. Attendance on accredited vocational programmes was poor.
- 5.12 There were 380 education places, but no weekend or evening education. There was an adequate range of programmes, including literacy and numeracy, ICT and social and life skills. Pass rates for literacy, numeracy and English for speakers of other languages at entry level, key skills communication at level 1 and 2 and application of number at level 1 were high. Success rates on social and life skills courses and behavioural programmes were high, with 432 awards achieved by 308 prisoners in the previous 18 months. During this period, retention across the courses was 87% and pass rates for those completing courses 100%.
- 5.13 The skills and standards of work in art and music skills were good, but pass rates on music, art and creative writing courses were low. Attendance at classes varied and in some cases was poor.

- 5.14 Personal and social development courses operated below capacity. The preparation for work/pre-release course in particular had only five learners, two of whom were due for release, despite between five and 15 sentenced offenders being released each day.
- 5.15 Twenty-nine offenders had good opportunities to develop and demonstrate their skills through supporting others. Ten peer mentors helped on behavioural change programmes and gave presentations at induction and seven helped in education classes. Only the St Giles Trust mentors could gain accreditation for their training. The Toe-By-Toe mentoring system was available to teach people to read.

Library

- 5.16 Library services were satisfactory. The library contained a stock of over 11,000 items, comprising a wide range of fiction, including large print and audio books and a limited number of books supporting educational and vocational programmes. The library employed one chartered librarian, a library manager and three part-time assistants. Two orderlies were trained and supported informally. The library was open daily, but not in the evenings or at weekends. The library provided outreach services run on the units by orderlies for vulnerable prisoners and those on remand. It also provided trolley services in healthcare and the segregation unit. Some education classes were timetabled to visit the library as part of their programmes. All prisoners were given an induction to the library.
- 5.17 The library was well funded and the librarians consulted education and training staff and users informally when planning spending. Appropriate and regular use was made of inter-library loan services.
- 5.18 The library offered a good range of additional activities including Dads Aloud and Rhyme Time for prisoners with small children. A reading group met monthly.
- 5.19 About half of prisoners were library members, but fewer than 25% visited regularly. All prisoners had a period timetabled when they could visit the library and between 1000 and 1800 books were borrowed each month. The library was too small to meet the needs of a larger and growing number of users. It had only two computers and limited space for individual study and none for group study. At busy times, the library was very full. Space was well used to display stock, but some materials, including large print books, easy readers and books in foreign languages, were limited.
- 5.20 The library subscribed to a few periodicals, but no daily newspapers. A limited range of newspapers was available on the units. There was a suitable range of legal books, including on immigration law, and Prison Service Orders were available. The librarians supported foreign national prisoners, but no library information materials had been translated.

Recommendations

- 5.21 Attendance at vocational training courses and education classes should be improved.
- 5.22 Induction should be revised to include information about the available range of learning and skills opportunities and to guide prisoners to suitable programmes to meet their needs.
- 5.23 Additional computers should be provided to help develop information communication technology (ICT) skills and meet the needs of the growing population.

- 5.24 Accommodation should be identified for additional study facilities in the library.
- 5.25 Library information should be translated into relevant languages.

Physical education and health promotion

Expected outcomes:

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

- 5.26 In our survey, significantly more than the comparator said they went to the gym at least twice a week. Only half the prisoners had completed gym induction, but this was being addressed and the provision was developing to meet the needs of the population. There were too few vocational sports programmes, but the range of recreational programmes was good.
- 5.27 All prisoners who had completed the gym induction could use the gym at least twice a week and in our survey, significantly more than the comparator said they did so. Those on basic regime or refusing work were restricted to one session a week. There were about 90 places at each session, but only 50 to 60 prisoners attended at any one time. Less than half the population had completed the gym induction, but a fast-track induction had just been introduced and there were plans to combine gym induction with the prison induction to speed up the process.
- 5.28 The physical education (PE) facilities were satisfactory and included a weights room, a cardiovascular room, a four-court sports hall, a seven-a-side Astroturf pitch and two classrooms. There were further limited cardiovascular facilities on each unit. PE staff consisted of a principal officer, who was new, a senior officer and six instructors supported by three gym orderlies. Gym staff had appropriate specialist qualifications, but only three were teacher trained. PE staff had developed good relationships with prisoners and visited units to promote gym activities. Information on gym activities was displayed prominently on notice boards. The gym was open at weekends and four evening sessions were aimed at those who were unable to attend during the day. Staff were developing plans to improve access to the facilities and to meet the needs of those requiring vocational and recreational programmes. The reintroduction of a class list system provided better access to a balanced range of activities, including cardiovascular and weight training.
- 5.29 A new system has recently been implemented where PE staff complete a physical activity readiness questionnaire. This indicated a prisoner's readiness and fitness to participate in gym activities. Prisoners identified with a possible a medical condition were referred to healthcare for examination and further assessment.
- 5.30 PE accredited programmes were restricted to a current healthy living course. A level 1 programme had been completed two months previously, two courses had been cancelled and there were plans to run a further two level 2 gym instructor courses.
- 5.31 Training programmes that included cardiovascular and weight training were encouraged. A satisfactory range of recreational and lifestyle programmes included an over 45s programme, rehabilitation and detoxification support programmes, football, volleyball, racquet sports,

cricket, badminton, carpet bowls, exercise referrals and gym induction. Prisoners were able to work with a special needs group once a week where they supervised PE activities. Prisoners with mobility problems could access the gym facilities, but there were difficulties in timetabling these sessions and these were being reorganised. Vulnerable prisoners could use the gym one evening each week, at weekends and on two afternoons a week.

- 5.32 At induction, prisoners were routinely supplied with two sets of PE kit and a pair of gym shoes. Towels were supplied from the units and prisoners could shower after each session. Staff effectively supervised shower facilities. Records of accidents were recorded in the accident book. On average three minor injuries were recorded each month.

Recommendations

- 5.33 The physical education (PE) provision should be revised to meet the needs of those prisoners requiring PE programmes.
- 5.34 The number of prisoners undertaking gym induction should be increased.
- 5.35 The range and frequency of accredited vocational programmes should be extended.

Faith and religious activity

Expected outcomes:

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

- 5.36 The chaplaincy team was well involved in the life of the prison. Prisoners had access to a good range of chaplains and were aware of the chaplaincy activities. Most prisoners had to give advance notice of their intention to attend services. The chapel was shared successfully by all faiths.
- 5.37 Over 30% of prisoners said they had no religion, while 25% said they were Church of England. Fifteen per cent were Catholic and 12% Muslim. Prisoners were given a leaflet detailing the chaplaincy provision and information about services and groups was also displayed on the units. In our survey, most prisoners and significantly more than the comparator said their religious beliefs were respected. Prisoners on Edgcott, black and minority ethnic and Muslim prisoners were particularly positive.
- 5.38 The chaplaincy team was active and involved in prison life. The team was led by two full-time coordinating chaplains, an Anglican and a Muslim chaplain. There were numerous part-time paid and unpaid chaplains and volunteers including Roman Catholic, Church of England, Free Church, Buddhist, Hindu, Sikh, Jehovah's Witness, Quaker, Baptist, Mormon and Jewish. The team had contacts with representatives from other traditions and faiths who were available on call. The coordinating chaplains were negotiating with the Pagan Federation to find a Pagan leader.
- 5.39 A chaplain visited all units, the segregation unit and healthcare daily and chaplains were involved in senior management meetings. The coordinating chaplains were trained assessment, care in custody and teamwork assessors (see section on suicide and self-harm). The coordinating chaplains were involved in plans to develop the post of a local community

chaplain working specifically with prisoners serving under 12 months to help their re-integration.

- 5.40 Prisoners said it was easy to contact a chaplain, who provided good support. The chaplaincy could also refer prisoners to qualified counsellors (see section on suicide and self-harm).
- 5.41 Most prisoners said that it was easy to get to services. Prisoners from Edgcott unit attended with other prisoners and were moved to and from the chapel before them. Most prisoners, except on Edgcott unit, had to put their names forward two days in advance to attend services, although unit officers said they would allow someone to attend if his name was not on the list. Prisoners arrived at services on time, but it was sometimes difficult to arrange escorts for prisoners from healthcare. The Catholic mass on Saturday mornings clashed with gym, but prisoners attending the service could use the gym in the afternoon.
- 5.42 The chapel was comfortable and well maintained. All faiths used the room and curtains were used to hide religious icons when necessary. There was a range of books and religious publications. Suitable washing facilities were provided and smaller group rooms could be used for faith meetings. A second faith room was due to be included in the new build.
- 5.43 Some Muslim prisoners found it inappropriate for female officers to supervise Friday prayers. Although senior managers tried to ensure this did not happen, we agreed it was not respectful to Muslims' religious tradition.
- 5.44 Other chaplaincy activities included a bereavement group, Arabic classes, a bible study group and some evening Catholic and Buddhists groups. The Sycamore Tree programme, a restorative justice programme, was also run. Chaplains were involved in range of pastoral duties and were involved immediately when a prisoner or a family member was near to death or had died. One chaplain managed the prison visitors scheme with about 12 visitors.

Recommendations

- 5.45 Staff escorts should be provided as necessary to enable all prisoners to attend services.
- 5.46 Except in exceptional circumstances, women officers should not supervise Muslim prayers.

Housekeeping point

- 5.47 A Pagan minister should be provided.

Time out of cell

Expected outcomes:

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

- 5.48 Time out of cell was mostly well recorded, with an average of about eight hours on weekdays. However, this was much less for those without allocated activity.

- 5.49 A target of 8.5 hours out of cell was well below our expectation of 10 hours and in any event not achievable within the published core day. The routine on Blackthorn could deliver the target on weekdays, but only just less than five hours at weekends. On other units, prisoners could have up to just less than eight hours at weekends. The highest recorded time out of cell on weekdays in the previous six months was eight hours 12 minutes and it was usually less than eight. In one month affected by strike action, it had been just less than 7.5 hours.
- 5.50 The prison made good efforts to monitor time unlocked by unit. The number of prisoners remaining behind their doors on each unit during morning and afternoon sessions was also monitored in the 'weekly time unlocked report'. In the week before the inspection, this showed that about 350 prisoners had been locked up in the mornings and 270 in the afternoons. Our own roll checks confirmed that about a third of prisoners were locked up at any time. The monitoring form did not allow for any deviation from the published core day, which could result in an over-estimation of time unlocked. The core day was displayed on all units, but it was not prominent and was sometimes displayed in spur offices, to which prisoners had only limited access.
- 5.51 Regime monitoring on the units was a joint exercise led by a prisoner and countersigned by a senior officer. An impressive spreadsheet established by performance improvement unit staff meant units needed to provide only the number of prisoners involved and the times of activities. Many errors had been eliminated and the final figures were more accurate.
- 5.52 Exercise was available daily, but, apart from Blackthorn, take-up was poor during the week. Blackthorn offered an hour of exercise during the afternoon association period, but all other units offered exercise only during the morning facility period, which competed with showers, cell cleaning and submitting applications. Outdoor clothing was provided only for yard cleaners. In the week before the inspection, only seven prisoners were recorded as taking outdoor exercise. The situation was better at weekends when exercise times were later, but even then the highest total recorded was only about 8% of the population.
- 5.53 There was no evening association from Friday to Sunday. On other days, all units apart from Blackthorn had evening association that was rarely cancelled. At weekends, previous staff shortages had meant most units had only one of the two planned association periods, but this was improving. A planned new core day aimed to deliver evening association on Blackthorn as well as implementing the proposed national regime of association rather than activities on Friday afternoons.

Recommendations

- 5.54 Time out of cell should be increased for all prisoners, including those without allocated activity.
- 5.55 The core day should offer the opportunity for both exercise and domestic activities.
- 5.56 Regime monitoring should accurately reflect the provision of the core day.
- 5.57 Prisoners should be provided with suitable outdoor clothing for exercise.

Section 6: Good order

Security and rules

Expected outcomes:

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

- 6.1 There were a high number of security information reports (SIRs), many relating to drugs and mobile telephones. Tracking systems for security actions was lacking and suspicion drug testing was not always completed on time. Categorisation procedures generally worked well, but progression for those on Edcott unit was difficult.
- 6.2 The security department was managed under the direction of the head of operations and staffed by a principal officer, three senior officers and two intelligence collators. The department was responsible mainly for the management of security intelligence and most timescales were met. Searching was carried out by residential staff and a small dog team was managed by the drug strategy function.
- 6.3 The number of SIRs received was high at between 350 and 400 a month, suggesting reasonably good dynamic security. The majority of SIRs related to drugs and mobile telephones. Thirty-five telephones had been found in 2006 and 71 in 2007. SIRs were mostly considered quickly, although there was no way of tracking whether subsequent actions had been completed. An estimated 25% to 30% of target searches led to finds and these were routinely analysed at security meetings. There was no system for monitoring whether suspicion drug testing had been completed. Information was sent to the drug testing team, but we were told that staff shortages meant testing had not been done.
- 6.4 Security meetings were held monthly and reasonably well attended, although the police intelligence officer had attended meetings just once in six months. The meeting analysed security intelligence and assessed issues such as the security implications of the building programme. The committee also examined incidents by type and location.
- 6.5 Six prisoners were on closed visits, all related to intelligence about receiving contraband on visits. Prisoners were invited to make their own representations about why they should come off closed visits and give examples such as involvement in drug programmes or a negative drug test. Closed visits were reviewed every month informed by any new security intelligence. Seventeen visitors were banned for what appeared appropriate reasons.
- 6.6 There was communication with other departments including passing information to the violence reduction coordinator, although it was not always clear whether all these were logged (see section on bullying and violence reduction). Some SIRs related to misuse of the telephone monitoring system, but there were no clear procedures about how they should be dealt with. Sometimes information was passed to the violence reduction co-ordinator if bullying was suspected.

- 6.7 Local prison rules were not displayed in residential areas, but there were compacts in unit files relating to local rules and standards of expected behaviour. These were all in English.

Categorisation

- 6.8 Categorisation procedures were managed by the observation, categorisation and allocation (OCA) department. This was run by a senior officer and a team of three who dealt with a high volume of cases. National population pressures meant that most newly sentenced prisoners remained at Bullingdon as a training prison. There were occasional allocations to category C training prisons, with some evidence that home areas were taken into account. However, prisoners had been told in an official notice that transfer applications were not accepted other than on exceptional or compassionate grounds. There were about 10 transfers a week and an average of four to Spring Hill open prison.
- 6.9 Re-categorisation reviews were triggered by the OCA department according to a database every six or 12 months depending on length of sentence. Assessments were completed by personal officers or other residential staff and staff from the offender management unit. There were occasional delays, but most appeared to be completed reasonably promptly.
- 6.10 Some prisoners, particularly on Edgcott, said that it was difficult to get re-categorised. Out of 388 reviewed in 2007, 95 had been re-categorised, not including those categorised to D on sentencing. Just two prisoners from Edgcott had been re-categorised to D and three to C. This information was not routinely analysed other than for ethnic monitoring. Some of the reasons given when re-categorised was not approved did not give enough explanation.

Recommendations

- 6.11 Actions arising from security information reports (SIRs) should be monitored.
- 6.12 Clear procedures to respond to the misuse of the telephone system should be agreed.
- 6.13 Local prison rules should be translated into other languages and provided to prisoners as appropriate.
- 6.14 Managers should monitor re-categorisation decisions to satisfy themselves that those for prisoners on Edgcott unit are based properly on evaluation of risk.
- 6.15 Replies to decisions when re-categorisation is not approved should be sufficiently detailed to allow the prisoner to know what they need to do to progress.

Housekeeping point

- 6.16 Police intelligence officers should regularly attend security meetings.

Discipline

Expected outcomes:

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

6.17 Adjudications were well conducted, but many punishments were severe with too much use of cellular confinement. Few charges were referred to the independent adjudicator. Use of force was high, but decreasing and mostly well recorded. The body belt had been used inappropriately to restrain prisoners at risk of self-harm. The segregation unit was well ordered, but the regime was too restricted, with poor access to showers and telephones.

Disciplinary procedures

- 6.18 Adjudications were held in a large suitable room. Those we observed indicated good and detailed enquiries and prisoners were able to question the evidence. Prisoners were told of their right to appeal, although they were not always passed the documentation at the end of the adjudication.
- 6.19 Guidance on the level of punishments had been agreed and adjudicators had met four times in 2007 to discuss relevant issues. In the previous six months, 398 of the 592 adjudications had been proven. Only seven charges had been referred to the independent adjudicator and there was no clear guidance on which charges to refer. Serious charges were usually dealt with internally. Many punishments were severe, with a lot of use of cellular confinement combined with loss of other privileges. In one six-month period in 2007, cellular confinement had been given 92 times for between three and 21 days, most often for possession of unauthorised items and for disobeying a lawful order. Adjudicators regularly gave punishments of 10 days or more for disobeying a lawful order. Cellular confinement usually included the loss of radio, which increased the severity of the punishment and was not conducive to maintaining mental health.

Use of force

- 6.20 Force had been used 193 times in 2007 and the majority of incidents were spontaneous. While less than in 2006, this was still high. Most staff were up to date with control and restraint training, including all staff used for incidents. Records were mostly well completed, with detailed descriptions. However, the medical report of injury was not always attached and in some cases the certifying, authorising officer and the orderly officer responsible for collating the documentation were the same person, which was inappropriate.
- 6.21 There was some analysis of use of force as part of the regular performance meetings and statistics were monitored by location, background/circumstance, ethnicity and whether or not the incident was planned or spontaneous. The prison had started videoing planned removals and those we viewed showed good evidence of de-escalation.
- 6.22 Special accommodation had been used 10 times in 2007, a significant reduction on the previous year. Documentation was mostly well completed. Most incidents lasted less than an hour, with the longest use being six hours. In one case, no reason for the use of the cell was given and there was no authority for its use. Accompanying control and restraint records were correctly completed.
- 6.23 The body belt had been used three times in 2007 and in all cases the main reason given was prevention of self-harm. It was not clear that use of the body belt had been justified in any of these cases and in particular in one videoed case where the prisoner was not a prolific self-harmer and was compliant. It was highly unlikely that this passed the test for use of force to be lawful and proportionate to the seriousness of the circumstances. The safer custody coordinator had not been informed about use of the body belt in these circumstances.

Segregation unit (separation, support and care unit)

- 6.24 The segregation unit, known as the separation, support and care unit (SSCU), contained 26 cells, two of which were special cells. The unit was arranged on two floors and was clean and well organised. The two exercise yards were austere and bleak with no seating area.
- 6.25 Nine prisoners were held there during the inspection. Three had been segregated for the good order or discipline of the prison and the remainder were serving punishments of cellular confinement ranging from five to 14 days. The longest stayer was a life-sentenced prisoner who had been there since November. Over the previous six months, 173 prisoners had been segregated for good order reasons. A significant number had also been held because the vulnerable prisoner unit was full, many for just one night. This use had reduced considerably since November 2007.
- 6.26 The regime on the unit was limited. Prisoners could not work, but had some access to reading materials and those participating in offending behaviour courses were encouraged to attend. Showers and telephone calls were available only three times a week. Relationships between staff and prisoners appeared good, but this was not reflected in history sheets where entries were mostly superficial.

Recommendations

- 6.27 Adjudicators should be given clear guidance on which charges to refer to the independent adjudicator and in what circumstances.
- 6.28 Guidance on punishments should be reviewed to reduce the use of cellular confinement, which should not usually be accompanied by the loss of other privileges.
- 6.29 Prisoners should be given information about how to appeal immediately after an adjudication.
- 6.30 The certifying and authorising officer on use of force paperwork should not be the same person.
- 6.31 Complete reports of injury forms should be held with use of force documentation.
- 6.32 Prisoners in the separation, support and care unit should be able to shower and use the telephone daily.
- 6.33 Separation, support and care unit staff should maintain regular records of interactions with prisoners in history sheets.
- 6.34 The body belt should not be used for prisoners at risk of self-harm except in entirely exceptional circumstances and when all other interventions have been attempted.
- 6.35 Seating should be provided in the exercise yards in the separation, support and care unit.

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.

- 6.36 Prisoners and staff knew how the incentives and earned privileges (IEP) scheme worked. Copies of behaviour warnings were included in prisoners' files and the focus was mainly on behaviour rather than compliance with sentence plan targets. Prisoners on basic were monitored regularly, but were given little motivational help. There were not able to shower or use the telephone daily.
- 6.37 The IEP policy was dated March 2006. The policy stated that it should be reviewed annually. This had not happened, but the scheme was being reviewed for 2008-09. Prisoners and staff knew how the scheme operated. It was explained to prisoners at the reception board interview, during induction and in the prisoner information booklets. Prisoners signed and kept a compact about what was expected of them.
- 6.38 Prisoners who had been on enhanced level at their previous establishment could retain this status. Those who entered Bullingdon on standard level had to wait three months before they could apply for enhanced. On one day of the inspection, 195 prisoners were enhanced, 732 were standard and 13 were basic. In our survey, significantly fewer than the comparator said they had been treated fairly under the IEP scheme and this was also true of black and minority ethnic prisoners compared to white prisoners and Muslim prisoners compared to non-Muslim prisoners. Just over half of prisoners on Edgcott were enhanced and more than on other units believed the scheme operated fairly.
- 6.39 Prisoners had to apply for enhanced status and their employer, personal officer, unit senior officer and resettlement staff were expected to comment on their suitability. Comments in unit files were taken into account. If successful, the prisoner signed an enhanced compact and had to agree to compliance drug testing. Unsuccessful applicants were told why and what they had to do to be reconsidered. There were few differentials between standard and enhanced levels, other than increased spending power and additional visits, which not all prisoners could benefit from.
- 6.40 A prisoner could be considered for downgrading if he received two behaviour warnings or two proven adjudications in three months or if there was evidence of a pattern of poor behaviour. A behaviour warning could be raised by any member of staff and was issued to the prisoner by a unit senior officer within seven days and noted in his file. Prisoners' files showed that decisions were based on behaviour over time.
- 6.41 Review boards for prisoners referred for downgrading were chaired by a principal officer from another unit who took account of behaviour warnings and comments in unit files. These usually referred only to a prisoner's compliance with unit routines and no comments were requested from work or education. Reasons for demotion and targets for improvement were recorded, although these were often generic. Prisoners signed these and a compact listing their entitlements and detailing the appeal process. There were no short courses to help prisoners manage issues such as anger management.

- 6.42 A booklet was opened on prisoners demoted to basic. Unit staff were expected to write three comments every day, but most were observations about behaviour rather than relating to set targets and some did not contain a copy of the targets at all. There was no evidence that officers had actually spoken to the prisoner, although unit senior and principal officers checked the quality and quantity of comments made in basic booklets, and monthly management checks were carried out by residential governors.
- 6.43 Prisoners on basic were reviewed at 14, 28 and, if necessary, 42 and 56 days. They were allowed only two visits every 28 days and were not allowed a television. Apart from unconvicted and civil prisoners and detainees, they were not allowed to wear their own clothes. Use of private cash and association time were reduced. They could continue to work or attend education, but facility time for those who did not work was reduced to three times a week, which limited their opportunity to shower and use the telephone.
- 6.44 Senior managers did not regularly monitor the movement of prisoners on the different levels of the scheme to ensure consistency or identify and analyse any trends.

Recommendations

- 6.45 Basic booklets should all contain individualised targets and evidence that staff have spoken to prisoners about the achievement of these targets.
- 6.46 Prisoners on the basic level should be able to shower and use the telephone daily.
- 6.47 More meaningful differentials between the standard and enhanced regime levels should be introduced to act as a real incentive for prisoners to comply with what is required of them.

Housekeeping point

- 6.48 Senior managers should monitor the scheme to ensure its consistency, and identify and analyse any trends.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 The kitchen was due to close for refurbishment. Prisoners were generally dissatisfied with the food, but foreign national prisoners were more positive. The menu was not used to promote cultural diversity, but there was appropriate respect for religious and cultural food preparation requirements. Unit serveries were not properly supervised and communication between unit and kitchen staff was poor. Timings of meals were too early.
- 7.2 Catering was contracted out. A kitchen manager was responsible for six staff, most of whom had recognised qualifications or were very experienced.
- 7.3 The kitchen was due to close for refurbishment, but was generally clean, although some floor and wall tiles were missing and there had been ongoing problems with breakdown of worn equipment. A temporary kitchen was close to completion. Food trolleys were well maintained. Records were kept of food temperatures.
- 7.4 Fifteen prisoners were employed in the kitchen and were allowed to prepare their own food. All prisoners working in the kitchen and on unit serveries had to have a basic food hygiene certificate and were security cleared and health screened. There was currently no accredited training, although there were plans to introduce national vocational qualifications. Five kitchen workers were black and minority ethnic prisoners, including four Muslim prisoners. Halal food was stored and cooked separately, but not transported in separate compartments in food trolleys. The kitchen manager attended race equality action team meetings, but there was little promotion of cultural diversity in the catering. Culinary themed nights had been discussed at the canteen and catering committee since July 2007, but none had taken place.
- 7.5 The three-week self-select menu cycle included vegetarian, halal and vegan options. Special medical diets were provided in cooperation with healthcare. Healthy eating options were offered and prisoners could choose to have five portions of fruit or vegetables daily. The kitchen contributed to an annual health promotion day providing information from the Food Standards Agency.
- 7.6 The kitchen manager attended bi-monthly canteen and catering meetings that were attended by representatives from each unit, a governor, the canteen manager and the race relations liaison officer. Some changes had been made as a result of issues raised at this committee. The last prisoner food survey had been in December 2007 and the results were not yet analysed. A more limited survey had taken place in May 2007 to determine the most popular choices. In our survey, substantially fewer than the comparator said the food was good or very good, but foreign national prisoners were more positive than others.
- 7.7 The kitchen manager said she saw food comments books monthly. Comments in the book in the healthcare centre were complimentary, but many of those in other books were about shortages of food, which were partly due to poor communication between unit and kitchen

staff. Kitchen staff were not always told when prisoners moved units to ensure their food choices were sent to the right place. They also said they were not always contacted promptly about food shortages. Portion control was not always well supervised. The kitchen manager had recently been asked to provide guidance on correct food handling for staff and servery workers, but otherwise kitchen staff had little influence over the operation of unit serveries or the training of staff responsible for supervising servery workers.

- 7.8 Most servery workers were appropriately dressed, but standards at the serveries varied. The servery on Charndon unit had no implements to serve halal meals or up to date halal certificates. Six broken implements from the shadow board had not been replaced. The food comments book had no current sheets for prisoners' comments and the last entry had been made over three months previously. Food temperatures were usually recorded, but not dated. By contrast, the servery on Edgcott unit was efficient and well supervised.
- 7.9 There were no facilities to eat together and all prisoners ate in their cells near to open toilets (see section on residential units). Pre-packed breakfast and tea packs were collected daily. Meals were served too early, with lunch at 11.30am including at weekends. The evening meal on Blackthorn was served at 4.45pm. The kitchen provided lunch for prisoners held in reception and for prisoners who arrived late.

Recommendations

- 7.10 Halal food should be transported in a separate compartment on food trolleys.
- 7.11 Ethnic and cultural diversity should be promoted through the catering provision.
- 7.12 Catering staff should read and respond promptly to prisoners' comments about food.
- 7.13 Communication between residential and catering staff should be improved. Catering staff should regularly monitor and record standards on serveries and unit staff should alert the kitchen when prisoners move units and give immediate notice of food shortages.
- 7.14 Lunch should be served between noon and 12.30pm and the evening meal between 5pm and 6.30pm.
- 7.15 Staff responsible for supervising serveries should be appropriately trained to enforce hygiene standards and ensure correct portion control.

Prison shop

Expected outcomes:

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

- 7.16 Prisoners had good access to an adequate range of goods in the shop and could influence the products available, but black and minority ethnic prisoners were not so satisfied. Changes in the product list and offers were not well publicised. Distribution was well organised, but there were some delays in catalogue orders.

- 7.17 The prison shop was contracted to Aramark and also supplied HMPs Grendon and Spring Hill. Three prisoners were employed.
- 7.18 Prisoners had good access to the shop. Unit staff issued canteen sheets each Thursday and these had to be submitted by 9am on Monday. They included notification of the amount of money available to spend. All prisoners were able to use the shop within a week of reception. Prisoners could request a free monthly statement of their finances, but additional statements were charged at 10 pence.
- 7.19 Orders were processed by Aramark each Monday for delivery to the units the same week. The distribution of orders we observed on Edgcott unit was well organised and supervised. Prisoners signed for receipt of their canteen. Orders were delivered in sealed transparent bags and prisoners were able to report any discrepancies to Aramark staff. There were arrangements for prisoners at court unable to collect orders.
- 7.20 Significantly more prisoners than the comparator said the shop sold a wide enough range to meet their needs, although the figure was lower among black and minority ethnic and foreign national prisoners. An internal race equality impact assessment in September 2007 raised no concerns. Every three months, canteen representatives for each unit invited suggestions for changes to the canteen list from other prisoners. Changes were made subject to security restrictions and agreement by Aramark.
- 7.21 Prisoners could order catalogue goods from Argos, but the process was complicated, with a range of staff involved. The redevelopment of reception had led to some delays. Prisoners were charged a 50 pence administration charge for each order. Purchases of clothing, music, newspapers and magazines could be made from catalogues administered directly by the prison finance department. Prisoners completed cash disbursement and catalogue order forms and were not charged an administration fee for this service. The prison had not been able to find a local newsagent prepared to accept long-term orders for newspapers and magazines. Prisoners had to submit their orders weekly.
- 7.22 Prisoners had experienced considerable delays in money being re-credited to their accounts when items ordered were out of stock or when goods were faulty and refunds were requested. The shop manager said prisoners could wait up to eight weeks for refunds, but prisoners complained of longer delays.
- 7.23 The shop manager attended the bi-monthly canteen and catering committee meeting, which provided an opportunity for prisoner representatives and managers to review the service. One issue raised since July 2007 had been the poor uptake of offers. Prisoners complained they had not been informed of these. Plans to install dedicated notice boards to display information about the shop, including price changes or offers, had not been realised.

Recommendations

- 7.24 Prisoners should not be charged an administration fee for catalogue orders through Aramark.
- 7.25 Delays in catalogue ordering and re-crediting prisoner accounts for faulty or out of stock goods should be minimised.

Housekeeping point

- 7.26 Each unit should have a notice board to improve communication about shop and catalogue ordering and to inform about changes to product lists and pricing.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

8.1 An up to date resettlement strategy had been informed by a needs analysis, although the strategy did not specify how the needs of different groups would be met. Good monthly data was collected, but it was not clear how this was used and there was insufficient strategic focus at resettlement meetings.

8.2 An up to date resettlement strategy had been informed by a needs analysis completed in October 2006, which covered all areas of service delivery. It would have benefited from identifying how the specific needs of different groups of prisoners, such as sex offenders, lifers, foreign nationals, remand, short term, licence revokees and high risk prisoners, would be met.

8.3 The strategy was supported by bi-monthly resettlement meetings. Comprehensive data updates on each of the areas contributing to resettlement were produced monthly. However, the meeting minutes did not indicate a strategic approach to driving the policy forward. There were no action points, comments were repeated from month to month and there was no discussion of the data collected. There were no clear links between the local and the area strategy and none of the managers were able to give us a copy of the area strategy.

Recommendations

8.4 The resettlement strategy should identify how the needs of specific groups of prisoners, including indeterminate-sentenced prisoners, sex offenders, remand, foreign national, recalled, short term and high risk prisoners, will be met. It should also be linked to the area strategy.

8.5 The resettlement meeting should drive the strategy forward, particularly by clarifying membership, identifying and following up actions, discussing trends in data and having a more strategic focus.

Offender management and planning

Expected outcomes:

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

8.6 Offender managers in the community and officer offender supervisors were not yet actively involved in their roles as the offender management model intended. Too many prisoners did not have an up to date sentence or custody plan and no sentence planning boards were held.

Support for recalled prisoners was insufficient. Indeterminate-sentenced prisoners had good opportunities to begin to address risk factors, but structures to meet their needs were not yet established. Public protection arrangements worked well.

- 8.7 Offender managers' involvement with in-scope prisoners was limited, but the prison was taking forward the offender management (OM) process. Phase III of OM had recently begun and included prisoners sentenced to indeterminate sentences for public protection (IPP), which brought the total number in scope to 287. All, apart from the IPP prisoners, had been allocated to one of three probation offender supervisors. Half of the IPP prisoners had been allocated between three officer offender supervisors. Only a minority of prisoners in scope knew they had an offender supervisor.
- 8.8 Over 400 prisoners' home areas were more than 50 miles away, which made it more difficult for many offender managers to visit. The existing court video link facility had been used for OM purposes only twice in the last six months, but there were imminent plans to install a dedicated video link for the OM unit.
- 8.9 The three probation offender supervisors had high case loads of 85, 73 and 67 as well as holding other significant roles such as throughcare managers for programmes. This limited the amount of contact with prisoners in scope.
- 8.10 A high proportion of prisoners had not had their needs identified and only 27% in our survey said they had a sentence plan. A total of 428 prisoners met the criteria for offender assessment system (OASys) assessments and just over half of these were not completed or out of date. Officer offender supervisors' main task was to complete OASys assessments, but they were often taken away for other duties. Between September and December 2007, assessors had been available for only 765 hours against allocated hours of 4,266. Adding to this problem was that more than 20 prisoners a month arrived without an OASys assessment. The quality of OASys assessments we looked at was good. An additional team of five officer assessors was tackling the OASys backlog and 10% were quality-checked by the senior probation officer. Quality assessments OASys scoring events were arranged by the area, where staff could check their scores were consistent with scores in other prisons.
- 8.11 Prisoners with an OASys could have a copy of their finished report and talk it through with the assessor, but none we spoke to said they had been consulted about the targets. In our survey, only 16% said they had been involved in the development of their sentence plan. Sentence planning boards took place only in exceptional circumstances. Prisoners with offender supervisors, particular prolific and priority offenders (PPOs) generally reported having more involvement with the sentence planning process.
- 8.12 Thirty-seven per cent of prisoners were serving less than 12 months and did not have any form of sentence plan or annual review. A checklist was completed following induction indicating that prisoners had seen representatives from relevant departments.
- 8.13 There were 423 prisoners subject to multi-agency public protection arrangements (MAPPA) and 53 PPOs. Monthly multidisciplinary public protection meetings reviewed these prisoners three months before release and again within a month of release. They also reviewed individuals who caused particular concern. Mail monitoring arrangements for prisoners subject to child protection and harassment orders were well managed. Probation staff interviewed all prisoners shortly after arrival. Anyone presenting a potentially elevated level of risk was allocated an offender supervisor, who managed the risk individually rather than through multidisciplinary teams.

- 8.14 There was a lack of support for recalled prisoners, many of whom described feeling 'in limbo'. Delays in dossiers, reviews and hearings caused concern to prisoners, although this was less of a problem for those with offender supervisors. The recalls clerk said she had to chase recall paperwork in approximately 25% of cases. Despite arrangements to provide information from the clerk, probation staff and the bail officer, those we spoke to said they had not been given any information and that staff were unable to help them with such things as telephone calls and chasing issues up. There was a tracker system for unit managers to monitor case progression for recalled prisoners, but not all were aware of it.
- 8.15 Sixty per cent (81) of home detention curfew (HDC) applications had been granted in the previous six months. All prisoners meeting the criteria were automatically processed, but delays prevented some prisoners from getting out on their eligibility date. These included delays in completion of reports, short sentences (where deducted remand time did not leave enough time to process applications) and prisoners arriving from other prisons close to their eligibility date, but where the process had not begun. The availability of Clear Springs accommodation was beginning to increase the number of prisoners who could be released early on HDC and bail; to date, five prisoners had obtained Clear Springs accommodation.
- 8.16 Very little use was made of release on temporary licence (ROTL). In the previous seven months, five prisoners had been given ROTL.

Indeterminate-sentenced prisoners

- 8.17 There were 104 indeterminate-sentenced prisoners, 60 of whom were serving indeterminate sentences for public protection. Potential lifers were identified, but no record was kept of potential IPPs.
- 8.18 There was a senior officer lifer manager and a full time officer. Eight lifer liaison officers had just been identified, but no training was planned, even though they had limited knowledge of indeterminate sentences.
- 8.19 IPPs and lifers were prioritised for interventions. Fifty per cent had an up to date sentence plan, but none had had a sentence plan board.
- 8.20 Indeterminate-sentenced prisoners and potential mandatory lifers were seen routinely within two or three days of arrival, but otherwise lifer management was just beginning. Alongside the new lifer liaison officer scheme, two lifer clinics had been held since October 2007 and some good written information had been prepared for indeterminate-sentenced prisoners. There had been no lifer days or lifer meetings.

Recommendations

- 8.21 All prisoners with an offender supervisor should know who they are and offender supervisors' caseload should allow regular contact with prisoners.
- 8.22 A local strategy for recalled prisoners should be devised to ensure that they receive specialist support and information from managers and staff trained and able to deal with their queries.
- 8.23 More use should be made of release on temporary licence (ROTL) in preparing category C prisoners for release.

- 8.24 Lifer liaison officers should receive training to give them a good understanding of the different life sentences and indeterminate sentences and an understanding of how indeterminate-sentenced prisoners can experience prison differently.
- 8.25 Lifer meetings should take place at least bi-monthly and should be attended by the lifer manager.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 8.26 The prison recorded that no prisoners were discharged without accommodation, but this needed further analysis. The St Giles Housing Trust provided a good service, but not all prisoners came within its remit. Some training courses were very good and offered good opportunities for employment, but only for a small number of prisoners. There was an under-use of the pre-release course and employment planning. Healthcare support for those discharged with acute mental illness was reasonable. It was more limited for those with general physical health needs, but good arrangements were made to help frail and older prisoners. More help with budget, money management and debt issues was needed.

Accommodation

- 8.27 The prison recorded that no prisoners had been discharged without accommodation in the previous last six months. However, 19% had gone to temporary accommodation, which could just be sleeping on a friend's floor. The prisoner housing support workers estimated that in reality 50% of prisoners left with no fixed abode and the prison's resettlement needs analysis indicated that 6% expected to have nowhere to go on release. In our survey, significantly more prisoners than the comparator thought they would have a problem finding accommodation. This indicated a need for further analysis.
- 8.28 Prisoners in our groups said the input from the St Giles Housing Trust was one of the most positive aspects of the prison. There was one full-time housing case worker and seven trained prisoner advisers. They saw all prisoners within four days of arrival and completed a checklist of needs. They also routinely gave a talk during induction. Their remit was to deliver advice and guidance to prisoners on remand, recalled or serving less than 12 months and they could refer prisoners to other services such as Jobcentre Plus. They mainly offered help with maintaining or closing down tenancies and gaining accommodation on release.
- 8.29 Prisoners who did not meet the criteria for housing support could get accommodation help from offender supervisors or were put in touch with their outside probation officer. However, St Giles staff said they often helped prisoners who fell outside their remit.

Education, training and employment

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

- 8.30 There were too few opportunities for prisoners to engage in suitable employment-related accredited vocational training that would enhance their employability on release. Unaccredited employability skills gained were not formally recognised or recorded. Good links with three commercial laundries had helped five prisoners get jobs since 2006. The Blue Sky charity was a new link for future employment in the water utilities industries. CSCS construction site health and safety card accredited training had been introduced to enable prisoners to be eligible for site work on release.
- 8.31 St Giles Trust provided good accredited training for its peer mentors at NVQ level 3 in information, advice and guidance. It continued to support those who moved to other prisons and offered volunteer work on release on temporary licence and release with the aim of full employment. Milton Keynes College (OLASS) education department offered budgeting and money management, drugs and alcohol awareness and parenting courses. The pre-release course was under-subscribed and infrequently offered, despite up to 15 sentenced prisoners being released from Bullingdon daily.
- 8.32 Prisoners' time at Bullingdon was not planned sufficiently well to focus on getting employment on release. The one information, advice and guidance worker was new and unqualified. A Jobcentre Plus staff member was seconded to the prison to give employment advice and help with job search for prisoners with less than four weeks to serve. Job fairs had stopped in 2006 due to lack of employer interest, although the prison to work coordinator was developing contracts.

Mental and physical health

- 8.33 Primary care and mental health services were not part of the resettlement planning arrangements, although healthcare received requests for information if a prisoner was known to have a health problem. The mental health in-reach team liaised effectively with prisoners' home community mental health services, but experienced difficulties when someone was of no fixed abode because of delays in getting services to agree to take responsibility and fund care. The dental team gave good advice to patients on accessing dental care on release.
- 8.34 There was no review of individual health needs or action to promote and protect the health of prisoners nearing release. Prisoners on medication were given a letter inviting their GP to contact the prison for further details and up to a 28-day supply of their medication. However, pharmacy staff said discharge medication was often returned as the prisoner had not received it. Prisoners on methadone or other opiate substitutes did not receive medication beyond the day of release, but the substance misuse team tried to ensure that clients could get their next dose from their home substance misuse service. One nurse on Edcott unit did extensive preparation and liaison with the home GP, community nursing and other services for frail, disabled and older prisoners.
- 8.35 Following a newly agreed policy, a supply of condoms and dental dams had been placed in reception, but these were kept under the counter and provided only on request. Men leaving prison were required to sign a disclaimer required of prisoners, which was unreasonable.

Finance, benefit and debt

- 8.36 The prison's needs analysis identified that financial needs were not fully met. Limited money management programmes were available. Milton Keynes College delivered a rolling Open College Network-accredited 10-session budgeting and money management course as part of the wider social and life skills course. Thirty-five prisoners had completed the course in the previous year. A money management course had been delivered by Oxfordshire County Council, but this stopped in June 2007. A one-day financial management talk run by voluntary drug testing officers had started in November 2007 and 26 prisoners had been through this in the previous six months.
- 8.37 Unlock staff were planning to develop links with a local bank to help prisoners set up an account before release. A Jobcentre Plus worker could give advice on benefits and community care grants, but their work focused primarily on employment and job searching. There were no debt advice or Citizens Advice Bureau services.

Recommendations

- 8.38 The actual number of prisoners discharged to no fixed abode should be properly explored.
- 8.39 The services offered by St Giles Housing Trust should be expanded to include all prisoners.
- 8.40 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.
- 8.41 The pre-release course should be used to capacity and offered frequently to help prepare more prisoners for education, training or employment on release.
- 8.42 All prisoners should have an opportunity to discuss their health concerns and receive information on how to protect and promote their health as part of their resettlement planning.
- 8.43 Prisoners on medication should receive an appropriate supply in time for their release.
- 8.44 Additional money management courses and advice for those with debt problems should be provided.

Good practice

- 8.45 *The scheme offering prisoners the opportunity to train as housing support workers allowed accommodation services to reach more prisoners and offered workers valuable employment opportunities within category D prisons and on release.*

Drugs and alcohol

- 8.46 The drug strategy was cohesive, based on a needs analysis and there were good links to external agencies. There was an impressive range of interventions. The counselling, assessment, referral, advice and throughcare (CARAT) service was well integrated and exceeding its targets. The RAPt programme was well developed. Narcotics anonymous and alcohol courses were available to most prisoners with an identified need.
- 8.47 The drug strategy committee was chaired by the head of prisoner interventions and met monthly. Appropriate departments were represented and there were good links with the local drug and alcohol action team and community agencies. Drug service team meetings gave operational staff the opportunity to discuss and coordinate their work. The prison's dedicated drug services manager ensured the different strands of the strategy were effectively implemented and monitored.
- 8.48 The drug strategy policy included alcohol services and was informed by a comprehensive needs analysis. The document contained detailed targets and performance measures for each of the services, as well as joint working protocols.
- 8.49 An impressive range of interventions for drug and alcohol users included CARAT group work modules, the short duration programme (SDP), an intensive four-month RAPt course and a six-week alcohol module. Prisoners could also access dedicated gym sessions, auricular acupuncture, a well managed voluntary drug testing programme and a peer support scheme.
- 8.50 CARAT services were provided by RAPt. The team consisted of a manager, a senior worker, nine CARAT workers, one officer and two trainees. There were vacancies for another senior and one CARAT worker. There were appropriate supervision and management arrangements and team members had good access to training opportunities. Workers provided weekly induction input where new arrivals received verbal and written information about CARAT services, as well as harm reduction and overdose prevention advice. The majority of prisoners were referred by the clinical substance misuse team, who completed the first part of the drug intervention record and drew up an initial care plan.
- 8.51 The CARAT service was exceeding its triage assessment target of 1150 a year and carried an active caseload of 531. Prisoners with primary alcohol problems could also access the service. One-to-one work was supplemented with in-cell packs and the service had introduced the full range of integrated drug treatment system group work modules, including alcohol awareness. Four 90-minute sessions were offered a week, co-facilitated by substance misuse nurses. Prisoners could also undertake six-session modules covering motivation, harm reduction and relapse prevention. These were offered separately to vulnerable prisoners on E unit.
- 8.52 The CARAT service was well integrated and represented at relevant multidisciplinary meetings. Care plans and programme reports contributed to sentence planning, parole and home detention curfew boards, and joint work with the clinical team included regular reviews. Drug intervention programme (DIP) staff received monthly updates and prison workers from three local DIPs regularly visited the prison. Good throughcare arrangements had been developed to ensure continuity of treatment and support in the community.
- 8.53 CARAT workers assessed prisoners' suitability for the three drug/alcohol programmes and dedicated treatment managers were in post for each.

- 8.54 The SDP was well established, with two groups running at any one time. By January 2008, 192 remand/short-term prisoners had started the programme and 144 had successfully completed against a completion target of 110. The annual target was set at 240 starts and 156 completions. Two programmes had run for vulnerable prisoners. The team consisted of a treatment manager and seven facilitators (three officers and four civilians) who were directly employed by the prison. They worked closely with CARAT staff and referred suitable candidates to other programmes. Afternoon workshops included relapse prevention, dedicated gym sessions, yoga and auricular acupuncture. Programme graduates met regularly and three peer mentors offered additional support.
- 8.55 Sentenced prisoners could undertake an accredited 16-week abstinence-based treatment programme provided by a treatment manager and six counsellors from RAPT, as well as an officer. This intensive programme clearly benefited prisoners who were motivated and committed to the 12-step approach and complete abstinence, but its suitability for a local prison was in question. By January 2008, 80 prisoners had started against a target of 90, and 36 had completed against a target of 55. It was doubtful that the annual targets would be met. Programme participants were housed on spur 2 of Charndon unit and all had signed drug testing compacts. Seven peer supporters had been trained to offer induction input, help with written course work and continued support post-completion.
- 8.56 RAPT also offered a six-week alcohol treatment programme based on the 12-step model, which was undergoing accreditation. Since it started a year previously, seven courses had run. By January 2008, 53 prisoners had started the course against a target of 50, and 41 had completed against a target of 35. Programme staff included a treatment manager, three counsellors and an officer. They linked effectively with other services.
- 8.57 Neither of the RAPT programmes was available to vulnerable prisoners, but Alcoholics Anonymous and Narcotics Anonymous self-help groups met regularly on Edgcott unit and an alcohol programme for vulnerable prisoners was under consideration.
- 8.58 Prisoners could access voluntary drug testing (VDT) independent of location. Charndon unit, with 167 places, was the prison's voluntary testing unit in addition to a VDT spur on Blackthorn unit. In December 2007, 423 prisoners had signed testing compacts against a target of 300 and the required level of testing took place. A separate compliance testing compact had been developed linked to labour allocation. Two dedicated officers managed and coordinated the scheme well. They had carried out a detailed needs analysis and offered prisoners additional support by delivering auricular acupuncture and smoking cessation.

Recommendation

- 8.59 The establishment should review the suitability for its population of the RAPT's 16-week abstinence-based drug treatment programme.

Good practice

- 8.60 *Prisoners with alcohol problems could access CARAT services, alcohol awareness modules, a six-week alcohol treatment programme and Alcoholics Anonymous self-help groups.*

Children and families of offenders

- 8.61 The resettlement strategy had no action plan for the children and families pathway and focused only on what was available in the prison. The visitors' centre was comfortable and visitors were well treated, but visits did not always start on time. The visits room allowed little privacy, but enhanced prisoners could use a separate more relaxed area. It was difficult to use the visits booking line, but visitors could book in person. Information about local and national support groups was advertised to prisoners and visitors. There were no parental or relationship courses, although some were planned. The Dads Aloud and Rhyme Time courses helped prisoners maintain contact. Some family days were run, but not for those on basic regime. There was no qualified family support worker. There was little use of release on temporary licence to maintain family contact, but some good outreach work into the community had started.
- 8.62 The resettlement strategy stated the aims of the children and families pathway, but did not have an action plan to meet agreed objectives. It was based on what was available in the prison and did not include any wider links in the community.
- 8.63 New arrivals could complete a visiting order in reception and were given good information about visits procedures, although this was not reflected in our survey. A third of prisoners said they had had a visit in their first week. Information about visits was included in the prisoner information booklet, but not the details of the booking line or the prison's address. Prisoners on Edgcott unit were given more comprehensive information.
- 8.64 Visits took place every afternoon throughout the week. Convicted visits ran every day and remand visits on three weekdays and Saturdays. Sessions were advertised to last for two hours, but this was not always the case. Visits were booked through a dedicated telephone line or in person at the visitors' centre. Some visitors complained that it was difficult to get through to the booking line and we managed to do so only on our seventh attempt. There was no taped message to say when the line was open or any opportunity to leave a message.
- 8.65 Visitors booked in at the visitors' centre, which opened 90 minutes before visits were due to start, but closed just 20 minutes after visits ended. All visitors had to wear an identification wrist band. The visitors' centre was comfortable and bright with good facilities. It was run by a paid manager and nine paid staff and two volunteers from the Bullingdon prison visitors' centre committee. Staff also managed the refreshments bar and play area in the visits room. The centre contained a range of information about local and national support groups. There were interview rooms where visitors could speak to staff in private. Visitors spoke highly of the information and support provided.
- 8.66 Visitors started to be called into the prison 15 minutes before the start of visits. They waited in line in the gate house to have clothing and personal items scanned and were given a rub-down search. Drug dogs were often used and anyone indicated could have a closed visit or leave; no other security intelligence was needed. Visitors waited for an officer to escort them to the visits room. Only those who were called first arrived in time for the 2pm start and some visitors who had been at the visitors' centre at 1pm did not arrive in the visits room until 2.20pm.
- 8.67 The main visits room was large, with fixed and regimented furniture that allowed little privacy between groups. There was a staffed refreshments bar and a bright, safe play area that was supervised about five times a week. An excellent leaflet entitled 'Jack's guide for children visiting Bullingdon community prison' was freely available and explained a 'routine' day in prison for children in simple words and pictures. Prisoners could take pictures their children

had drawn back to their units. Prisoners had to wear orange bibs and be seated in an identified chair before visitors arrived. The visit was ended if they needed to use the toilet. Prisoners whose visitors failed to arrive were left to sit for over an hour rather than going to wait in a holding room or returning to their unit.

- 8.68 Prisoners from Edgcott unit used an identified area of the same room. Supervising staff were aware of these prisoners and any others subject to public protection procedures.
- 8.69 A small area of the visits room was used for enhanced visits. This had easy seating where prisoners and visitors could sit next to each other. Prisoners did not have to wear bibs and supervision was less obtrusive than the main room. Enhanced visits were open to up to five adults and to all enhanced prisoners, including those on Edgcott unit.
- 8.70 The five closed visits booths were clean and out of sight of other visitors and prisoners. The booths could be used in private and visitors could buy refreshments for the prisoners. The chairs for prisoners in the two most used booths were worn and ragged.
- 8.71 Prisoners could request a visit from a volunteer visitor and this scheme was managed by the chaplaincy.
- 8.72 There was little evidence in prisoners' unit files to show that they were encouraged to maintain contact with their families, 400 of whom lived 50 miles or more away. However, there was some good comment in the files of prisoners on Edgcott unit highlighting the situation or needs of a partner or other family member. Prisoners received inter-prison telephone calls to partners or other family members and the video link was used for contact. Managers told us that unused visiting orders could be exchanged for extra letters and telephone credit, but this was not known to prisoners and was not advertised.
- 8.73 Dads Aloud enabled prisoners to record a story for their children. Rhyme Time allowed two prisoners at a time to spend quality time with their pre-school children in the enhanced area of visits to play games, read aloud or sing. The visits were supported by library staff and prisoners could have photographs taken. In the previous six months, eight prisoners and 12 children had taken part in Rhyme Time and 58 prisoners had been involved in Dads Aloud.
- 8.74 Four family days were held each year. These involved up to 12 men with up to five visitors. One family day had been held specifically for prisoners on Edgcott unit. This event was held in the chapel at a weekend and lunch was provided. The day started at noon and ended at 4.30pm. The days were much enjoyed by all involved and provided a good opportunity for prisoners, staff and visitors to engage with each other. A senior manager took the lead and attended the day supported by a number of staff. Members of the Independent Monitoring Board and the chaplaincy team usually attended. Only prisoners on the enhanced and standard regimes could apply. They had to be adjudication-free for six months and satisfy public protection criteria. Prisoners were involved in planning the day and met afterwards to discuss it. Prisoners' families could also request to attend a family day.
- 8.75 Prisoners could receive additional visits from their family either in the visits room or the chapel. Visits from children in the care of social services, supervised by social workers, were facilitated as necessary.
- 8.76 Two senior officers, managed by a senior manager were involved in the multi-agency Thames Valley Partnership Family Matters programme that aimed to improve support for families and children of prisoners and help prisoners' re-integration back to the community. The senior officers had undertaken some speaking engagements in the local community with schools,

health visitors and social services to raise awareness about the issues of families with a member in prison. In our survey, almost half the men said they had children under the age of 18 and most of them said they thought they would have a problem maintaining or avoiding relationships after release. There were no interventions aimed at improving prisoners' parenting skills or relationships, although both senior officers were due to undertake a four-day group leader training course in early 2008 to set up and run a parenting programme.

- 8.77 There was no qualified family support worker to advise and support prisoners on issues such as child protection or to liaise with partners, other family members or agencies such as social services. A resettlement team analysis in October 2006 had identified that 65% of prisoners had one or more children, but 20% of them had no contact with them. Of those who did, a third maintained this through visits and the rest just by telephone or letter. Most said that there were difficulties getting visits for a range of reasons including distance and timings. Just over a third maintained contact with their partners through visits, with the rest by telephone or letter, and nearly a half of the men said it was difficult for their partner to visit. There were similar problems maintaining contact with parents. Only 1% of those surveyed said they had taken part in a family day.
- 8.78 There was no opportunity for prisoners to undertake general relationship counselling with their immediate family. Families were not involved in sentence planning, but were invited to attend the reviews on completion of the RAPT drug course.
- 8.79 Prisoners who were carers were not identified in order to provide additional free letters or telephone calls, and there was no provision for men to get incoming calls from children or to deal with arrangements for them. Release on temporary licence was not routinely used to allow primary carers to keep in contact with their children or to allow category C or D prisoners to spend extended time with their families as part of a structured resettlement plan before release.

Recommendations

- 8.80 An action plan to meet agreed targets should be included for the children and families resettlement pathway using an up to date analysis.
- 8.81 The telephone booking system should be easily accessible and able to cope with the volume of calls.
- 8.82 All visits should start at the advertised time.
- 8.83 Better privacy should be provided between visitor groups in the visits room.
- 8.84 Closed visits should be authorised only when there is a significant risk justified by security intelligence.
- 8.85 Prisoners should not have to wear bibs in the visits room.
- 8.86 The play area should be supervised at all visits sessions.
- 8.87 Prisoners should be able to use the toilet during visits.
- 8.88 Prisoners whose visitors fail to arrive should be able to wait in the visits holding room or return to their unit.

- 8.89 The visitors' centre should remain open for an hour after visits have ended.
- 8.90 Families should be invited to participate with key aspects of prisoners' sentences where appropriate.
- 8.91 Prisoners should be able to access programmes to improve parenting and relationship skills when identified.
- 8.92 Prisoners should have the opportunity to undertake general relationship counselling with their immediate family where necessary.
- 8.93 Family days should be available to all prisoners.
- 8.94 Provision should be made for prisoners to receive incoming calls from children or to deal with arrangements for them, and identified carers should receive additional free letters and telephone calls.
- 8.95 A qualified family support worker should be employed to help prisoners maintain or re-build relationships with their children, partners and other family members.
- 8.96 Release on temporary licence should be used to help prisoners keep in contact with their family.

Housekeeping points

- 8.97 Comprehensive information about visits and the maintenance of family ties should be included in the prisoner information booklet.
- 8.98 Worn chairs in the closed visits booths should be replaced.
- 8.99 The fact that unused visiting orders can be swapped for extra telephone credit should be published to prisoners.

Good practice

- 8.100 *An excellent leaflet entitled 'Jack's guide for children visiting Bullingdon community prison' was freely available and explained a 'routine' day in prison for children in simple words and pictures.*

Attitudes, thinking and behaviour

- 8.101 A needs analysis had informed the provision of a wide range of interventions that were delivered to a high standard and there were plans to fill identified gaps. Institutional support was generally good.
- 8.102 Interventions were steered by monthly meetings with clear senior management support. An interventions needs analysis was conducted in July 2007 followed by an action plan. The report identified the need for more provision for enhanced thinking skills (ETS), alcohol awareness, victim awareness and financial management courses. There were also needs around anger management and violent offending as well as help securing accommodation,

employment and education on release. A bid had been submitted to deliver CALM (controlling anger and learning to manage it) in September 2008 and aggression replacement therapy (ART) with Thames Valley Probation was planned for February 2008.

- 8.103 A wide range of interventions was delivered across the prison to a high standard. The attrition rate for programmes was low, including 4.2% for ETS and 4.6% for SOTP. Almost a thousand prisoners had participated in behavioural programmes in the previous 18 months. The accredited restorative justice programme had particularly high success rates.
- 8.104 The ETS programme had a target of 88 completions, but identified need outstripped provision and 97 prisoners were on the waiting list. The sex offender treatment programme (SOTP) provision included core, rolling and booster programmes and had an overall target of 68 completions. Innovatively, one prisoner released six weeks before the end of his SOTP course had been able to return to Bullingdon on a sessional basis to complete the course and his travel costs had been funded by probation. SOTP staff routinely saw all sex offenders shortly after arrival to assess for programme need rather than wait for OASys to be completed. Healthy relationships had six completions between April and December 2007, with a further six completions due before the end of January 2008. Prisoners were prioritised for programmes primarily according to their level of risk, but also to their release dates.
- 8.105 Creative thinking had gone into developing ways to tackle areas that existing programmes did not address. Funding had been secured to deliver the black self-development programme with London Action Trust for January 2008, particularly to work with IPPs to examine cultural awareness and self-esteem. Groups of prisoners not engaging with activities took part in workshops led by interventions staff every two weeks in an attempt to engage them. The head of interventions was also in touch with Thames Valley Police road safety officers about the possibility of delivering a driver awareness course and the theory part of driving tests.
- 8.106 A six-session victim awareness course, Sycamore Tree, was run by the chaplaincy. Twenty-five prisoners had completed the course in 2007, with a further 13 awaiting accreditation. The Muslim chaplain intended to run a similar group in 2008. A social and life skills programme was run through education and included alcohol and drug awareness, alcohol and offending, parentcraft, budgeting and money management, personal development, citizenship and healthy living.
- 8.107 Institutional support for programmes was generally good, but there were some minor obstacles. Pay was significantly higher in workshops and kitchens, which was a disincentive to engage in interventions to reduce reoffending. There were also tensions between some workshops and interventions due to demand for the same prisoners. The group and interview rooms were good facilities, but were in high demand. Few personal officers attended post-programme reviews.
- 8.108 Programmes were regarded as a positive aspect of the prison by prisoners and significantly more in our survey said a member of staff had helped them address offending behaviour at Bullingdon.
- 8.109 Diversity issues were routinely discussed at tripartite management meetings, including learning difficulties, race, disabilities and mental health. Discussions focused on helping to support prisoners with difficulties, including linking in with other departments such as education to prioritise language skills or provide learning support through programmes. Buddies and mentors were also used to assist prisoners in some circumstances.

- 8.110 In addition to programmes, the prison was engaged in restorative justice work in collaboration with Thames Valley criminal justice agencies and funded a prison officer for two days a week for this work.
- 8.111 Progressive moves for sex offenders were difficult to arrange, but good links had been made with HMP Grendon. An officer from Grendon therapeutic community worked at Bullingdon for one week a month to assess and offer information to encourage eligible prisoners to transfer.

Recommendations

- 8.112 Suitable priority should be given to encouraging prisoners to participate in interventions to reduce re-offending, through pay arrangements, allocation to activities and the provision of sufficient accommodation for programmes.
- 8.113 Enhanced thinking skills provision should increase to match need.

Good practice

- 8.114 *The needs analysis and resulting action plan specific to interventions enabled Bullingdon to target needs more accurately and bid for new resources to meet needs not being met.*
- 8.115 *A prisoner released six weeks before the end of his sex offender treatment programme course had been able to return to Bullingdon on a sessional basis to complete the course.*
- 8.116 *The strategy for dealing with prisoners not engaging with activities was positive and inclusive.*
- 8.117 *Plans to meet more diverse needs and needs not addressed by programmes such as the black development programme and driver awareness course were good.*

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendations to the governor

- 9.1 Effective and consistent first night arrangements should be introduced, followed by a well managed induction programme that keeps new prisoners properly occupied. (HP46)
- 9.2 Assessment, care in custody and teamwork procedures should be improved to provide more continuity of case management and multidisciplinary reviews. In particular, daily entries should demonstrate more engagement with prisoners and management checks should comment on the quality of care. (HP47)
- 9.3 A formal personal officer policy should be introduced and personal officers should receive specific training and guidance about their role and what is expected of them. (HP48)
- 9.4 A full-time foreign national liaison officer should be appointed to ensure that the needs of foreign national prisoners are appropriately met. (HP49)
- 9.5 Sufficient activity places, including increased numbers of accredited vocational training places, should be provided to give reasonable occupation to all prisoners. (HP50)
- 9.6 All prisoners should have an up to date sentence or custody plan, agreed and discussed with the prisoner at a multidisciplinary board and reviewed annually and before release. (HP51)

Recommendation to UK Border Agency

- 9.7 Foreign national immigration detainees should be transferred to immigration removal centres as soon as possible after expiration of sentence and held at Bullingdon only in exceptional circumstances. (3.91)

Recommendations to Prisoner Escort and Custody Services

Courts, escorts and transfers

- 9.8 The escort provider should ensure that all vans are safe, secure, clean and comfortable. (1.9)
- 9.9 Prisoners should return to the prison shortly after completion of their court appearance. (1.12)
- 9.10 Prisoners should arrive at Bullingdon before 7pm. (1.14)
- 9.11 Information should be provided at local courts about the prison and what to expect on arrival. (1.15)

Courts, escorts and transfers

- 9.12 Prisoners should be given something to eat and drink on the morning before leaving for court. (1.10)
- 9.13 Suitable clothing for those who need it should be provided for those going to court. (1.11)
- 9.14 All prisoners attending court should have the opportunity to shower daily. (1.13)

First days in custody

- 9.15 The cell-sharing risk assessments and reception interviews should take place in private. (1.38)
- 9.16 Reception information should be in a range of relevant languages. (1.39)
- 9.17 All prisoners should be able to shower and make a free private telephone call on their first night. (1.40)
- 9.18 Prisoners should move to their allocated unit as soon as possible after the completion of reception procedures. (1.41)
- 9.19 An alternative and effective induction should be introduced for prisoners undertaking detoxification. (1.42)

Residential units

- 9.20 Cells designed for one prisoner should not be used to accommodate two. (2.16)
- 9.21 All toilets should be properly and effectively screened. (2.17)
- 9.22 Prisoners should be able to have clothing, including trainers, handed in and exchange clothing more regularly. (2.18)
- 9.23 Showers should be refurbished as necessary and include privacy screening. (2.19)
- 9.24 Communal toilets and facilities should be well maintained, cleaned regularly and monitored by unit staff. (2.20)

Staff-prisoner relationships

- 9.25 Officers should actively communicate and interact with prisoners on spurs during association and at other times. (2.31)
- 9.26 Prisoners should be addressed by their first name or surname and title according to their individual preference. (2.32)
- 9.27 Staff should challenge all use of inappropriate language towards prisoners on Edgcott unit. (2.33)

- 9.28 A clear communication strategy for prisoner representative meetings should be agreed so that the central management prisoner forum is able to take account of relevant issues raised at unit meetings and to ensure that meetings take place regularly and all identified action points are followed up and action taken reported to prisoners. (2.34)

Personal officers

- 9.29 Personal officers should get to know prisoners' personal circumstances and record contact in wing files to build up an accurate chronological account of a man's time at Bullingdon, his achievement against sentence plan and resettlement objectives and any significant events affecting him. (2.41)

Bullying and violence reduction

- 9.30 Violence reduction team members, which should include representatives from each residential unit, should attend meetings regularly or send a representative. (3.18)
- 9.31 Support should be provided to the safer custody coordinator to allow more focus on violence reduction work. (3.19)
- 9.32 Violence reduction representatives should be better supported and monitored through regular meetings with a nominated member of staff. Training should be provided and they should contribute to the induction programme. (3.20)
- 9.33 Violence reduction and anti-bullying initiatives should be effectively promoted. (3.21)
- 9.34 All information about potential indicators of violence and bullying, including unexplained injuries, should be monitored by the violence reduction team and bullying incidents better analysed to identify any trends that could inform the development of the strategy. (3.22)
- 9.35 Managers should regularly monitor a sample of bullying investigations from across different units to ensure these are fairly and consistently carried out. (3.23)
- 9.36 All staff responsible for supervising bullies or victims should contribute to their monitoring and this should be recorded in the anti-bullying dossiers. (3.24)
- 9.37 Interventions should be developed to challenge bullying behaviour and support victims. (3.25)
- 9.38 Staff should be trained in the violence reduction and anti-bullying strategies. (3.26)

Self-harm and suicide

- 9.39 Representatives from work and education and all residential units should attend the suicide prevention team meeting. (3.45)
- 9.40 The suicide prevention team should analyse the underlying reasons for self-harm in order to consider how to improve care for high-risk groups. (3.46)
- 9.41 Near-fatal incidents of self-harm should be investigated to establish what lessons can be learned. (3.47)

- 9.42 Observation panels should be kept clear, with particular attention to cells where at-risk prisoners are located. (3.48)
- 9.43 Investigations into apparent self-inflicted deaths in custody should provide an interim report so that prisons are alerted to any urgent actions required. (3.49)
- 9.44 The consolidated action plan relating to self-inflicted deaths in custody should include target dates for completion of actions and should be reviewed periodically by the suicide prevention team. (3.50)
- 9.45 Prisoners should be able to call the Samaritans and other relevant help lines free of charge from the landing telephones. (3.51)

Diversity

- 9.46 A diversity policy should be agreed that meets the requirements of anti-discrimination legislation and outlines how the needs of minority groups will be met, including gay prisoners and older prisoners. (3.62)
- 9.47 The decency strategy should set out how the aims of equality of access and equal opportunity should be met. (3.63)
- 9.48 Monitoring should take place to ensure that prisoners from minority groups are not excluded and any findings highlighted to a nominated senior manager responsible for diversity. (3.64)

Race equality

- 9.49 The race equality officer (REO) should have a trained designated deputy to cover absence and who is given sufficient time to carry out the role. (3.75)
- 9.50 Feedback on the outcome of investigations should be given to the REO and this should be documented on the racist incident report forms. (3.76)
- 9.51 External organisations should be invited to attend the race equality action team (REAT) and the assistance of the area race adviser sought to improve community involvement. (3.77)
- 9.52 Interventions to challenge racism should be introduced. (3.78)
- 9.53 All staff carrying out investigations should be properly trained. (3.79)

Foreign national prisoners

- 9.54 The prison should establish links with an independent immigration advice agency to assist immigration detainees and other foreign national prisoners. (3.88)
- 9.55 Professional interpreting services should be used when prisoners are discussing confidential and sensitive information with staff and prisoner interpreters used only with their fully informed consent. (3.89)
- 9.56 Foreign national prisoners should routinely be given a free monthly international telephone call to enable them to keep in contact with family abroad. (3.90)

Applications and complaints

- 9.57 Information about contacting the Prison and Probation Ombudsman and the Independent Monitoring Board should be reinforced through additional unit notices. (3.98)
- 9.58 Requests and complaints should be monitored and tracked for trends and analysis. (3.99)

Legal rights

- 9.59 The legal services officer (LSO) should have refresher training and a trained officer should be available in his absence. (3.105)
- 9.60 Current information on relevant legal issues should be available to prisoners in a range of languages. (3.106)
- 9.61 Provision for legal visits should be sufficient to meet demand. (3.107)

Substance use

- 9.62 The prison, in partnership with the primary care trust (PCT), should provide a safe and suitable environment and 24-hour nurse cover for prisoners undergoing stabilisation and detoxification. (3.123)
- 9.63 The administration of controlled drugs should be improved and substance misuse nurses freed up to provide specialist care. (3.124)
- 9.64 The mental health in-reach (MHIR) team's skills mix should include dual-diagnosis expertise and multidisciplinary meetings should be established to facilitate care coordination. (3.125)
- 9.65 The establishment should ensure that prisoners testing positive under mandatory drugs testing are consistently referred to counselling, assessment, referral, advice and throughcare (CARAT) services. (3.126)

Health services

- 9.66 In-patients should have privacy when using the toilet and bathing. (4.29)
- 9.67 Decent, comfortable facilities should be provided for prisoners waiting to see health staff, including in reception. (4.30)
- 9.68 Prisoners should be able to have a confidential consultation with a health professional and collect their medicines in privacy without being overheard by other prisoners. (4.31)
- 9.69 There should be a strategic and prison-wide approach to promoting and protecting the health and wellbeing of prisoners. (4.32)
- 9.70 Steps should be taken to identify and minimise any barriers to health services experienced by ethnic minorities, foreign nationals and other potentially excluded groups. (4.33)
- 9.71 Prisoners should be able to feedback and make suggestions about health services. (4.34)

- 9.72 Prisoners wishing to make a complaint about healthcare should be able to do so in confidence direct to healthcare and information on how to use the NHS complaints system should be clearly displayed. (4.35)
- 9.73 Easy to understand information on health promotion and health services should be widely available in relevant community languages throughout the establishment including in reception. (4.36)
- 9.74 Other prisoners should not be used to interpret for patients who do not speak English. (4.37)
- 9.75 Staffing requirements and recruitment arrangements should be regularly reviewed to ensure the staff capacity and skills mix is appropriate for an up to date health service that meets the needs of prisoners, including in the pharmacy. (4.38)
- 9.76 All medical personnel should keep their professional knowledge and skills up to date and recognise and work within their areas of competence in the interests of patients. (4.39)
- 9.77 Health staff should participate in the induction programme to promote health services and give health promotion advice. (4.40)
- 9.78 Patients should have access to treatment and care inside and outside the prison in line with NHS waiting time targets. (4.41)
- 9.79 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (4.42)
- 9.80 The prison should ensure a safe and controlled environment for prisoners collecting medication. (4.43)
- 9.81 Diabetic prisoners should receive annual retinal screening. (4.44)
- 9.82 A wider programme of chronic disease management should be introduced. (4.45)
- 9.83 Prisoners with injuries and disabilities should have access to advice and treatment from a physiotherapist. (4.46)
- 9.84 Prisoners with disabilities should receive an occupational therapy assessment and equipment and adaptations provided without delay. (4.47)
- 9.85 Patients should have access to the advice of a pharmacist. (4.48)
- 9.86 The medicines and therapeutics committee should adopt a strategic work programme, including regular reviews of prescribing trends, auditing and updating of policies, and organising learning and development for staff. (4.49)
- 9.87 Controlled drugs should be stored in dedicated secure cabinets separate from other medication. (4.50)
- 9.88 Methadone mixture should be measured using appropriate glass measures or an automated pump. (4.51)
- 9.89 There should be an agreed multidisciplinary and documented system of risk assessment to determine whether a patient can have their medication in possession. (4.52)

- 9.90 Condoms should be freely and anonymously available to prisoners. (4.53)
- 9.91 A new x-ray machine should be fitted. (4.54)
- 9.92 A new autoclave with printer should be supplied. (4.55)
- 9.93 In-patients should have daily opportunities for exercise and association equivalent to the rest of the prison as their clinical condition allows. (4.56)
- 9.94 In-patients should have access to therapeutic day care options including education and work appropriate to their clinical condition and that contribute to their recovery. (4.57)
- 9.95 Beds in healthcare should not form part of the prison's certified normal accommodation and admission should only be on assessment of clinical need. (4.58)
- 9.96 The aim and purpose of the in-patient unit should be clarified. (4.59)
- 9.97 The number of trained health staff on night duty should be increased to provide safe cover of in-patients and residential units. (4.60)
- 9.98 Patients with mild to moderate mental health problems should receive multidisciplinary treatment and care as set out in National Institute for Health and Clinical Excellence (NICE) guidelines. (4.61)
- 9.99 There should be an information-sharing protocol between counsellors in the chaplaincy and healthcare. (4.62)

Learning and skills and work activities

- 9.100 Attendance at vocational training courses and education classes should be improved. (5.21)
- 9.101 Induction should be revised to include information about the available range of learning and skills opportunities and to guide prisoners to suitable programmes to meet their needs. (5.22)
- 9.102 Additional computers should be provided to help develop information communication technology (ICT) skills and meet the needs of the growing population. (5.23)
- 9.103 Accommodation should be identified for additional study facilities in the library. (5.24)
- 9.104 Library information should be translated into relevant languages. (5.25)

Physical education and health promotion

- 9.105 The physical education (PE) provision should be revised to meet the needs of those prisoners requiring PE programmes. (5.33)
- 9.106 The number of prisoners undertaking gym induction should be increased. (5.34)
- 9.107 The range and frequency of accredited vocational programmes should be extended. (5.35)

Faith and religious activity

- 9.108 Staff escorts should be provided as necessary to enable all prisoners to attend services. (5.45)
- 9.109 Except in exceptional circumstances, women officers should not supervise Muslim prayers. (5.46)

Time out of cell

- 9.110 Time out of cell should be increased for all prisoners, including those without allocated activity. (5.54)
- 9.111 The core day should offer the opportunity for both exercise and domestic activities. (5.55)
- 9.112 Regime monitoring should accurately reflect the provision of the core day. (5.56)
- 9.113 Prisoners should be provided with suitable outdoor clothing for exercise. (5.57)

Security and rules

- 9.114 Actions arising from security information reports (SIRs) should be monitored. (6.11)
- 9.115 Clear procedures to respond to the misuse of the telephone system should be agreed. (6.12)
- 9.116 Local prison rules should be translated into other languages and provided to prisoners as appropriate. (6.13)
- 9.117 Managers should monitor re-categorisation decisions to satisfy themselves that those for prisoners on Edgcott unit are based properly on evaluation of risk. (6.14)
- 9.118 Replies to decisions when re-categorisation is not approved should be sufficiently detailed to allow the prisoner to know what they need to do to progress. (6.15)

Discipline

- 9.119 Adjudicators should be given clear guidance on which charges to refer to the independent adjudicator and in what circumstances. (6.27)
- 9.120 Guidance on punishments should be reviewed to reduce the use of cellular confinement, which should not usually be accompanied by the loss of other privileges. (6.28)
- 9.121 Prisoners should be given information about how to appeal immediately after an adjudication. (6.29)
- 9.122 The certifying and authorising officer on use of force paperwork should not be the same person. (6.30)
- 9.123 Complete reports of injury forms should be held with use of force documentation. (6.31)

- 9.124 Prisoners in the separation, support and care unit should be able to shower and use the telephone daily. (6.32)
- 9.125 Separation, support and care unit staff should maintain regular records of interactions with prisoners in history sheets. (6.33)
- 9.126 The body belt should not be used for prisoners at risk of self-harm except in entirely exceptional circumstances and when all other interventions have been attempted. (6.34)
- 9.127 Seating should be provided in the exercise yards in the separation, support and care unit. (6.35)

Incentives and earned privileges

- 9.128 Basic booklets should all contain individualised targets and evidence that staff have spoken to prisoners about the achievement of these targets. (6.45)
- 9.129 Prisoners on the basic level should be able to shower and use the telephone daily. (6.46)
- 9.130 More meaningful differentials between the standard and enhanced regime levels should be introduced to act as a real incentive for prisoners to comply with what is required of them. (6.47)

Catering

- 9.131 Halal food should be transported in a separate compartment on food trolleys. (7.10)
- 9.132 Ethnic and cultural diversity should be promoted through the catering provision. (7.11)
- 9.133 Catering staff should read and respond promptly to prisoners' comments about food. (7.12)
- 9.134 Communication between residential and catering staff should be improved. Catering staff should regularly monitor and record standards on serveries and unit staff should alert the kitchen when prisoners move units and give immediate notice of food shortages. (7.13)
- 9.135 Lunch should be served between noon and 12.30pm and the evening meal between 5pm and 6.30pm. (7.14)
- 9.136 Staff responsible for supervising serveries should be appropriately trained to enforce hygiene standards and ensure correct portion control. (7.15)

Prison shop

- 9.137 Prisoners should not be charged an administration fee for catalogue orders through Aramark. (7.24)
- 9.138 Delays in catalogue ordering and re-crediting prisoner accounts for faulty or out of stock goods should be minimised. (7.25)

Strategic management of resettlement

- 9.139 The resettlement strategy should identify how the needs of specific groups of prisoners, including indeterminate-sentenced prisoners, sex offenders, remand, foreign national, recalled, short term and high risk prisoners, will be met. It should also be linked to the area strategy. (8.4)
- 9.140 The resettlement meeting should drive the strategy forward, particularly by clarifying membership, identifying and following up actions, discussing trends in data and having a more strategic focus. (8.5)

Offender management and planning

- 9.141 All prisoners with an offender supervisor should know who they are and offender supervisors' caseload should allow regular contact with prisoners. (8.21)
- 9.142 A local strategy for recalled prisoners should be devised to ensure that they receive specialist support and information from managers and staff trained and able to deal with their queries. (8.22)
- 9.143 More use should be made of release on temporary licence in preparing category C prisoners for release. (8.23)
- 9.144 Lifer liaison officers should receive training to give them a good understanding of the different life sentences and indeterminate sentences and an understanding of how indeterminate-sentenced prisoners can experience prison differently. (8.24)
- 9.145 Lifer meetings should take place at least bi-monthly and should be attended by the lifer manager. (8.25)

Resettlement pathways

- 9.146 The actual number of prisoners discharged to no fixed abode should be properly explored. (8.38)
- 9.147 The services offered by St Giles Housing Trust should be expanded to include all prisoners. (8.39)
- 9.148 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. (8.40)
- 9.149 The pre-release course should be used to capacity and offered frequently to help prepare more prisoners for education, training or employment on release. (8.41)
- 9.150 All prisoners should have an opportunity to discuss their health concerns and receive information on how to protect and promote their health as part of their resettlement planning. (8.42)
- 9.151 Prisoners on medication should receive an appropriate supply in time for their release. (8.43)

- 9.152 Additional money management courses and advice for those with debt problems should be provided. (8.44)
- 9.153 The establishment should review the suitability for its population of the RAPt's 16-week abstinence-based drug treatment programme. (8.59)
- 9.154 An action plan to meet agreed targets should be included for the children and families resettlement pathway using an up to date analysis. (8.80)
- 9.155 The telephone booking system should be easily accessible and able to cope with the volume of calls. (8.81)
- 9.156 All visits should start at the advertised time. (8.82)
- 9.157 Better privacy should be provided between visitor groups in the visits room. (8.83)
- 9.158 Closed visits should be authorised only when there is a significant risk justified by security intelligence. (8.84)
- 9.159 Prisoners should not have to wear bibs in the visits room. (8.85)
- 9.160 The play area should be supervised at all visits sessions. (8.86)
- 9.161 Prisoners should be able to use the toilet during visits. (8.87)
- 9.162 Prisoners whose visitors fail to arrive should be able to wait in the visits holding room or return to their unit. (8.88)
- 9.163 The visitors' centre should remain open for an hour after visits have ended. (8.89)
- 9.164 Families should be invited to participate with key aspects of prisoners' sentences where appropriate. (8.90)
- 9.165 Prisoners should be able to access programmes to improve parenting and relationship skills when identified. (8.91)
- 9.166 Prisoners should have the opportunity to undertake general relationship counselling with their immediate family where necessary. (8.92)
- 9.167 Family days should be available to all prisoners. (8.93)
- 9.168 Provision should be made for prisoners to receive incoming calls from children or to deal with arrangements for them, and identified carers should receive additional free letters and telephone calls. (8.94)
- 9.169 A qualified family support worker should be employed to help prisoners maintain or re-build relationships with their children, partners and other family members. (8.95)
- 9.170 Release on temporary licence should be used to help prisoners keep in contact with their family. (8.96)

- 9.171 Suitable priority should be given to encouraging prisoners to participate in interventions to reduce re-offending, through pay arrangements, allocation to activities and the provision of sufficient accommodation for programmes. (8.112)
- 9.172 Enhanced thinking skills provision should increase to match need. (8.113)

Housekeeping points

First days in custody

- 9.173 Reception board interviews should take place in private. (1.43)
- 9.174 First night cells on Blackthorn unit should be properly prepared and equipped. (1.44)
- 9.175 The prisoner information booklet should include comprehensive information about the facilities and services and presented in a more user-friendly format. (1.45)

Residential units

- 9.176 All unit post boxes should be locked. (2.21)
- 9.177 The practice of rubbish being thrown from cell windows should be effectively addressed. (2.22)
- 9.178 Cleaning stores on units should be maintained in line with health and safety expectations. (2.23)

Self-harm and suicide

- 9.179 The operational instruction relating to constant watches should reflect the importance of interaction. (3.52)
- 9.180 The Listener scheme should be advertised in different languages. (3.53)
- 9.181 The safer custody coordinator should monitor the frequency of use of the Samaritans telephones. (3.54)

Legal rights

- 9.182 New prisoners should be provided with written information about the bail information scheme. (3.108)

Health services

- 9.183 Patients should be given a copy of their dental treatment plan, especially on their release from prison. (4.63)
- 9.184 Medicines delivered to the prison should be transported to the pharmacy without delay. (4.64)

- 9.185 Appropriate medicine stock should be stored in the treatment room drug cupboards to minimise the need to access the pharmacy out of hours. (4.65)
- 9.186 Prescription-only medicines and medicines for supply by nurses should be stored separately. (4.66)
- 9.187 Medicines administered by health staff should be labelled and in the original packaging. (4.67)
- 9.188 Additional periodontal probes should be provided. (4.68)
- 9.189 Pressure vessel certification and schemes of maintenance for the compressor and autoclave should be supplied by the primary care trust (PCT) and copies of all relevant documentation made available to the dentist. (4.69)
- 9.190 More efficient clinical record-keeping should be introduced for the dentist to reduce time spent making notes in different formats. (4.70)
- 9.191 Portable appliance testing should be carried out. (4.71)
- 9.192 Prisoners should consistently receive adequate notice of an appointment in healthcare. (4.72)

Faith and religious activity

- 9.193 A Pagan minister should be provided. (5.47)

Security and rules

- 9.194 Police intelligence officers should regularly attend security meetings. (6.16)

Incentives and earned privileges

- 9.195 Senior managers should monitor the scheme to ensure its consistency, and identify and analyse any trends. (6.48)

Prison shop

- 9.196 Each unit should have a notice board to improve communication about shop and catalogue ordering and to inform about changes to product lists and pricing. (7.26)

Resettlement pathways

- 9.197 Comprehensive information about visits and the maintenance of family ties should be included in the prisoner information booklet. (8.97)
- 9.198 Worn chairs in the closed visits booths should be replaced. (8.98)
- 9.199 The fact that unused visiting orders can be swapped for extra telephone credit should be published to prisoners. (8.99)

Good practice

Substance use

- 9.200 Good progress had been made in implementing the integrated drug treatment system (IDTS). Opiate-dependent prisoners could access a wide range of prescribing regimes based on assessed need and felt consulted in the process. Clinical and CARAT service providers worked jointly to facilitate throughcare and prisoners were offered an impressive choice of psychosocial support interventions. (3.127)

Health services

- 9.201 The team IT and data quality lead reviewed the electronic clinical entries of all new receptions against paper records and gave feedback to staff emphasising the importance of accurate records. She had worked with staff to adapt the clinical record template to collect information relevant to the health of prisoners. This had greatly improved the quality and completeness of records to the benefit of patient care. (4.73)

Resettlement pathways

- 9.202 The scheme offering prisoners the opportunity to train as housing support workers allowed accommodation services to reach more prisoners and offered workers valuable employment opportunities within category D prisons and on release. (8.45)
- 9.203 Prisoners with alcohol problems could access CARAT services, alcohol awareness modules, a six-week alcohol treatment programme and Alcoholics Anonymous self-help groups. (8.60)
- 9.204 An excellent leaflet entitled 'Jack's guide for children visiting Bullingdon community prison' was freely available and explained a 'routine' day in prison for children in simple words and pictures. (8.100)
- 9.205 The needs analysis and resulting action plan specific to interventions enabled Bullingdon to target needs more accurately and bid for new resources to meet needs not being met. (8.114)
- 9.206 A prisoner released six weeks before the end of his sex offender treatment programme course had been able to return to Bullingdon on a sessional basis to complete the course. (8.115)
- 9.207 The strategy for dealing with prisoners not engaging with activities was positive and inclusive. (8.116)
- 9.208 Plans to meet more diverse needs and needs not addressed by programmes such as the black development programme and driver awareness course were good. (8.117)

Appendix 1: Inspection team

Nigel Newcomen	Deputy Chief Inspector of Prisons
Michael Loughlin	Team leader
Susan Fenwick	Inspector
Joss Crosbie	Inspector
Paul Fenning	Inspector
Hayley Folland	Inspector
Sigrid Engelen	Substance misuse inspector
Sarah Corlett	Healthcare inspector
Helen Meckiffe	Researcher
Samantha Booth	Researcher

Appendix 2: Prison population profile

Population breakdown by:

(i) Status	Number of prisoners	%
Sentenced	741	77.8
Convicted but unsentenced	45	4.7
Remand	144	15.1
Civil prisoners	0	0.0
Detainees (single power status)	23	2.4
Detainees (dual power status)	0	0.0
Total	953	100

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	52	7.4
6 months to less than 12 months	33	4.7
12 months to less than 2 years	85	12.0
2 years to less than 4 years	179	25.3
4 years to less than 10 years	203	28.7
10 years and over (not life)	51	7.2
Life	104	14.7
Total	707	100

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	109	15.4	79	32.1
1 month to 3 months	122	17.3	90	36.6
3 months to 6 months	144	20.4	50	20.3
6 months to 1 year	176	24.9	18	7.3
1 year to 2 years	99	14.0	6	2.4
2 years to 4 years	46	6.5	3	1.2
4 years or more	11	1.6	0	0.0
Total	707	100	246	100

(iv) Main Offence	Number of prisoners	%
Violence against the person	184	19.3
Sexual offences	156	16.4
Burglary	122	12.8
Robbery	76	8.0
Theft & handling	62	6.5
Fraud and forgery	33	3.5
Drugs offences	136	14.3
Other offences	165	17.3
Civil offences	0	0.0
Offence not recorded/holding warrant	19	2
Total	953	100

(v) Age	Number of prisoners, inc remands	%
21 years to 29 years	409	42.9
30 years to 39 years	308	32.3
40 years to 49 years	155	16.3
50 years to 59 years	57	6
60 years to 69 years	6	0.6
70 plus years	18	1.9
Maximum age	80	
Total	953	100

(vi) Home address	Number of prisoners, inc remands	%
Within 50 miles of the prison	540	56.7
Between 50 and 100 miles of the prison	236	24.8
Over 100 miles from the prison	36	3.8
Overseas	3	0.3
NFA	138	14.5
Total	953	100

(vii) Nationality	Number of prisoners, inc remands	%
British	798	83.7
Foreign nationals	155	16.3
Total	953	100

(viii) Ethnicity	Number of prisoners	%
<i>White</i>	657	68.9
British	600	63.0
Irish	6	0.6
Other White	51	5.4
<i>Mixed</i>	52	5.5
White and Black Caribbean	28	2.9
White and Black African	6	0.6
White and Asian	7	0.7
Other Mixed	11	1.2
<i>Asian or Asian British</i>	80	8.4
Indian	26	2.7
Pakistani	40	4.2
Bangladeshi	2	0.2
Other Asian	12	1.2
<i>Black or Black British</i>	127	13.3
Caribbean	65	6.8
African	42	4.4
Other Black	20	2.1
<i>Not stated</i>	8	0.8
Chinese	5	0.5
Other ethnic group	24	2.5
Total	953	100

(ix) Religion	Number of prisoners	%
Baptist	2	0.2
Church of England	265	27.8
Roman Catholic	142	14.9
Other Christian denominations	57	6.0
Muslim	116	12.2
Sikh	13	1.4
Hindu	7	0.7
Buddhist	29	3.0
Jewish	2	0.2
Other	10	1.0
No religion	310	32.5
Total	953	100

Appendix 3: Summary of prisoner questionnaires and interviews

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 Home Office 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 26 November 2007, the prisoner population at HMP Bullingdon was 942. The baseline sample size was 125. Overall, this represented 13% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means 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. Four 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
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable
- to 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, 108 respondents completed and returned their questionnaires. This represented 11% of the prison population. The response rate was 86%. In addition to the four respondents who refused to complete a questionnaire, 10 questionnaires were not returned and three were returned blank.

Comparisons

The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Presented alongside the results from this survey are the 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.

In addition, a further comparative document is attached. Statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown, alongside statistically significant differences between those who are foreign nationals, and statistically significant differences between Muslim and non-Muslim prisoners.

In the above documents, statistically significant differences are highlighted. Statistical significance merely indicates whether there is a real difference between the figures, i.e. 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.



Prisoner Survey Responses HMP Bullingdon 2007

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 Bullingdon	Local prisons comparator
	Any percent highlighted in green is significantly better than the local prisons comparator.		
	Any percent highlighted in blue is significantly worse than the local prisons comparator.		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator.		
SECTION 1: General Information (not tested for significance)			
1	Number of completed questionnaires returned	108	3797
2	Are you under 21 years of age?	0%	4%
3	Are you transgender or transsexual?	1%	0%
4	Are you sentenced?	62%	65%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	9%	6%
6	If you are sentenced, are you on recall?	13%	14%
7	Is your sentence less than 12 months?	8%	19%
8	Do you have less than six months to serve?	24%	31%
9	Have you been in this prison less than a month?	13%	22%
10	Are you a foreign national?	16%	13%
11	Is English your first language?	90%	91%
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	34%	25%
13	Are you Muslim?	10%	10%
14	Are you gay or bisexual?	6%	3%
15	Do you consider yourself to have a disability?	9%	16%
16	Is this your first time in prison?	32%	26%
17	Do you have any children?	49%	58%
SECTION 2: Transfers and Escorts			
18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	43%	49%
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	47%	59%
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	8%	11%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	31%	28%
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	11%	11%
19	Did you spend more than four hours in the van?	6%	5%
20	Were you treated well/very well by the escort staff?	71%	68%
21a	Did you know where you were going when you left court or when transferred from another establishment?	62%	75%
21b	Before you arrived here did you receive any written information about what would happen to you?	10%	14%
22c	When you first arrived here did your property arrive at the same time as you?	86%	83%

Key to tables

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SECTION 3: Reception, first night and induction			
23a	Did you have any problems when you first arrived?	84%	76%
23b	Did you have any problems with loss of transferred property when you first arrived?	14%	10%
23c	Did you have any housing problems when you first arrived?	23%	21%
23d	Did you have any problems contacting employers when you first arrived?	10%	5%
23e	Did you have any problems contacting family when you first arrived?	31%	31%
23f	Did you have any problems ensuring dependents were being looked after when you first arrived?	10%	8%
23g	Did you have any money worries when you first arrived?	25%	24%
23h	Did you have any problems with feeling depressed or suicidal when you first arrived?	20%	23%
23i	Did you have any drug problems when you first arrived?	32%	20%
23j	Did you have any alcohol problems when you first arrived?	19%	21%
23k	Did you have any health problems when you first arrived?	19%	24%
23l	Did you have any problems with needing protection from other prisoners when you first arrived?	6%	9%
24a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	20%	15%
24b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	20%	28%
24c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	15%	17%
24d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	67%	56%
24e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	18%	22%
24f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	32%	20%
24g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	54%	43%
24h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	53%	51%
24i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	48%	43%
24j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	58%	51%
24k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	32%	27%
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	89%	85%
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	75%	67%
26	Were you treated well/very well in reception?	64%	58%
27a	Did you receive a reception pack on your day of arrival?	78%	73%
27b	Did you receive information about what was going to happen here on your day of arrival?	34%	42%
27c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	37%	42%
27d	Did you have the opportunity to have a shower on your day of arrival?	16%	34%

Key to tables

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SECTION 3: Reception, first night and induction continued			
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	51%	54%
27f	Did you get information about routine requests on your day of arrival?	28%	31%
27g	Did you get something to eat on your day of arrival?	88%	82%
27h	Did you get information about visits on your day of arrival?	35%	41%
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	52%	48%
28b	Did you have access to someone from healthcare within the first 24 hours?	84%	67%
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	33%	32%
28d	Did you have access to the prison shop/canteen within the first 24 hours?	21%	21%
29	Did you feel safe on your first night here?	77%	73%
30	Did you go on an induction course within the first week?	34%	59%
31	Did the induction course cover everything you needed to know about the prison?	48%	41%
32	Did you receive a 'basic skills' assessment within the first week?	23%	37%
SECTION 4: Legal Rights and Respectful Custody			
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	43%	43%
34b	Is it very easy/easy for you to attend legal visits?	68%	63%
34c	Is it very easy/easy for you to obtain bail information?	18%	26%
35	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	51%	43%
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	51%	52%
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	90%	77%
36c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	82%	84%
36d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	56%	66%
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	29%	36%
36f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	70%	63%
36g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	30%	29%
37	Is the food in this prison good/very good?	17%	24%
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	44%
39a	Is it easy/very easy to get a complaints form?	87%	79%
39b	Is it easy/very easy to get an application form?	91%	85%
40a	Do you feel applications are sorted out fairly?	57%	41%
40b	Do you feel your applications are sorted out promptly?	45%	40%
40c	Do you feel complaints are sorted out fairly?	16%	27%
40d	Do you feel complaints are sorted out promptly?	16%	27%
40e	Are you given information about how to make an appeal?	37%	33%
41	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	13%	13%
42	Do you know how to apply to the Prisons and Probation Ombudsman?	37%	39%

Key to tables

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SECTION 4: Legal Rights and Respectful Custody continued			
43	Is it easy/very easy to contact the Independent Monitoring Board?	43%	31%
44	Are you on the enhanced (top) level of the IEP scheme?	19%	24%
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	47%
46a	In the last six months have any members of staff physically restrained you (C & R)?	8%	8%
46b	In the last six months have you spent a night in the segregation/care and separation unit?	25%	12%
47a	Do you feel your religious beliefs are respected?	62%	54%
47b	Are you able to speak to a religious leader of your faith in private if you want to?	58%	59%
48	Are you able to speak to a Listener at any time, if you want to?	68%	64%
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	68%	64%
49b	Do most staff, in this prison, treat you with respect?	67%	69%
SECTION 5: Safety			
51	Have you ever felt unsafe in this prison?	38%	38%
52	Do you feel unsafe in this establishment at the moment?	19%	20%
54	Have you been victimised (insulted or assaulted) by another prisoner?	23%	23%
55a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	14%	11%
55b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	8%	7%
55c	Have you been sexually abused since you have been here? (By prisoners)	3%	1%
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	4%
55e	Have you been victimised because of drugs since you have been here? (By prisoners)	7%	3%
55f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	5%	4%
55g	Have you ever been victimised because you were new here? (By prisoners)	9%	5%
55h	Have you ever been victimised because of your sexuality? (By prisoners)	2%	1%
55i	Have you ever been victimised because you have a disability? (By prisoners)	2%	2%
55j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	4%	2%
55k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	6%	4%
56	Have you been victimised (insulted or assaulted) by a member of staff?	50%	25%
57a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	26%	14%
57b	Have you been hit, kicked or assaulted since you have been here? (By staff)	4%	5%
57c	Have you been sexually abused since you have been here? (By staff)	8%	1%
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	5%
57e	Have you been victimised because of drugs since you have been here? (By staff)	8%	4%
57f	Have you ever been victimised because you were new here? (By staff)	12%	5%
57g	Have you ever been victimised because of your sexuality? (By staff)	4%	1%
57h	Have you ever been victimised because you have a disability? (By staff)	4%	2%
57i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	7%	3%

Key to tables

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SECTION 5: Safety continued			
57j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	3%	4%
58	Did you report any victimisation that you have experienced?	14%	11%
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	25%	24%
60	Have you ever felt threatened or intimidated by a member of staff in here?	33%	24%
62	Is it very easy/easy to get illegal drugs in this prison?	34%	32%
SECTION 6: Healthcare			
63	Do you think the overall quality of the healthcare is good/very good?	40%	34%
64a	Is it very easy/easy to see the doctor?	24%	27%
64b	Is it very easy/easy to see the nurse?	40%	48%
64c	Is it very easy/easy to see the dentist?	8%	8%
64d	Is it very easy/easy to see the optician?	11%	8%
64e	Is it very easy/easy to see the pharmacist?	18%	23%
65a	Do you think the quality of healthcare from the doctor is good/very good?	34%	35%
65b	Do you think the quality of healthcare from the nurse is good/very good?	51%	48%
65c	Do you think the quality of healthcare from the dentist is good/very good?	21%	19%
65d	Do you think the quality of healthcare from the optician is good/very good?	28%	15%
65e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	23%	32%
66	Are you currently taking medication?	51%	41%
67	Are you allowed to keep possession of your medication in your own cell?	32%	27%
SECTION 7: Purposeful Activity			
69a	Do you feel your job will help you on release?	30%	23%
69b	Do you feel your vocational or skills training will help you on release?	30%	24%
69c	Do you feel your education (including basic skills) will help you on release?	43%	36%
69d	Do you feel your offending behaviour programmes will help you on release?	33%	21%
69e	Do you feel your drug or alcohol programmes will help you on release?	34%	25%
70	Do you go to the library at least once a week?	36%	37%
71	Can you get access to a newspaper every day?	36%	38%
72	On average, do you go to the gym at least twice a week?	52%	38%
73	On average, do you go outside for exercise three or more times a week?	18%	41%
74	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	6%	10%
75	On average, do you go on association more than five times each week?	60%	48%
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	16%	17%

Key to tables

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SECTION 8: Resettlement			
78	Did you first meet your personal officer in the first week?	28%	15%
79	Do you think your personal officer is helpful/very helpful?	37%	24%
80	Do you have a sentence plan?	27%	24%
81	Were you involved/very involved in the development of your sentence plan?	16%	14%
82	Can you achieve all or some of your sentence plan targets in this prison?	18%	12%
83	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	10%	10%
84	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	33%	19%
85	Do you feel that any member of staff has helped you to prepare for release?	21%	13%
86	Have you had any problems with sending or receiving mail?	44%	44%
87	Have you had any problems getting access to the telephones?	21%	33%
88	Did you have a visit in the first week that you were here?	34%	37%
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	72%	65%
90	Did you receive five or more visits in the last week?	0%	0%
91a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	40%	26%
91b	Do you think you will have a problem with finding a job following your release from this prison?	68%	55%
91c	Do you think you will have a problem with finding accommodation following your release from this prison?	60%	49%
91d	Do you think you will have a problem with money and finances following your release from this prison?	68%	59%
91e	Do you think you will have a problem with claiming benefits following your release from this prison?	47%	38%
91f	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	38%	38%
91g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	17%	20%
91h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	23%	25%
91i	Do you think you will have a problem with opening a bank account following your release from this prison?	47%	44%

Key to tables

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	Any percent highlighted in blue is significantly worse than the local prisons comparator.		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator.		
SECTION 8: Resettlement continued			
92a	Do you think you will have a problem with drugs when you leave this prison?	18%	18%
92b	Do you think you will have a problem with alcohol when you leave this prison?	14%	14%
93a	Do you know who to contact, within this prison, to get help with finding a job on release?	31%	40%
93b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	42%	43%
93c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	22%	30%
93d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	37%	45%
93e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	18%	31%
93f	Do you know who to contact within this prison to get help with external drugs courses etc	39%	45%
93g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	35%	36%
93h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	22%	31%
94	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	37%	32%



Key Question Responses (Ethnicity, Nationality and Religion) HMP Bullingdon 2007

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		Foreign National prisoners		Muslim Prisoners	
		White prisoners		British National Prisoners		Non-Muslim Prisoners	
Any percent highlighted in green is significantly better							
Any percent highlighted in blue is significantly worse							
Percentages which are not highlighted show there is no significant difference							
Number of completed questionnaires returned		36	71	17	88	10	91
4	Are you sentenced? (Not tested for significance)	58%	63%	65%	61%	50%	66%
10	Are you a foreign national? (Not tested for significance)	24%	13%			0%	19%
11	Is English your first language? (Not tested for significance)	81%	94%	71%	93%	70%	91%
12	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories. (Not tested for significance)			47%	30%	90%	28%
13	Are you Muslim? (Not tested for significance)	26%	2%	0%	11%		
17	Is this your first time in prison? (Not tested for significance)	25%	35%	57%	28%	0%	35%
21	Were you treated well/very well by the escort staff?	69%	74%	75%	71%	81%	70%
22a	Did you know where you were going when you left court or when transferred from another establishment?	60%	64%	35%	69%	81%	62%
24	Did you have any problems when you first arrived?	82%	84%	76%	85%	78%	84%
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	86%	90%	82%	90%	90%	89%
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	71%	76%	81%	74%	70%	74%
27	Were you treated well/very well in reception?	54%	69%	65%	63%	60%	65%
30	Did you feel safe on your first night here?	64%	84%	65%	81%	50%	81%
31	Did you go on an induction course within the first week?	32%	35%	30%	35%	40%	34%
35a	Is it very easy/easy to communicate with your solicitor or legal representative?	45%	42%	59%	40%	40%	42%
37a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	50%	52%	65%	50%	60%	52%
37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	92%	89%	94%	89%	100%	88%
37e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	28%	30%	41%	26%	30%	29%
38	Is the food in this prison good/very good?	19%	16%	35%	13%	10%	19%
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	31%	61%	34%	54%	40%	51%
40a	Is it easy/very easy to get a complaints form?	83%	89%	76%	89%	100%	86%
40b	Is it easy/very easy to get an application form?	88%	92%	88%	91%	100%	89%

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						
	Percentages which are not highlighted show there is no significant difference						
41a	Do you feel applications are sorted out fairly?	61%	56%	59%	56%	70%	58%
41c	Do you feel complaints are sorted out fairly?	9%	20%	24%	14%	10%	17%
45	Are you on the enhanced (top) level of the IEP scheme?	17%	20%	24%	19%	10%	20%
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	31%	50%	37%	44%	30%	47%
47a	In the last six months have any members of staff physically restrained you (C & R)?	6%	8%	6%	8%	0%	8%
47b	In the last six months have you spent a night in the segregation/care and separation unit?	23%	27%	12%	29%	11%	26%
48a	Do you feel your religious beliefs are respected?	58%	64%	76%	59%	81%	61%
48b	Are you able to speak to a religious leader of your faith in private if you want to?	50%	63%	75%	55%	60%	60%
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	69%	47%	72%	70%	70%
50b	Do most staff, in this prison, treat you with respect?	64%	70%	59%	69%	70%	69%
52	Have you ever felt unsafe in this prison?	43%	35%	47%	37%	40%	38%
53	Do you feel unsafe in this establishment at the moment?	11%	21%	30%	16%	0%	20%
55	Have you been victimised (insulted or assaulted) by another prisoner?	23%	23%	24%	23%	20%	25%
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	7%	6%	6%	0%	7%
56j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	4%	6%	4%	0%	5%
57	Have you been victimised (insulted or assaulted) by a member of staff?	60%	45%	43%	51%	57%	48%
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	6%	0%	8%	0%	6%
58i	Have you been victimised because of your religion/religious beliefs? (By staff)	8%	6%	7%	5%	28%	5%
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	23%	26%	18%	27%	22%	27%
61	Have you ever felt threatened or intimidated by a member of staff in here?	39%	29%	18%	35%	50%	30%
62	Is it very easy/easy to get illegal drugs in this prison?	28%	38%	12%	38%	30%	36%
64	Do you think the overall quality of the healthcare is good/very good?	45%	39%	41%	41%	60%	38%
65a	Is it very easy/easy to see the doctor?	17%	28%	31%	23%	20%	25%
65b	Is it very easy/easy to see the nurse?	31%	46%	41%	41%	40%	41%
70a	Do you feel your job will help you on release?	32%	27%	20%	30%	22%	32%
70b	Do you feel your vocational or skills training will help you on release?	26%	31%	39%	28%	33%	30%

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						
	Percentages which are not highlighted show there is no significant difference						
70c	Do you feel your education (including basic skills) will help you on release?	37%	46%	54%	41%	44%	44%
70d	Do you feel your offending behaviour programmes will help you on release?	32%	33%	21%	36%	20%	34%
70e	Do you feel your drug or alcohol programmes will help you on release?	22%	41%	0%	41%	11%	38%
71	Do you go to the library at least once a week?	50%	29%	50%	35%	40%	35%
73	On average, do you go to the gym at least twice a week?	50%	54%	64%	49%	56%	54%
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5%	6%	12%	5%	0%	6%
76	On average, do you go on association more than five times each week?	58%	62%	63%	59%	81%	58%
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	18%	12%	16%	10%	18%
79	Did you first meet your personal officer in the first week?	20%	33%	35%	27%	10%	31%
81	Do you have a sentence plan?	25%	28%	25%	28%	10%	29%
91	Have you had any problems with sending or receiving mail?	31%	50%	30%	47%	20%	42%
92	Have you had any problems getting access to the telephones?	19%	21%	6%	24%	30%	19%
94	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	72%	72%	75%	72%	60%	73%
99	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	34%	37%	47%	35%	11%	40%