

Report on an unannounced inspection of

HMP Bullingdon

10 – 20 July 2012

by HM Chief Inspector of Prisons

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Introduction

HMP Bullingdon describes itself as a 'community prison' and as such has the challenging task of combining the training function of a category C prison with that of a local prison serving the courts of Oxfordshire and Berkshire. At the time of this inspection it held 1,087 adult men – almost 25% above its normal capacity. The prison generally performed well but there were some issues that caused serious concern. We were not assured prison managers were adequately sighted on some of these.

Most prisoners reported decent relationships with staff and we observed generally positive interactions. Diversity work was generally well managed, although more attention was required to the needs of disabled and foreign national prisoners. The prison was generally safe. There was a good alcohol and drugs strategy and there was effective action to prevent illegal drugs coming into the prison. Measures to support prisoners at risk of suicide and self-harm were good.

However, we heard repeated concerns from a variety of sources about the behaviour of a very small minority of officers. We thought these concerns were credible. Prisoners had little confidence in the system for making complaints about staff, which was sometimes well founded. We saw responses to complaints that were dismissive or written by the officer who was the subject of the complaint. Several serious allegations did not appear to have been investigated.

Documentation relating to the use of force was not always completed. We were particularly concerned about the use of a body belt and improvised hood (a pillow case) on one prisoner. In addition to our serious concern about the incident itself, we were also disturbed that the report to the use of force committee responsible for reviewing the incident did not disclose the use of either the body belt or the hood.

Our last inspection in 2010 raised concerns about a major deterioration in the quality and quantity of work, training and education available in the prison. This inspection found that there had been some improvement, but from a very low base, and much more improvement was still required. Given the prison's training function, there was still too little purposeful activity provided, although it had increased and the prison made good use of what it had. Attendance and punctuality were good but we still found more than a third of prisoners locked in their cells, sleeping or watching TV, during the working day. While some might have had activities to go to for part of the day, a fifth of the population had no activity at all – about the same proportion by which the prison was overcrowded.

The shortage of activity places was largely outside the prison's direct control but it should, and could, have addressed the quality of teaching and instruction, too much of which was not sufficiently good. The prison's own self-assessment processes did not effectively identify where improvement was required.

There was a good and up-to-date strategy to prepare prisoners for release. There was practical support for issues such as housing and employment, and the range of programmes to address prisoner behaviour was much better than we usually see. There was an effective and innovative system to manage the offending behaviour of about 50 prolific offenders. However, for other prisoners there were significant delays and weaknesses in assessing and addressing their risks, in part because the staff responsible were frequently assigned to other duties. Good public protection arrangements mitigated the potential adverse consequences of this.

Bullington was an improving prison. Most prisoners had a reasonable experience. They were held safely in decent, if cramped, accommodation. Relations between staff and prisoners were generally positive. Most had some activity to occupy them. There was some good practical support to help prisoners with resettlement. Other than the lack of activity, the exceptions to this generally positive picture were relatively few – but they were very serious and undermined the work of the prison as a whole. These need to be addressed as a matter of urgency so that this community prison can achieve its full potential.

Nick Hardwick
HM Chief Inspector of Prisons

September 2012

Fact page

Task of the establishment

HMP Bullingdon is a community prison with both a local and category C training function for convicted and unconvicted adult male prisoners. It serves courts in Oxfordshire and Berkshire, but also holds a significant number of prisoners from London.

Prison status

Public

Region/Department

South Central

Number held

1087

Certified normal accommodation

879 (of which 224 cells designed for one were being used for two prisoners)

Operational capacity

1114

Date of last full inspection

January 2008

Brief history

HMP Bullingdon opened in April 1992, the first of a new design of prisons, which had since been copied elsewhere. It was built with four cellular blocks based around the same T-shaped design of three spurs, each with three landings leading off a central office complex. Each unit could hold 197 prisoners. The Edgcott and Finmere units were added in 1997 and 2008 and could hold 185 and 120 prisoners respectively.

Short description of residential units

Arcott	Convicted short-term prisoners
Blackthorn	Remand prisoners
Charndon	Drug free unit
Dorton	General and support mentoring spur
Edgcott	Sex offenders
Finmere	Induction/first night and enhanced prisoners

Name of governor/director

Andy Lattimore

Escort contractor

GeoAmey

Health service commissioner and providers

Commissioner:	Oxfordshire Primary Care Trust
Provider:	Oxford Health (primary health care services) Cotswolds Medicare (GP)

Learning and skills providers

The Manchester College

IMB chair

Pamela Fletcher

Healthy prison summary

Introduction

HP1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

HP2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

HP3 All Inspectorate of Prisons 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, particularly 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 effectively helped to reduce the likelihood of reoffending.

HP4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- outcomes for prisoners are good against this healthy prison test.

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

- outcomes for prisoners are reasonably good against this healthy prison test.

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

- outcomes for prisoners are not sufficiently good against this healthy prison test.

There is evidence that outcomes for prisoners are being adversely affected in many

areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- outcomes for prisoners are poor against this healthy prison test.

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

Safety

HP5 Reception was unwelcoming and there were delays in the process. First night and induction arrangements were reasonable. The majority of prisoners felt safe but some reported feeling victimised. Processes to manage bullies needed improvement. The number of incidents was low. The management of prisoners subject to assessment, care in custody and teamwork (ACCT) documents was reasonable. Security was generally proportionate. The positive mandatory drug testing (MDT) rate was low. There was a focus on using the incentives and earned privileges (IEP) scheme but staff were sometimes too punitive. The number of adjudications was decreasing. Use of force was generally well managed but we had significant concerns about a case where a hood and body belt was used. Special accommodation was rarely used. The segregation regime was limited. Substance use services were well developed. On the basis of this inspection, we considered that outcomes for prisoners were reasonably good against this healthy prison test.

HP6 There were delays in getting prisoners off escort vehicles.

HP7 Reception was unwelcoming and holding rooms were austere. Prisoners told us that staff were unfriendly. Few prisoners said that they had been offered a shower when they had arrived but most had been offered a telephone call. There were frequent delays in reuniting prisoners with their property. There were delays in excess of two hours at busy periods in moving prisoners from reception to the units, and for some this could be considerably longer. Most prisoners in our survey¹ said that they felt safe on their first night at the prison.

HP8 For most prisoners induction started on the day after their arrival. The content of induction was appropriate but more reinforcement was needed for some prisoners.

HP9 The dedicated safer custody team was well motivated. Residential staff were not fully engaged with the daily management of safer custody. Links between safer custody,

¹ **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towl et al (eds), *Dictionary of Forensic Psychology*.)

security and health care needed to improve. Recorded incidents suggested relatively low levels of violence but there were some inconsistencies in recording.

- HP10 The majority of prisoners felt safe. Some minority groups felt less safe, and feelings of victimisation were generally higher than in comparator prisons. Vulnerable prisoners for whom there was not sufficient accommodation in the Edgcott unit were located in the health care centre or the segregation unit.
- HP11 Most investigations were thorough, but subsequent reviews and monitoring were often cursory and limited to residential areas. There were no interventions to support the safer custody strategy. Prisoner violence reduction representatives supported the strategy but received no training and lacked sufficient supervision.
- HP12 The support mentoring unit was to be re-launched and now had a greater emphasis on supporting prisoners in need of additional assistance.
- HP13 There were relatively low levels of self-harm and lessons from incidents were being learned. There were no safer cells and better monitoring of the use of the gated cell in the health care unit was needed. There was no evidence of the use of strip-clothing. There was an average of 33 ACCT self-harm monitoring documents opened each month. Assessments were completed promptly and to a good standard. Prisoners at risk rarely had the same case manager. There was a range of resources to support prisoners but little multidisciplinary attendance at most reviews meant that links were not made. Listeners felt well supported by a majority of staff and prisoners had good access to the scheme. The requirements of prisoners on basic status who were also on an ACCT document or who had complex needs were not fully taken into account. An experienced suicide prevention coordinator filled many gaps in the care of individuals at risk across the prison.
- HP14 Recommendations from all death in custody investigations and inquests were reviewed and discussed at safer custody meetings.
- HP15 Security was generally proportionate. The main security concern was drugs, which included the diversion of prescription medication. A similar number of security information reports had been received in 2012 compared with the same period the previous year. It was not clear that appropriate action always followed. Incident reports had not been submitted for all assaults that should have been reported. The MDT positive rate had significantly reduced and was running at around 6%.
- HP16 It was appropriate that managers were promoting the use of IEP to improve behaviour and the trend over the last six months showed a steady improvement in prisoners achieving enhanced status, and fewer prisoners on the basic level. Day to day oversight of the IEP process was insufficiently robust to ensure consistency and some staff were too punitive in their application of the scheme. This was resulting in many complaints and frustration among prisoners.
- HP17 The use of adjudications had reduced. Adjudications were monitored regularly, and tariffs reviewed frequently.
- HP18 Use of force reports were generally good, but F213 forms (relating to whether any prisoner injuries had occurred) had not always been completed. There had been 74 uses of force in the first six months of 2012, which had been a reduction compared with the same period the previous year. There had been three planned uses of force

in the last 12 months and the approach to these was generally appropriate. Use of special accommodation was very low. There was one use of the body belt in the last year and we found some serious flaws in the approach taken in restraining the prisoner concerned, including the use of an improvised 'hood'.

- HP19 The segregation unit was kept very clean but the regime offered was basic. The exercise yards were austere. There was no association. Relationships were generally good.
- HP20 The counselling, assessment, referral, advice and throughcare service (CARAT) staff and addictions nurses carried out effective joint work. There was an appropriate focus on reduction rather than maintenance for prisoners on opiate substitution therapy. A good drug and alcohol strategy was in place with an assertive approach to supply reduction. Psychosocial interventions were comprehensive and clinical management was good.

Respect

HP21 Residential units were clean but many prisoners were sharing cells designed for one. Staff-prisoner relationships were generally respectful, but many prisoners complained about the approach of a small number of officers. Diversity was reasonably well managed although minority groups were less positive in our survey. More needed to be done to support foreign national prisoners, and those with disabilities. Faith services were good. General complaints were dealt with well but some of the responses to those made against staff were unacceptable. Health services were in need of improvement and modernisation but dental and mental health services were good. The processes supporting the prescribing of in-possession medication needed urgent attention. The food was unpopular with prisoners. On the basis of this inspection, we considered that outcomes for prisoners were not sufficiently good against this healthy prison test.

HP22 Many prisoners were sharing cells that were designed for one. Many toilets and showers were not screened. Prisoners could shower every day but some showers were not working. Most communal areas in residential units were kept clean. Most cells were clean but cell cleaning materials were not always available. Some cell windows were missing and many were broken. Food that prisoners were throwing out of windows was contributing to chronic vermin infestation.

HP23 It was easy for prisoners to make applications but they were not always recorded or tracked. There was generally good access to phones.

HP24 Most prisoners said that they were being treated well by staff although some minority groups were less positive. Relationships between prisoners and most staff were courteous and friendly, although many prisoners complained about the attitude and behaviour of a very small number of uniformed staff. We considered these complaints to be credible. Most prisoners had a personal officer; a majority said that they were helpful. Contact was regular, although entries in the Prison Service IT system P-Nomis generally demonstrated limited knowledge of them as individuals.

HP25 The equality strategy covered all strands but was not based on a needs analysis of all protected characteristics. The widely respected diversity and equality (E&D) officer

provided effective support and the equality and diversity team met regularly; attendance at meetings included prisoner representatives but no local community representation. Good E&D prisoner orderlies saw all new arrivals during induction.

- HP26 Diversity incident report forms were freely available and responses were timely and appropriate. A senior manager carried out quality assurance but there was no external verification.
- HP27 There was a range of prisoner forums but none for older or disabled men. Formal equality monitoring was only in place for ethnicity. Action was being taken to address the shortfalls identified.
- HP28 Black and minority ethnic, Muslim and foreign national prisoners raised few issues with inspectors, but our survey highlighted fewer positive responses regarding safety and respect. Some foreign national prisoners had not received sufficient information about their entitlements or the services available to them. Although prisoner interpreters were well used, the telephone interpreting service was not. There was regular contact with immigration officers.
- HP29 Disabled prisoners' responses to our survey questions were particularly negative, and too many unit staff were unaware of disabled men on the units or the existence of support plans. There was evidence of cell adaptations in some cases, and carers provided support to some; however, more recognition of the needs of prisoners with a disability was necessary.
- HP30 The chaplaincy team covered all main faiths and was very involved in the life of the establishment. Prisoners were able to attend services although some evening groups were curtailed.
- HP31 Complaint forms were freely available on the unit and responses were timely and generally answered well. Prisoners were not confident about complaining about staff; these complaints were not investigated at the appropriate level. Some responses showed a complete disregard for the issue raised.
- HP32 Prisoners were generally unhappy with the overall quality of health services. Chronic shortages of permanent staff had led to service disruptions although this was improving. Clinical governance systems were good; in particular the number of complaints had fallen. Primary care provision was good but limited in breadth; nurse-led clinics required development and assistant practitioners were under-utilised. Patients often arrived too early for health appointments and waited too long for escorts following appointments. The waiting time to see a GP was too long and the 'did not attend' rate too high. Dental services were good and appreciated by the patients. Recent changes in pharmacy practice had yet to be embedded. Urgent attention was required to ensure that in-possession risk assessments were completed. There was good coordination of mental health care. Access to individual and group therapies was good though insufficient counselling was available.
- HP33 Many prisoners did not like the food, particularly prisoners from minority groups. Breakfast packs were issued the night before and meals were served too early. Prisoners complained about the cost of purchasing items from the prison shop.

Purposeful activity

- HP34 Time out of cell was reasonable but for prisoners without an activity it was poor. Association was rarely cancelled but there was slippage in the implementation of the core day and opportunity for exercise outdoors was limited. There was a good strategic lead for learning and skills and day-to-day management was good, but this was undermined by limitations in quality assurance mechanisms. Activity places had increased and attendance had improved but there were insufficient places for all prisoners. The allocation process was fair. The quality of provision was mixed and some work was mundane. There was good use of peer mentors but opportunities to accredit this were missed. Achievement in education was good but with a limited range of qualifications and some teaching needed to improve. Access to the library and gym were good. On the basis of this inspection, we considered that outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP35 Over nine hours a day out of cell was possible for those in full-time activity, but those on the basic level of the regime received much less. We found an average of just over a third of prisoners locked up during the working day, and around 20% of these had no activity. Association was rarely cancelled but prisoners only received a maximum of 30 minutes' outside exercise each day. There was slippage in the implementation of the core hours of the day with late unlocks and early lock-ups.
- HP36 A clear and well understood strategic direction was in place for learning and skills and day-to-day operational management was good. However, progress was being undermined by the limitations in the quality assurance mechanisms in place, including the self assessment process, data analysis and observation of teaching. Improved recruitment of education staff had resulted in better consistency in the delivery of planned courses. Quality improvement measures were in place but the overall prison self-assessment process was not well understood. Data to drive up standards was not being used effectively. High levels of mutual respect between activities staff and prisoners helped provide a good learning environment.
- HP37 Activity places had increased but remained insufficient, particularly in vocational training. The activity allocation process was fair and equitable. Waiting lists were in place for the most popular workshops and for some of the education courses.
- HP38 The overall quality of learning and skills and work provision was satisfactory. The quality of teaching needed to be improved. In work and vocational training individual coaching was good. Good outreach support to improve literacy and numeracy skills was provided in prison workshops.
- HP39 Too few opportunities were available for prisoners to combine work and education courses or to progress to higher level qualifications in vocational training. The use of peer mentors to support learning and training in education was good, but no opportunities were available to formally accredit their skills development. The virtual campus was being used well to support learning sessions particularly English for speakers of other languages.

- HP40 The overall achievement in learning and skills and work was good. Most accredited courses had high achievement both in education and vocational training. Prisoners were developing good personal and employability skills.
- HP41 Prison work, some of which was mundane, was well structured and did provide opportunities to progress to supervisory positions. There was no formal accreditation to recognise a good work ethic and personal skills development in work. Overall attendance was good.
- HP42 The new library provided a calm bright and welcoming environment. The range of stock was appropriate for the prison population. General access to the library was satisfactory.
- HP43 Access to the gym was good. Access to outdoor team sports was well managed, fair and equitable. PE facilities were generally satisfactory overall. Some of the fabric of buildings and facilities needed improvement. Good links were in place with the health care team. Remedial PE was taking place, with specific programmes linked to drugs and mental health. No specific PE courses were in place for older prisoners.

Resettlement

- HP44 Strategic management of resettlement was good and responses to our survey were positive. Some high risk prisoners were not being managed effectively. There was a backlog in offender assessment system (OASys) assessments and delays in some other sentence management work. The integrated offender management pilot was an excellent initiative. There were good arrangements on arrival and pre-release to assess and meet needs. Release on temporary licence (ROTL) was not being used, but public protection was well managed. There were delays in making decisions concerning home detention curfew (HDC) and categorisation. There was some good provision around most of the resettlement pathways. There was a particularly good range of well managed offending behaviour programmes (OBPs). On the basis of this inspection, we considered that outcomes for prisoners were reasonably good against this healthy prison test.
- HP45 A comprehensive resettlement strategy informed by a limited needs analysis was in place. Monitoring of resettlement outcomes post-release was in its infancy and limited to a few pathways. The role of personal officers in supporting the resettlement strategy was not sufficiently well developed. In our survey significantly more prisoners than in comparator prisons were positive about resettlement work.
- HP46 There was a backlog of OASys assessments. Prisoners not in scope for offender management received no ongoing offender supervision, unless they were part of the promising integrated offender management pilot. Some high and very high risk of harm offenders were not receiving adequate offender supervision. Two thirds of HDC decisions were made after the eligibility date.
- HP47 Communication about which prisoners were subject to public protection restrictions was good, and prisoners understood the restrictions placed upon them. The release arrangements for high risk prisoners were appropriate.
- HP48 There were significant delays in the categorisation review process.

- HP49 Prisoners on indeterminate sentences were receiving a good ongoing service from offender supervisors.
- HP50 The pre-release club provided an opportunity to assess and meet needs across the resettlement pathways. There was a good, peer-led accommodation service to deal with tenancies on induction and to secure accommodation for release.
- HP51 The 'Ready steady work' course was very effective at helping prisoners develop job search and interview skills. The introduction of employment, training and education officers was positive.
- HP52 Not all prisoners being released received advice on finding a GP or on harm minimisation. There were functional links with palliative care services. Links between CARAT key workers and community drug services were good.
- HP53 The new finance, benefit and debt service was becoming established and starting to meet previously unmet needs. A money management course was offered and bank accounts being opened.
- HP54 Family days and parenting courses were run, but there was no trained family support worker. The 'Time for families' course assisted prisoners in maintaining family relationships. The visits booking system was inefficient and provided insufficient information for visitors. The visits environment was good. There were delays in visits starting and the dress code for visitors was overly restrictive.
- HP55 There was a very good range of well managed accredited and non-accredited programmes. Offender managers, supervisors and family members were regularly involved in post programme reviews.

Main concerns and recommendations

- HP56 Concern: A more coherent and joined up strategic approach to violence reduction was needed. Most prisoners felt safe but some minority groups felt less so and more than in comparator prisons felt victimised by staff and prisoners. Processes designed to monitor problematic behaviour and support victims were not being robustly used by residential staff.

Recommendation: Managers should clearly outline the violence reduction strategy, which should include a more coordinated approach between key departments, accurate and consistent data analysis and ownership by residential staff of processes to manage bullying.

- HP57 Concern: Many prisoners complained about a small number of staff; it was relevant that prisoners were more likely than those in comparator prisons to feel victimised by staff. These issues had also been reported to the local Independent Monitoring Board and were reflected in formal complaints from prisoners about the same staff. We were not reassured that these issues had been adequately addressed by local senior managers.

Recommendation: Senior prison managers should investigate the complaints made by prisoners about a small number of staff and take appropriate action to address any issues.

HP58 Concern: The use of in-possession medication was high but was not used in line with the prison policy and the rationale for its use was often unclear. Individual risk assessments were not always carried out prior to in-possession medication being prescribed. This was contributing to issues with the problematic diversion of prescribed medications.

Recommendation: The in-possession policy should be implemented; daily in-possession medication should only be used after a risk assessment indicates it is appropriate.

HP59 Concern: The number of activity places available was not sufficient to enable all prisoners to work or engage in other purposeful activities. Some opportunities were part time. Too many prisoners were locked up for much of the day as a result. The opportunity for more vocational training to improve employability skills was a particular priority.

Recommendation: The number of activity places available (particularly in vocational training) to ensure that all prisoners have opportunities to improve their employability skills should be increased to meet the needs of the population held.

HP60 Concern: There was a backlog of OASys assessments. These were key to developing sentence plans, which supported prisoners to undertake work to reduce their risk of re-offending. Any delay in this process, therefore, was significant.

Recommendation: All prisoners should have an initial OASys assessment within eight weeks of sentencing, and all other offender management tasks, including re-categorisation decisions, should be completed on time.

Section 1: Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

- 1.1 There were delays in getting prisoners off escort vehicles. The application of restraints was not based on individual risk assessments. Prisoners being transferred to other prisons were not always given sufficient notice. There was good use of video conferencing for court hearings.
- 1.2 Most prisoners had journeys of less than two hours in cellular vehicles, which were reasonably clean. Most prisoners (77%) said that escort staff treated them well. Few prisoners (9%) said that they were given information about the prison before their arrival.
- 1.3 There were delays, often in excess of an hour, in getting prisoners off escort vehicles, which frequently arrived after 7pm. Restraints were applied to all prisoners between escort vehicles and reception. This included a category D prisoner, who remained in restraints in an open compartment, throughout his journey (see recommendation 1.65).
- 1.4 Prisoners being transferred to another prison were told about this only one hour before departure. This did not always allow time for prisoners to contact next of kin or legal advisers.
- 1.5 Private cash did not accompany prisoners to court. Those released from court had to return to the prison to get their money, or have it posted to them. This issue was addressed during our inspection.
- 1.6 There were six clean and well managed video conference rooms. Two were used solely for court hearings, which averaged about 70 per month.

Recommendation

- 1.7 Restraints should only be used if they are justified by risk assessment.

Housekeeping points

- 1.8 The prison should ensure that private cash accompanies unsentenced prisoners to court.
- 1.9 Prisoners should be given sufficient notice of planned transfers and be able to make a telephone call to their family, next of kin and/or legal adviser, subject to well-evidenced security considerations.
- 1.10 Prisoners should be given information at court about the prison and what to expect on arrival, and should be transferred as quickly as possible to minimise waiting times.

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- 1.11 Reception was unwelcoming and few prisoners were offered a shower on arrival or before attending court. There were delays in moving prisoners to their units, especially vulnerable prisoners and those waiting to see the doctor. Vulnerable prisoners, for whom there was sometimes insufficient accommodation, had been located in the hospital or segregation unit. The content of induction was appropriate but more reinforcement was needed for some prisoners. Most prisoners said they felt safe on their first night at the prison.
- 1.12 Reception was grubby and unwelcoming and holding rooms were austere, with graffiti on some walls. Some holding rooms did not have televisions or reading material and the small vulnerable prisoner (VP) holding room had insufficient seating.
- 1.13 The reception area was frequently crowded with prison and escort staff, which appeared intimidating. Prisoners said that reception staff were unfriendly and uncaring; we found an offensive and unprofessional notice in a room used for searching prisoners, which appeared to confirm this view. In our survey most prisoners (75%) said they were searched respectfully, but black and minority ethnic and foreign national prisoners were less positive (68%).
- 1.14 Information arriving with escort staff was used to inform initial reception assessments. This included arrangements to protect VPs, and young adults, and fast-tracking those with immediate medical needs. Health assessments were carried out by a nurse in reception, but the door to the interview room was left open.
- 1.15 Most prisoners were offered a meal and a hot drink on arrival. All new prisoners were offered a smokers' or non-smokers' pack and £2 phone credit; they were advised how this would be repaid. Most prisoners were offered a free telephone call supervised by a first night officer. A Listener and an Insider, based in reception, offered support to new prisoners.
- 1.16 Prisoners' property was not searched in their presence, and there were delays returning it to them. Only 10% of prisoners, compared with 34% at similar prisons, said that they had been offered a chance to shower when they arrived. We spoke with prisoners who had not been able to shower before going to court or on their return.
- 1.17 Cell sharing risk assessments and first night interviews were completed in private in reception. Essential information, available in 20 languages, was explained and compacts were signed. Most prisoners in our survey – 83% compared with 73% in comparator prisons – said that they felt safe on their first night at the prison.
- 1.18 Prisoners were moved to the Edgcott or Finmere units as soon as possible, but there were delays during busy periods. VPs and those needing to see a doctor experienced the longest delays, often in excess of three hours. When the Edgcott unit, where VPs were accommodated, was full, prisoners were located in the health care unit, and when that was full, in the segregation unit. This had happened seven times so far this year. All new arrivals were located in single cells.

- 1.19 Most prisoners, including those undertaking detoxification, completed a two-day induction programme in the Edgcott or Finmere units as soon as possible. This involved classroom sessions delivered by orderlies covering prison life and equality and diversity, as well as talks by service providers and assessments by the education department. Prisoners who had been located in the health care or segregation units could experience delays of a few days in commencing their induction. Forty per cent of prisoners said that induction did not give them all the information they needed. Some prisoners told us that there was a lot of information to absorb and it was particularly difficult for foreign national prisoners, who struggled with much of it (see section on foreign nationals).

Recommendations

- 1.20 Reception should be clean and welcoming. TVs and reading material, as well as sufficient seating, should be available in all holding rooms.
- 1.21 Prisoners should be offered a shower in reception if they arrive too late to have one on the first night unit, and before going to court.
- 1.22 Prisoners should not be held in vehicles outside reception, and should be held in reception for as short a time as possible.

Housekeeping point

- 1.23 Prisoners' property should routinely be searched in their presence and should accompany the prisoner to their unit.

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). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- 1.24 The majority of prisoners felt safe but this was less evident for some minority groups and we had concerns about the perceived level of victimisation reported by some. Recorded levels of violence were low but more needed to be done to instil confidence in the data. Better links were needed between some key departments. There was too much reliance on the well motivated safer custody team, and residential staff needed to take more responsibility for strategies. VPs in the Edgcott unit felt safe.

- 1.25 The majority of prisoners we talked to said that they felt safe and responses to general questions in our survey about safety were similar to comparator prisons. However, our survey also indicated that some minority groups felt less safe, and feelings of victimisation from both prisoners and staff were generally higher than in comparator prisons and were more prevalent on Arncott and Blackthorn units.

- 1.26 The prison's own survey, completed in February 2011, confirmed this finding; it revealed that 10% of prisoners had said that they had been hit, kicked or assaulted once or twice or occasionally in the previous month.
- 1.27 The single safer custody policy and strategy document was primarily related to the prevention of suicide and self-harm and did not adequately describe a strategy to reduce violence. The routine management of safer custody strategies was overseen by a well motivated and appropriately senior team, but other departments needed to take more responsibility for the strategies.
- 1.28 A monthly safer custody team meeting was chaired by the head of residence. Listeners attended, but security and residential staff representatives were mostly absent. The minutes of the safer custody meetings were primarily about self-harm and suicide prevention procedures and very little was recorded about the prison's strategy to reduce violence.
- 1.29 Links between safer custody, health care and the security departments needed to improve. For example, we saw how inaccurate data on the use of force were being presented to the safer custody meeting, and forms used to record prisoners' injuries were not passed on to the safer custody team for further investigation where the circumstances were unexplained or suspicious.
- 1.30 Recorded incidents suggested relatively low levels of violence. There were on average two assaults on prisoners and three assaults on staff each month. An average of 16 violence related adjudications were heard every month. Most of these occurred in the Arcott and Blackthorn units.
- 1.31 Data indicated that since April 2010 there had been an increase in assaults on staff and a decrease in prisoner on prisoner assaults. Managers were not convinced that all violent incidents were reported. Most investigations of violent incidents were completed by the violence reduction coordinator and were thorough, but the few completed by unit staff were inadequate.
- 1.32 On average between five and six prisoners every month were monitored as suspected bullies and around three prisoners per month were identified as victims. We were told that some residential staff were reluctant to use formal procedures because of the paperwork involved; they managed conflicts by moving prisoners between spurs or units. Where monitoring was carried out, comments in the documentation were mostly cursory. There were no behavioural interventions to support the strategy and there had been no staff training in recent months.
- 1.33 Twenty-nine prisoners had been selected as violence reduction representatives and posters on their cell doors identified them. Although each unit had an officer with some responsibility for violence reduction they did not routinely meet with prisoner representatives. A quarterly meeting was held with the violence reduction coordinator but this was not always well attended. Prisoners received no training for their role and more governance of this scheme was needed to ensure they understood the limits of their role. Although this stated that they were not to challenge alleged bullies directly, representatives told us that they would. In one incident a representative had had boiling water thrown at him after challenging an alleged bully. Most representatives thought the scheme worked well.
- 1.34 Most VPs said that they felt safe. They were held in the Edgcott unit and kept separate from the main population except in some work locations and the chapel.

Recommendations

- 1.35 The prison should investigate prisoner perceptions of victimisation and develop an action plan to address any issues identified.
- 1.36 Interventions should be developed to address bullying and antisocial behaviour and to provide support for victims.
- 1.37 There should be stronger governance of the work of the violence reduction representatives.

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 1.38 Some progress was being made against recommendations following deaths in custody. There were low levels of self-harm and good efforts made to learn from serious incidents. Assessment, care in custody and teamwork (ACCT) procedures needed improvement particularly through better attendance at meetings by staff from other disciplines and consistency in case management. Some good interventions and a well supported Listener scheme were available. The suicide prevention coordinator filled many gaps in the care of prisoners at risk.
- 1.39 There had been one self-inflicted death in October 2011. Progress made against recommendations from death in custody investigations and inquests was recorded at the safer custody meeting. An apparent self-inflicted death had occurred three days after the prisoner's release from custody, but had not been investigated, which meant that lessons could not be learnt. Lessons were being learnt as a result of local and national issues.
- 1.40 A monthly report on self-harm incidents showed relatively low levels for the type of population, and investigations were completed into more serious incidents to identify lessons. Good local data revealed a fall in the number of prisoners who self-harmed and in the number of ACCT documents opened.
- 1.41 On average 33 ACCT documents were opened each month. Assessments were completed promptly and to a good standard, but prisoners with poor spoken English were not always provided with a confidential translation service, despite a previous recommendation from the Prisons and Probation Ombudsman following a death in custody. There was little multidisciplinary representation at reviews. There was no consistency in case manager, they were not always trained and care maps were not routinely reviewed. Case managers sometimes failed to recognise complex needs – we found one prisoner's condition to be deteriorating because the basic regime he was on was at odds with his safer custody needs.
- 1.42 None of the safer cells met the current specification. Prisoners who were considered to have a high risk of self-harm and in need of constant supervision were held in a gated cell in the health care unit. The log recording use of this cell was incomplete, with missing information

about the times and dates prisoners were held there. Given the frequency with which it was used (13 times in 14 weeks and on three occasions for over six days), this data should have been scrutinised at the monthly safer custody meeting. There was no evidence of the use of strip-clothing.

- 1.43 A range of supportive interventions was available – see resettlement section.
- 1.44 The team of Listeners felt well supported by staff and were positive about their access to prisoners except while they were in the health care unit. There were no designated suites for Listeners but they could use community rooms on landings. Samaritans telephones were available.
- 1.45 Staff on our night visit understood the need to enter cells immediately at night to preserve life. Few staff working at night were trained in first aid and we met two night staff with no anti-ligature knives.
- 1.46 An experienced suicide prevention coordinator filled many gaps in the care of individuals at risk across the prison. She knew the personal circumstances of most prisoners at risk, attended many reviews and would secure places for individuals in activities.

Recommendations

- 1.47 The National Offender Management Service should commission an investigation into the deaths of prisoners shortly after release where there has not been an investigation by the Prisons and Probation Ombudsman.
- 1.48 ACCT procedures should be improved to ensure they are multidisciplinary and consistent, so that the issues in more complex cases can be identified.
- 1.49 Recording of the use of the gated cell in the health care unit should be improved and its use monitored by the safer custody meeting.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.²

- 1.50 A new unit was being developed to support adults at risk but there were no formal safeguarding policies. It was too early to comment on the unit.
- 1.51 The prison was from 23 July 2012 re-launching its prisoner support unit as the support mentoring unit. It was to have a greater emphasis on mentoring prisoners in need of additional

² We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

support to cope with prison life. There had been no additional training for staff working on the unit.

- 1.52 The unit accommodated a mix of mentors, prisoners in need of support and a small number who were in debt to others elsewhere in the prison. There were plans to assess and review prisoners being mentored and to recognise formally the role of mentoring.
- 1.53 There were no formal safeguarding procedures or policies and no formal links with the local adult safeguarding board. It was too early for us to comment on the effectiveness of the support mentoring unit.

Recommendation

- 1.54 The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes, including a formal safeguarding policy for adults at risk in line with the 'No secrets' definition (Department of Health 2000).

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

1.55 The main security concern was drugs, which included the diversion of prescription medication. Security was generally proportionate. It was not clear if the actions resulting from security information reports (SIRs) were always followed up. The MDT rate was 6.3% against a target of 9%.

- 1.56 The physical security of the prison was good and generally proportionate. The main concern was drugs, which included the diversion of prescription medication.
- 1.57 Monthly security meetings were well attended by a wide range of stakeholders. Intelligence assessments outlined priorities and the strategy for implementing them.
- 1.58 A similar number of SIRs had been submitted in the first six months of 2012 compared with the same period last year. Target searches requested as a result of intelligence gathered from SIRs, were logged, but not monitored for completion so it was possible that opportunities to act on intelligence had been missed.
- 1.59 Squat searches were being carried out when staff suspected that a prisoner might have concealed an object. Reports demonstrated their reasoning but did not record the authorisation to carry out the search. A security manager completed and recorded two random quality checks of staff searching each month.
- 1.60 The mandatory drug testing (MDT) rate was 6.3% against a target of 9%. In the first five months of 2012, 99 suspicion drug tests had been completed; 20 had tested positive.

- 1.61 The drug testing suite was in the process of being extended and re-fitted. There was no screening between the holding rooms and the test area.
- 1.62 Nine prisoners were subject to closed visits. We had some concerns that the local policy allowed prisoners to be placed on closed visits for reasons not related to visits, but in most of the cases we reviewed, the supporting evidence for the decision was compelling.
- 1.63 Fourteen members of the public had been banned from visiting prisoners for periods between three months and life. All bans were for reasons directly related to visits, and all had been approved by a senior manager.

Recommendations

- 1.64 The prison should ensure that squat searches are intelligence-led and appropriately authorised in advance.
- 1.65 The prison should ensure that intelligence is used to inform whether searches, closed visits for non-visits related activity and security arrangements for category D prisoners are appropriate.

Housekeeping point

- 1.66 There should be screening in the MDT testing facility between prisoners in holding rooms and the test area.

Incentives and earned privileges

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- 1.67 Managers were prioritising the use of IEP appropriately. The trend over the last six months showed a steady improvement relating to prisoners achieving enhanced status, and fewer were on the basic level. Some staff were too punitive in their application of the scheme, resulting in many complaints and frustration among prisoners.
- 1.68 A snapshot showed that there were 16 prisoners on the basic regime of the IEP scheme and 344 on the enhanced status. The trend over the last six months showed a steady improvement in prisoners achieving the enhanced status, and fewer prisoners on the basic level.
- 1.69 Some staff were too punitive in their application of the IEP scheme issuing IEP warnings for very minor issues, resulting in many complaints and much frustration among prisoners. In our survey, 40% of prisoners, fewer than in comparator prisons (49%), said that, in their experience of the scheme, they had been treated fairly. Less than half (47%) thought the different levels encouraged them to change their behaviour. Management checks were insufficiently robust.

- 1.70 Following consultation with prisoners, prisoners could now apply for enhanced status after eight weeks on the standard regime. However, prisoners on induction were still being told that they could apply after 12 weeks.
- 1.71 The IEP policy stated that prisoners on the basic regime would be paid £5 per week, but this was not being applied.

Recommendation

- 1.72 Management quality checks of the IEP scheme should ensure consistency of the scheme across the prison.

Housekeeping points

- 1.73 Induction booklets should be amended to provide the correct information about applying for the enhanced status.
- 1.74 Prisoners on the basic regime should earn the level of pay outlined in the IEP policy.

Disciplinary procedures

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.

- 1.75 Adjudications were monitored regularly. Use of force reports were generally good but were not always supported by records of prisoner injuries. There had been three planned incidents of use of force in the last 12 months, and these were generally proportionate. Use of special accommodation was low. There had been one use of the body belt in the last year and we found some serious flaws in the approach used. The segregation unit was kept very clean but the regime was basic and the exercise yards too austere.
- 1.76 There had been 759 adjudications in the first six months of 2012, and 681 in the same period last year. Sixteen had been referred to the independent adjudicator.
- 1.77 Adjudication hearings were well conducted, but some adjudicators had made insufficient enquiries into charges. Prisoners were informed of the appeals procedure. Punishments were mostly within the local guidelines, and where this was not the case, it was usually because a lesser punishment had been given. The adjudication committee met quarterly, and monitoring was detailed. Tariffs had been reviewed frequently.
- 1.78 A problem with prisoners throwing litter from their windows meant that, because staff could not prove who the perpetrators were, all prisoners on that spur were only unlocked for association after the litter had been cleared. This amounted to a collective punishment.

Recommendation

- 1.79 Unofficial or collective punishments should not be used.

The use of force

- 1.80 Most staff (85%) had received up to date control and restraint training. Force had been used 74 times between January and June 2012, compared with 102 times during the same period last year.
- 1.81 A use of force committee met monthly to review and monitor the use of force for the preceding month. Scrutiny of individual use of force incidents was inadequate.
- 1.82 There had been three planned incidents of use of force in the last 12 months, which had been appropriately authorised and filmed. We reviewed these incidents, and found them mainly to have been conducted appropriately.
- 1.83 The body belt had been used once in the last year and we had significant concerns about the case in question. An improvised hood (a pillow-case) had been placed over a prisoner's head to prevent him from spitting at staff; the prisoner had appeared calm prior to the body belt being applied. Not all staff present at the incident had recorded the use of the hood in their reports. The authorisation document and the orderly officer's report had been poorly completed. It was unclear if, in the first instance, authorisation had been obtained at the correct level. The review of the incident by the use of force committee was compromised because the report submitted to the committee following the incident was incomplete and failed to mention the use of the body belt or hood. We brought this to the attention of the governor who instigated an investigation.

Recommendations

- 1.84 **Scrutiny arrangements for all use of force incidents should be improved.**
- 1.85 **Only approved restraint techniques should be used and use of force should only be used proportionately.**

Segregation

- 1.86 The segregation unit was very clean, but toilet seats were missing in several cells. The three exercise yards were small and too austere. Prisoners exercised individually for 30 minutes, and there was no association. The regime and activities for prisoners were limited.
- 1.87 Relationships between staff and prisoners were generally good. Staff were usually present when official visitors met with prisoners which could have inhibited them from being honest about their treatment. Daily entries in case notes were mainly about routines, such as 'shower taken', and showed little meaningful interaction with prisoners.
- 1.88 There were good links with mental health 'in-reach' workers who visited regularly, and we found evidence of care plans, reintegration planning, as well as multidisciplinary 'crisis' meetings for individual prisoners.
- 1.89 There were quarterly segregation monitoring meetings, which looked in detail at the use of segregation, but monitoring did not cover all the protected characteristics.
- 1.90 There had been one use of special accommodation in the last 12 months, which had been appropriately authorised, and which lasted 30 minutes. Two prisoners had been in the

segregation unit for more than three months since February and March 2012 but no thought had been given to enhancing the regime with which they had been provided.

Recommendation

- 1.91 The segregation regime should be improved to provide more opportunities for purposeful activity and meaningful interaction with others, particularly those held for prolonged periods of time.

Housekeeping points

- 1.92 The adjudication, segregation and use of force meetings, should monitor all the protected characteristics.
- 1.93 Segregated prisoners should be provided with the opportunity to speak to an official visitor out of the hearing of staff.

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- 1.94 Effective joint work was taking place between counselling, assessment, referral, advice and throughcare service (CARAT) staff and addictions nurses and there was a focus on encouraging reduction rather than maintenance. A good drug and alcohol strategy was in place. Psychosocial interventions were comprehensive and clinical management was good.
- 1.95 Drug and/or alcohol dependent prisoners were identified at reception and, following appropriate checks and tests, existing prescribing regimes were continued or their equivalent provided. The integrated drug treatment service (IDTS) addictions team, comprising nurses and a GP with a special interest, saw the patient on the first night or following morning to undertake a comprehensive clinical assessment. IDTS clinical protocols and prison prescribing guidelines were in accordance with national guidelines.
- 1.96 Opiate substitution therapy was prescribed but buprenorphine was used sparingly to minimise the potential for diversion. One hundred and nineteen prisoners were in treatment in June 2012, a reduction from 145 in January. This reflected the emphasis on reduction rather than maintenance therapy.
- 1.97 Patients received good support to help manage their substance and alcohol misuse problems but clinics to assist with tobacco avoidance had been suspended. Four nurses had completed training, and nicotine replacement therapy and support was to be resumed following our inspection.
- 1.98 The prison implemented consistently an up to date drug and alcohol strategy via an action plan. The multidisciplinary drug strategy committee monitored implementation and received detailed monthly reports from all relevant departments. Psychosocial services were out to tender at the time of our inspection.

- 1.99 Prisoners were very positive about the support they received and were provided with relevant information about the services offered. Prisoners with substance misuse issues who were difficult to engage were supported through the Impact programme, which was designed to befriend the prisoner and encourage him to enter a treatment programme.
- 1.100 Over 360 clients were in contact with CARAT and engaged in a good range of psychosocial interventions of an individual or group nature. Good communication occurred between CARAT and the addictions team on a case by case basis but there was no regular, formal meeting.
- 1.101 Over 350 prisoners were engaged in compact-based drug testing. They had access to drug-free accommodation.
- 1.102 Clients with gambling addiction had special compacts and access to weekly Gam-Anon meetings.

Housekeeping point

- 1.103 The addictions and CARAT managers should formally meet to share information and ensure IDTS coordination.

Good practice

- 1.104 The Impact programme was an effective way to engage and encourage prisoners into treatment and to ensure that their needs were not overlooked.

Section 2: Respect

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. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1 Most communal areas and cells were clean but cell cleaning materials were not always available. The single cells used for two prisoners were too small. Prisoners could shower daily and had access to clean clothes. Some cell windows were missing or broken and waste food discarded from cells had contributed to a chronic vermin infestation. There was generally good access to telephones.
- 2.2 A total of 224 cells designed for one prisoner were being used for two. They were allocated to most prisoners following induction and were cramped with privacy extremely limited. The condition of cell furniture varied across the units.
- 2.3 Communal areas and most cells were reasonably decorated and clean. Cell toilets on the newer units had no lids although some prisoners had made their own. Many toilets required de-scaling, and most had no toilet rolls or soap. Cell cleaning materials and toiletries were not always available. Prisoners could shower daily in clean communal facilities but these offered no privacy, and some were not working.
- 2.4 Many cell windows were missing or broken as a result of attempts to restrict them to prevent food from being thrown out of windows. Food below some windows had contributed to a chronic infestation of rats, which was being addressed (see also paragraph 1.78).
- 2.5 Cells had televisions but many had no lockable cupboards. Observation panels from the landing through to the toilet areas had been blocked by prisoners to provide privacy but we found no cells holding prisoners at risk where observations would have proven difficult.
- 2.6 Most units had reasonable facilities including clothing stores, interview rooms, a laundry, a servery and small fitness rooms. Each spur had a community room; they were in varying states of repair. A range of table games was available in units.
- 2.7 In our survey, fewer prisoners than in comparator prisons said that their cell call bell was normally answered within five minutes. Only Finmere unit had an electronic system, which could monitor the response to cell calls but this had been disabled. Managers did not use any other procedures to monitor responses.
- 2.8 It was easy for prisoners to make routine applications and most prisoners said that these were dealt with fairly and promptly. However, they were not always recorded or tracked although this was being addressed during the inspection.
- 2.9 There was generally good access to phones, which provided prisoners with a degree of privacy. However, we heard complaints about the system occasionally failing and we witnessed the frustrations this caused during the inspection.

- 2.10 Procedures for receiving and forwarding prisoners' mail were satisfactory with some understandable delays for those whose mail had to be monitored for public protection. The scheme for sending email to prisoners worked well.
- 2.11 All prisoners except those who had been downgraded to the basic regime could wear their own clothes. Many did so and unit laundries used to wash personal clothing every week worked well. Prisoners could not have clothing handed in by visitors, but some items could be sent through the post or purchased through a catalogue.
- 2.12 Prisoners could exchange prison kit, including bedding, every week. In our survey prisoners were more positive about prison kit than in comparator prisons, but some units had shortages and some kit was in poor condition. The clothing exchange store had sufficient supplies, but unit staff did not always order enough to meet needs.
- 2.13 Prisoners were allowed reasonable amounts of property in their possession and they could gain access to stored property through applications to reception, although there was sometimes a delay. Some property confiscated over a year ago had been stored in the unit in a disorganised way.

Recommendations

- 2.14 Cells designed for one prisoner should not be used to accommodate two.
- 2.15 Missing and damaged windows, toilet seats, televisions and furniture in cells across the prison, including in segregation, should be replaced.
- 2.16 A sufficient amount of prison issue clothing and bedding should be available in all units.
- 2.17 Managers should check response times to cell call bells and the automated system for monitoring cell calls in the Finmere unit should be re-activated.

Housekeeping points

- 2.18 Staff should report broken showers promptly and toilet rolls and soap should be provided in communal toilets.
- 2.19 The storage of prisoners' property should be better organised and managed.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

- 2.20 We found that the quality of relationships between staff and prisoners was mostly good. We saw officers who engaged positively with prisoners and who were responsive to requests for assistance. We received many complaints about a small number of uniformed officers. Most prisoners had a personal officer and contact with them was regular although this tended to

concentrate on day to day issues rather than reflecting a deeper knowledge of them as individuals. Links with the resettlement unit were under-developed.

- 2.21 Most prisoners in our survey said that they were treated well by staff and that they had someone they could turn to for help. However, black and minority ethnic, foreign national and disabled prisoners were less positive, although in conversation many did say that staff were helpful.
- 2.22 Our observations were that relationships between prisoners and most staff were courteous and friendly, and based on mutual respect. In contrast, many prisoners complained about the attitude and behaviour of a small number of uniformed staff whom they considered at best, too strict in the application of rules and at worst, abusive. The local Independent Monitoring Board had also identified this issue and had raised it with senior managers on site. We considered these concerns to be credible and in need of investigation.
- 2.23 Interactions during association periods were business-like and appropriate, although some officers congregated in the central area of units rather than on the spurs, where interaction with prisoners was easier.
- 2.24 A good range of prisoner consultation was taking place and there were examples of changes made in response to feedback.
- 2.25 In our survey prisoners were more likely than those in comparator prisons to say that they had a personal officer (PO), and that they were helpful. There was evidence that contact between POs and prisoners was regular, although entries in the Prison Service IT system P-Nomis generally demonstrated a limited knowledge of them as individuals. There was little reference to resettlement issues in the comments made and POs mainly concerned themselves with day to day matters.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic³ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.26 The equality strategy covered all strands but was not based on a needs analysis. In our survey, prisoners with disabilities expressed particular dissatisfaction. Not all foreign national prisoners were aware of their entitlements. Prisoners who were unable to work received only £3 a week.

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Strategic management

- 2.27 The equality strategy covered all protected characteristics but was not based on a needs analysis. It provided clear guidance about how each characteristic would be managed and the support provided for prisoners.
- 2.28 Published terms of reference dictated attendance at the quarterly Bullingdon equality action team (BEAT) meetings chaired by the governor or deputy. Equality staff, a chaplain and prisoner equality and diversity orderlies attended meetings regularly, but attendance by other functional managers was poor. There was no community representation although this was planned.
- 2.29 Minutes of meetings demonstrated that proactive discussions relating to many diversity issues, including systematic monitoring and analysing of race equality treatment (SMART) data and prisoners' concerns, took place. Matters were progressed from month to month and action was taken to address issues raised through SMART data. Only ethnicity was formally monitored.
- 2.30 The equality action plan captured issues from a number of sources, including SMART data, BEAT discussions, prisoner focus groups and impact assessments. It was monitored and updated frequently.
- 2.31 The proactive equality and diversity officer (EDO) was well known to prisoners and staff.
- 2.32 Three well known equality and diversity prisoner orderlies met all new arrivals, and gave advice and guidance on equality matters to prisoners in units. Issues identified were raised at BEAT meetings, and brought to the attention of the EDO at monthly meetings, which included unit prisoner diversity representatives.
- 2.33 Discrimination incident report forms (DIRFs) were freely available. There had been 56 from January to July 2012. Twelve DIRFs had been related to ethnicity to date during 2012, compared with a total of 85 in 2011 and 185 in 2010. DIRFs were generally well investigated and quality checked by a senior manager. There was no external verification, although this was planned.

Recommendations

- 2.34 The equality strategy should be based on a needs analysis of all protected characteristics.
- 2.35 All functional areas should be represented at BEAT meetings, and data relating to all protected characteristics should be routinely monitored and discussed.

Protected characteristics

- 2.36 Approximately 25% of prisoners were from a black and minority ethnic background, as were 4% of officers, senior officers and governor grade staff; 89% of all uniformed staff had undertaken the 'Challenge it, change it' training.
- 2.37 Black and minority ethnic prisoners raised few issues with inspectors. However, our survey highlighted fewer positive responses compared with white prisoners, particularly in areas of

respect and safety. Quarterly forums for black and minority ethnic prisoners enabled them to raise issues of common concern.

- 2.38 There were 167 foreign national prisoners from around 40 countries, including 12 detainees. In our survey, foreign national prisoners responded less favourably in some areas compared with British nationals. They were however, more positive about areas related to faith and religious activity (see section on faith and religious activity).
- 2.39 Immigration officers from the UK Border Agency held fortnightly surgeries and a representative from the Detention Advice Service was available every three weeks. Not all foreign national men were aware of these visits, and there were no forums for them to voice common issues. Not all were aware of their entitlement to phone calls or letters, or fully aware of the regimes and services of the prison. Foreign national prisoners received a monthly call to their family abroad, but only in lieu of visits, and there were no special visiting arrangements for families travelling from abroad.
- 2.40 There was a list of prisoners and staff willing to act as translators. Some foreign national men did not speak English at all but telephone translation services had only been used on five occasions during 2012.
- 2.41 In our survey, Muslim prisoners reported less positively than non-Muslim men in some areas of respect and safety. Muslim, foreign national and black and minority ethnic men reported victimisation due to their religious beliefs by prisoners; Muslim and black and minority ethnic men also reported religious victimisation by staff (see section on faith and religious activity).
- 2.42 Prisoners were asked to disclose a disability on arrival and were then referred to the disability liaison officer. Each unit had identified disability liaison officers, although they did not receive any training or facility time.
- 2.43 In our survey 21% of respondents described themselves as having a disability compared with 13% recorded by the prison. Prisoners with disabilities responded extremely negatively across many areas of our survey.
- 2.44 Wing disability liaison officers completed disability support plans and personal emergency evacuation plans (PEEPS) when necessary. Many plans were very basic, and there was little evidence that reviews had been carried out, or that the prisoner concerned had been involved.
- 2.45 Most unit staff had some knowledge of prisoners who needed help in an emergency, but, except for those in the Dorton and Edgcott units, many were unaware of the needs of more than a few disabled men in their unit. Not all staff were aware of existing support plans or PEEPs.
- 2.46 There were only two purpose built adapted cells in the Finmere unit. Although personal adaptations were provided, and the Edgcott unit contained a 'walk-in' bath, units, cells and showers were poorly equipped to meet the needs of men with disabilities. If the lifts were out of order, it could be difficult for some prisoners with disabilities to attend the chapel. In the Edgcott unit, those with disabilities were allocated a named carer to assist with day to day activities.
- 2.47 In our survey, 41% of those aged 50 and over considered themselves to have a disability. Responses to the survey from older men were more positive compared with others.

- 2.48 Prisoners unable to work were only paid £3 per week, from which 50p was deducted for TV access. There was no expectation that retired prisoners and those unable to work due to disability should be unlocked during the core day and no particular provision for those not engaged in any activity.
- 2.49 There were no forums where prisoners with disabilities or older men could raise issues. There were, however, monthly forums for gypsies, Roma and travellers as well as for gay, bisexual and transgender prisoners.

Recommendations

- 2.50 There should be focus groups for foreign national prisoners, and they should be aware of their entitlements and the regimes and services of the prison.
- 2.51 Managers should explore the reasons for the poorer perceptions of different groups of prisoners, particularly the dissatisfaction expressed by prisoners with disabilities.
- 2.52 Pay for retired prisoners and those unable to work should be sufficient for those who do not have another source of income.

Housekeeping points

- 2.53 Prisoners should be involved in the development of disability support plans and all unit staff should be aware of the needs of prisoners with disabilities.
- 2.54 Retired prisoners and those unable to work should be unlocked during the core day.

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.

- 2.55 There were faith leaders for all relevant religions and most prisoners said that their beliefs were respected. Attendance at some activities could be curtailed by the regime and ablution facilities were insufficient to meet needs. Some services and evening activities were unacceptably curtailed.
- 2.56 Full-time, part-time and sessional chaplains were appointed for all relevant religions. New prisoners met a duty chaplain within 24 hours of arrival, and received verbal and printed information about chaplaincy services and support available.
- 2.57 The chapel and world faith room provided good environments but ablution facilities for Muslim prayers were insufficient to meet the needs of the number of prisoners attending Friday prayers. Vulnerable prisoners from the Edgcott unit joined other prisoners at chapel services.
- 2.58 Prisoners could attend a range of groups including Bible study, an Arabic class and the Alpha course. Late evening unlocking and early locking-up often curtailed attendance at groups, including Sikh worship.

- 2.59 There was good engagement with community faith groups, some of which took part in services. A community chaplaincy scheme provided support for prisoners serving short sentences who were returning to Buckinghamshire and Oxfordshire.
- 2.60 In our survey, significantly more prisoners than in comparator prisons said that their religious beliefs were respected and that they were able to speak to a religious leader of their faith in private; foreign national men were particularly positive about this latter opportunity.
- 2.61 More Muslim prisoners than non-Muslim prisoners said that their faith beliefs were respected; however, significantly fewer Muslims said that they were able to speak to a religious leader of their faith in private. Prisoners with disabilities were also less positive about faith provision (see also section on equality and diversity).
- 2.62 Muslim prisoners sometimes found it difficult to get to Friday prayers in good time due to delays in collecting lunch in their units. Prisoners had been involved in consultation about arrangements for Ramadan.
- 2.63 The chaplaincy team was integral to the care of prisoners and was represented at assessment, care in custody and teamwork reviews and at equality and diversity and violence reduction meetings.

Recommendation

- 2.64 Prisoners' access to corporate worship and chaplaincy groups should not be curtailed.

Housekeeping point

- 2.65 Ablution facilities should be improved to meet the needs of the number involved.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which 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.

- 2.66 Prisoners were generally positive about the complaints process. They had little confidence in complaining about staff and some responses were dismissive and showed no evidence that there had been an investigation.
- 2.67 Complaint forms were freely available and in our survey prisoners were generally positive about the complaints process. Information about the complaints system was only displayed in English.
- 2.68 Senior managers scrutinised patterns and trends via monthly published reports, which monitored complaints according to timeliness of responses, unit, topic, stage, ethnicity and the number upheld.

- 2.69 Replies to general complaints were mostly timely, respectful and addressed the issues raised, but not all were legible.
- 2.70 Many prisoners were not confident that complaints about staff would be properly investigated. In some cases, staff at too low a grade replied to complaints dismissively, showing disregard for the issues raised. In others, the officer who was the subject of the complaint responded, which was inappropriate.
- 2.71 A number of complaints about alleged physical assault by staff received unacceptable cursory replies with no evidence that there had been an investigation; these included responses from governor grade staff.
- 2.72 Five per cent of complaints were quality checked. When necessary, action points were forwarded to the staff member concerned, but the complainant received no redress.

Recommendation

- 2.73 **A senior manager should respond to all complaints about staff and include evidence of a full investigation.**

Housekeeping point

- 2.74 Information about complaints should be displayed in units in languages other than English.

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- 2.75 We were told there was a trained legal services officer who could provide information about appeal and bail services. Many prisoners complained about legal correspondence being opened in error.
- 2.76 In our survey, significantly more prisoners than in comparator prisons said that it was easy to communicate with their legal representative and attend legal visits.
- 2.77 All newly sentenced prisoners were seen the day after their arrival by an observation, classification and allocation officer, who ensured that they had understood what had happened to them in court and their right to appeal. Prisoners who had been recalled were handed printed information explaining the recall process.
- 2.78 In our survey, fewer prisoners than in comparator prisons said that they could access bail information. However, a probation service officer met unconvicted men the day after their arrival to provide bail information. A member of prison staff worked with Stonham BASS, a specialist housing provider offering bail accommodation and support services, and gave advice about the support available for bail and home detention curfew.

- 2.79 We found that significantly more prisoners than in comparator prisons said that their legal correspondence had been opened in error, although only 10 such instances had been recorded during 2012.

Health services

Expected outcomes:

Prisoners are 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 elsewhere in the community.

- 2.80 Prisoners were generally unhappy with the overall quality of the health services. Chronic shortages of permanent staff had led to service disruptions but there was now better access. Clinical governance systems were good. Primary care provision was good but limited in breadth. Patients often arrived too early for health appointments and waited too long for escorts following appointments. The waiting time to see a GP was too long and the failure to attend rate too high. Patients in the health care unit were insufficiently engaged in therapeutic activities. Dental services were good. Pharmacy personnel could have been better utilised and improvements had yet to be embedded. Urgent attention was required to ensure that in-possession risk assessments were completed. There was a stepped mental health pathway. Access to individual and group therapies was good though insufficient counselling was available.

Governance arrangements

- 2.81 Our survey showed less prisoner satisfaction with quality than at comparator prisons (35% compared with 39%). Prisoners we spoke with were dissatisfied with waiting times to see the GP, the availability of repeat medications and the alleged rudeness of some nurses.
- 2.82 Health care was commissioned by NHS Oxfordshire. The provider was Oxford Health NHS Foundation Trust, although services were currently out to tender. A partnership board met regularly and was well attended. Clinical governance arrangements were good but there were no health care user groups. Health service personnel intermittently attended prisoner consultation groups. The governing governor co-chaired the clinical governance group and representatives from most clinical disciplines attended.
- 2.83 A senior nurse manager was responsible for health care. There were two nurses on duty at all times. Recruitment problems had led to a high usage of agency staff, but the situation had begun to improve in 2012. Clinicians believed that the workload was greater than capacity, but the assistant practitioners employed were not being optimally used to free up doctors and nurses. Staff credentials were regularly checked and nurses said that access to training was very good; all were up to date with mandatory requirements. A clinical supervision policy was not being implemented. Ad hoc peer group supervision took place at the fortnightly staff meetings.
- 2.84 There was an evidence-based approach to care but the use of care plans for prisoners with long-term conditions was minimal. SystemOne, the electronic clinical record, was in use and records were subject to clinical audit. There was a policy for communicable diseases and an information sharing protocol.

- 2.85 The health care centre and health care unit (HCU) for in-patients were easily accessible from the units and there were medical rooms on each unit. The facilities, standards of cleanliness and infection control were good and were monitored. The waiting room, however, was uncomfortable, stark in appearance and could have been better used to promote health and harm minimisation. Resuscitation equipment was located in the health facilities and unit-based medical rooms. Grab bags located in the units did not contain the appropriate equipment, while those in the health care centre and HCU did. There were records of regular checks. Specialist equipment for occupational therapy or physiotherapy was available as required. Some uniformed officers had been trained in basic life support.
- 2.86 Prisoners alleged that some nurses were disrespectful. The health care manager confirmed that some prisoners' perceptions were accurate and action had been taken to address staff behaviour. We observed professional interactions between nurses and patients.
- 2.87 An experienced nurse was responsible for the day to day care of the 113 prisoners who were aged 50 or older. However, it was unclear who took a strategic lead.
- 2.88 Prisoners were given information about health services in a new pictorial information booklet, available in several languages, which they had been involved in designing. Prisoners said that they knew how to comment or complain about their care and that the system was confidential. Complaints were logged with the patient advice and liaison service (PALS) and received a response from the PALS administrator. The number of complaints had fallen from 42 in February to seven in June. A high proportion of complaints, mainly concerning access to the GP and repeat medication, were upheld. We sampled several responses to complaints; they were courteous.
- 2.89 There was a health promotion action group (HPAG), an action plan and monthly timetable of events. The multi-departmental membership of the HPAG was very positive. A new strategy for health promotion was about to be implemented and this was evident in the units, but was not systematic. Two health trainers, who were largely based in the gym, worked effectively with prisoners. There was a plan to increase their number.
- 2.90 Prisoners had access to age-appropriate screening, immunisation and vaccination programmes. Barrier protection was advertised and available from the unit-based medical rooms; prisoners requesting barrier protection were invited to receive advice from the genito-urinary specialist.

Recommendations

- 2.91 The roles of assistant practitioners should be extended to enable better access to qualified nursing and medical staff for prisoners.
- 2.92 Clinical staff should have access to ongoing and documented clinical supervision.
- 2.93 The clinical management of patients with long-term conditions should be recorded in care plans; care plans should be subject to clinical audit.
- 2.94 The health centre waiting room should be made more welcoming and be used to promote health.

Housekeeping points

- 2.95 There should be a regular forum at which users of health services are consulted.
- 2.96 The content of resuscitation grab bags should be reviewed with a view to standardisation.
- 2.97 A senior nurse should be responsible for the strategic development of health services for older age prisoners.

Good practice

- 2.98 With the current governor co-chairing the clinical governance accountability committee and representatives from most clinical disciplines attending meetings, the committee had authority and increased credibility.

Delivery of care (physical health)

- 2.99 Two reception medical rooms were used to provide health screening and a third GP room was being commissioned. All prisoners were offered a secondary assessment within 72 hours. Those arriving under medical care were seen by the GP. Interpretation services were available.
- 2.100 Prisoners could access health care by completing a pictorial application that was placed in a dedicated box, which a nurse emptied every day, although prisoners were not confident that this occurred. They could also approach nurses on the units who used SystemOne to generate appointments and tasks. Patients complained that waiting times in the health centre were excessive. We observed patients in the waiting room, which was congested, for over an hour before and after appointments.
- 2.101 The waiting time to see a GP was three weeks; this was too long, although some urgent slots were available every day. GP out of hours cover was infrequently used. There was a limited range of GP, nurses, physiotherapy and optometry primary care clinics. GPs were developing clinics for lifelong conditions. There was an active programme of immunisation for hepatitis and treatment for hepatitis C was available. Nurses prioritised patients on the units but triage algorithms were not used. The failure to attend rate for the GP clinics was too high at 20%; it was higher for some other clinics. Remedial exercise was available via the gym.
- 2.102 Patient access to external health appointments had improved following the introduction of a third daily slot. Appointments were well managed and rarely cancelled for security reasons. Despite close working between health care and allocations, it was difficult to get all patients out to appointments on some days as demand outstripped the supply of escort slots. Some visiting specialists attended the prison. Telemedicine was not available.
- 2.103 The HCU was centrally located and adequately staffed. Continuity of care was affected on some days due to cover by agency nurses. The environment was good with several association rooms, although the telephone for use by patients was inconveniently located in one of the rooms.
- 2.104 There were 21 beds, 13 of which remained in the certified normal accommodation (CNA). Beds in the CNA were sometimes used for vulnerable prisoners.

- 2.105 Patients with mental illnesses were accommodated alongside those with serious physical health problems and some needed two or three staff with them when they were being unlocked. It was difficult to maintain a therapeutic approach as patients were not unlocked for long enough – commonly as little as 1.5 hours a day. Patients told us that they did not have regular access to the exercise garden. There were planned visits by education and art staff although we did not witness these. A small library was located in an association lounge.

Recommendations

- 2.106 Patients should not wait excessive periods of time in waiting rooms prior to and following their health care appointments.
- 2.107 Waiting times for non-urgent GP appointments should be reduced.
- 2.108 There should be a wider range of nurse-led clinics to improve access for patients with long-term conditions.
- 2.109 Action should be taken to reduce the time lost due to patients failing to attend appointments.
- 2.110 Beds in the HCU should not form part of the CNA.
- 2.111 Patients in the HCU should have a therapeutic day with time unlocked at least equivalent to that provided to prisoners on the units.

Housekeeping points

- 2.112 Prisoners should be better informed about current waiting times in health care.
- 2.113 Triage algorithms should be used to support and standardise nurses' clinical decision making.
- 2.114 The use of existing and need for further secondary care escort slots should be reviewed by the partnership board.
- 2.115 The potential use of telemedicine should be explored by the partnership board.
- 2.116 The location of the telephone for patient use should be reviewed.

Pharmacy

- 2.117 There had been major changes in the management of the pharmacy, which had led to a reduction in pharmacy services and left staff unsure of the roles expected of them. A performance notice issued by the service commissioner, which concerned aspects of pharmacy and medicines management among other issues, had been rescinded.
- 2.118 Medicines were supplied in a timely manner mostly on the authority of valid prescriptions although, in a few cases, they were supplied beyond the review date on the prescription. When a patient did not attend to collect medication, this was not always recorded. Patients were supplied with FP10 prescriptions for controlled drugs when attending court, in case of release; use of FP10 was audited.

- 2.119 The pharmacy supplied paracetamol directly to cabinets in the unit offices, some of which were in a serious state of disrepair. Uniformed officers would administer the paracetamol to prisoners after consulting nurses by telephone; record keeping was of variable quality. This practice ceased during our visit.
- 2.120 Eighty per cent of prisoners had medicines in possession compared with those in comparator prisons (67%). Although there was an in-possession policy, risk assessments to determine whether medicines were to be allowed in possession were not documented and we saw several cases where documentation was required. The use of daily in-possession medication was widespread, although the rationale behind its use was questionable. Night-time medication was supplied as daily in-possession except in the segregation unit and the HCU.
- 2.121 Medicines were appropriately stored in the pharmacy. However, on the units storage was chaotic. As a result a patient was not given the correct quantity of medication and a stock of unused methadone was building up in the units. There were agreed stock levels, but these were not audited. Nurses could obtain medicine cupboard and controlled drug keys from the key cabinet without the signed corroboration of a colleague.
- 2.122 Refrigerator temperatures were recorded daily, but there appeared to be a lack of understanding about the process, as some were recorded as being above the required range with no action being taken. There were many out of date medical reference books in the medical rooms.
- 2.123 There were very few patient group directions (PGDs) in place, which meant that patients had to see the doctor for minor conditions.
- 2.124 Pharmacy staff did not routinely attend health care staff meetings and the medicines and staff from health care did not appear to attend the medicines and therapeutics committee meetings.

Recommendations

- 2.125 Care should be taken to maintain full and complete records of the administration of medicines; non-attendance and non-compliance should be followed up.
- 2.126 The partnership board should ensure that systems for the supply of over the counter medications are pragmatic and commensurate with good practice.
- 2.127 The medicines and therapeutics committee should ensure that named patient medication is used wherever possible. The use of general stock should be audited and stock supplied reconciled against prescriptions issued.
- 2.128 The medicines and therapeutics committee should meet on a regular basis and all stakeholders should attend. Pharmacy procedures and policies should be formally adopted via the committee. All staff should read, sign and follow the agreed adopted procedures.
- 2.129 The security of medicines and controlled drugs cabinet keys should be improved.

Housekeeping points

- 2.130 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population.

- 2.131 Old medical reference books should be discarded and only the most recent copy should be retained.
- 2.132 A wider range of PGDs should be introduced. A copy of the original signed PGD should be present in the pharmacy and signed by appropriate staff.
- 2.133 Medication should be stored in an orderly manner.
- 2.134 Maximum-minimum temperatures should be recorded daily for the drug refrigerators. Corrective action should be taken where necessary and should be monitored by pharmacy staff.
- 2.135 Unused medicines and medicines from elsewhere should be returned to the pharmacy as soon as possible.

Good practice

- 2.136 The use of FP10s ensured that prisoners who did not return from court could access prescribed medication in the community so that treatment was not interrupted.

Dentistry

- 2.137 Prisoners were generally complimentary about the dental service and rated it better than those in comparator prisons (45% compared with 31%). The dental surgery was equipped to a high standard. Access to the dentist was good, triage occurred within a few days of application and non-urgent patients waited no longer than six weeks, although waiting times were increasing. The failure to attend rate was too high at over 20% in the last three months.
- 2.138 Prisoners were given advice and information on oral health. The dental chair, amalgam separator and X-ray equipment were appropriately maintained and certified. Decontamination facilities were in compliance with current guidelines though investment was needed to achieve best practice. Dental waste was subject to professional disposal. The primary care trust had inspected the surgery in the last three years.

Delivery of care (mental health)

- 2.139 Patients we spoke with felt supported by the mental health team. A third of uniformed officers had been trained in some form of mental health awareness in the last three years. Mental health nurses and a sessional forensic psychiatrist were employed by the trust. There was a stepped approach to care and an integrated pathway was being developed.
- 2.140 Prisoners could be referred by telephone or paper application; most referrals originated from uniformed officers. All were subject to triage within 24 to 48 hours and seen within a similar timescale. Assessments were brought to a weekly multidisciplinary allocations meeting. Nurses carried a caseload of 15 to 20 patients. A cascade system of clinical supervision was in use. Services for patients with a learning disability were underdeveloped; the specification for the tendered service required a more strategic approach.
- 2.141 Guided and self-help materials were available for patients with common mental health problems. The health and other departments offered some group activities. There were insufficient counselling services for people with emotional difficulties, although the service

commissioner was considering a request for support. Cognitive behavioural therapy and solution-based approaches were used to support patients with common and more complex mental health problems. Those with the most complex problems were reviewed regularly by the forensic psychiatrist who advised on treatment. Patients with serious and enduring illnesses were managed using the care programme approach.

- 2.142 In 2012, three patients had required transfer to external mental health services; all had been transferred within four weeks, which was well within the prison health and performance quality indicators target, but outside the two-week transfer guidelines.
- 2.143 Volunteers from the chaplaincy department provided a counselling service dealing with a range of issues including bereavement, abuse, relationships and low self-esteem or vulnerability, but it was heavily over-subscribed. There was a waiting list of around 35 prisoners (which equated to a six month wait for some), all of whom had been assessed as suitable for the intervention. Acupuncture and relaxation classes were available via the health care department, but they were not well promoted and referrals were not always made when appropriate. There was extra encouragement for drug users (see section on substance misuse).

Recommendations

- 2.144 **The transfer of patients to external health care beds should be expedited and occur within Department of Health transfer guidelines timescales.**
- 2.145 **Additional counselling services should be provided.**

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.

- 2.146 In our survey the quality of food was unpopular particularly among minority groups, and there was need for better consultation. Meals were served too early and oversight of standards in serveries needed to improve.
- 2.147 Black and minority ethnic and Muslim prisoners were less satisfied with the food than white or non-Muslim prisoners. The catering manager's survey conducted in June 2011 indicated that 17% of prisoners were not content with the range of food. The catering manager and the equality and diversity officer attended a bi-monthly canteen and catering meeting. Minutes revealed some in-depth discussion about catering and included a section on equality.
- 2.148 There was a reasonably varied menu and daily choices included a healthy option, halal, vegetarian and vegan alternatives. A number of specialist cultural and medical diets were catered for and advice was available from a nutritionist employed by the primary care trust.
- 2.149 Planned mealtimes were too early in the day, and were often served even earlier than the published times. Breakfast packs were issued with evening meals.

- 2.150 Arrangements for Ramadan had been discussed with the Imam who was satisfied with them. Other major festivals had also been celebrated with appropriate meals.
- 2.151 Although weekly checks of servery standards were carried out, we found that management oversight was insufficient. We observed several unacceptable practices including the failure to use halal implements, bread trays left outside despite a rat infestation and serveries left dirty overnight – an issue that had been raised in January 2012 by an environmental health officer. There was no system to ensure servery workers and staff had received training in food handling. Prisoners in most units had no direct access to food comments books.

Recommendations

- 2.152 Lunch should be served between noon and 1.30pm and the evening meal between 5pm and 6.30pm.
- 2.153 There should be better oversight of serveries to improve compliance with food safety regulations, cleanliness and religious requirements.

Purchases

Expected outcomes:

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

- 2.154 Prisoners complained about what they considered high canteen prices. Most prisoners considered the choice of goods to be sufficient to meet their needs, but this was not the case for some prisoners in minority groups. There was regular consultation with prisoner representatives. Prisoners were charged a fee for catalogue orders, which could sometimes be delayed.
- 2.155 New prisoners were offered a reception pack. Additional packs were provided if there was likely to be a delay in their first weekly order, as was often the case for prisoners arriving towards the end of the week.
- 2.156 The prison shop was provided through a national contract; prices were set nationally and reflected high street prices, although many prisoners thought these were too high.
- 2.157 In our survey more prisoners than in comparator institutions said that the prison sold a wide enough range of goods to meet their needs, but black and minority ethnic, Muslim and disabled prisoners were less satisfied.
- 2.158 There were regular meetings to consult with prisoners and agree changes to the range of goods offered.
- 2.159 Prisoners could order goods, including hobby materials, from a range of catalogues, subject to a nationally set 50p handling fee. Newspapers and magazines could be ordered through the library.

Recommendation

- 2.160 Products on the shop list should reflect prices on the high street and managers should investigate why some minority prisoner groups are less positive about the canteen list and take remedial action as necessary.

Section 3: Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock, and the prison offers a timetable of regular and varied activities.⁴

- 3.1 Some prisoners were locked in their cells for too long. Association was rarely cancelled, but the opportunity for outside exercise was limited. There was slippage with unlock and lock-up times.
- 3.2 Over nine hours out of cell a day was possible for those in full-time activity. The prison reported an average of 7.06 hours out of cell per day, but those without any activity received much less, and prisoners on the basic regime experienced as little as 75 minutes out of their cell, although this varied from unit to unit. Incorrect core days were displayed in units.
- 3.3 At a roll check one morning we found 32% of the population locked in their cells, and 38% during an afternoon. Some of these prisoners were attending part-time education but approximately 20% of the population were without activity.
- 3.4 Association was rarely cancelled and in our survey, significantly more prisoners than in comparator prisons said that they had association more than five times a week.
- 3.5 Thirty minutes of exercise was available during the morning unlock period, although prisoners had to choose between this, queuing for medication, showering, or using the telephone. In our survey, 30% of prisoners, significantly fewer than in comparator prisons, said that they went outside for exercise three or more times a week, although this had improved from 18% in 2007. Exercise yards were stark, without seating and in some cases littered; only prisoners on the enhanced regime in the Edgcott unit could use an attractive garden and seating area.
- 3.6 Prisoners unable to attend activities, such as retired men, generally remained locked in their cells, although this varied from unit to unit.
- 3.7 Late unlocks and early lock-ups occurred when there was a slippage in the regime – this could be as long as 10-15 minutes in some units, which reduced the overall time out of cell and had an impact on meal times and activities away from the units (see sections on faith and religious activity and disciplinary procedures).

Recommendations

- 3.8 Time out of cell should be improved for those who are not involved in activities.
- 3.9 Prisoners should have the opportunity for at least one hour of exercise in the open air every day.

⁴ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Housekeeping points

- 3.10 Seating should be provided in exercise yards.
- 3.11 The core day should be correctly displayed across the establishment.

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

3.12 A clear strategic direction was in place for learning and skills which was well understood by staff. The day to day operational management of education, vocational training and work was effective and ensured that more classes took place. This was being undermined by the quality assurance mechanisms in place which were not effectively supporting improvements in delivery. Insufficient activity places were available, particularly in vocational training. Not enough of the teaching could be judged to be good or better. Individual learning plans were not effectively used in education or vocational training. Peer mentors were used well to support learning. The variety of activities was satisfactory but too few opportunities were available for learners in vocational training to progress to higher level qualifications. Achievement on most accredited courses was good. Prisoners in work were developing good employability skills but this was not recorded by the prison.

3.13 Ofsted made the following assessments about the learning and skills and work provision:

Achievements of prisoners engaged in learning and skills and work:	[Good]
Quality of learning and skills and work provision:	[Satisfactory]
Leadership and management of learning and skills and work:	[Satisfactory]

Management of learning and skills and work

3.14 The overall leadership and management of learning and skills and work activities was satisfactory. A good strategic direction for learning and skills was in place, which was well understood by senior managers and staff. There was a clear three-year development plan, which included actions to address the impact of the impending change of education provider. The day to day operational management of education and work was good which was resulting in better utilisation of the activity places available. Quality improvement measures were in place, but the overall prison self-assessment process and its link to quality improvement were not well understood. Teaching and learning observations to assess the quality of learning were not routinely carried out and were not used to improve the quality of teaching which too often was not good enough. Data on learners' progress were not effectively analysed in the vocational training provision to provide a clear view of the overall performance of individual courses or to inform planning.

- 3.15 Significant improvements had been made since the previous inspection in the number of contracted teaching hours delivered by the education provider. Staff recruitment had improved and was now sufficient to deliver the planned programme. The provider now successfully provided 96% of the 35,549 Skills Funding Agency contracted hours.
- 3.16 The learning and skills provision provided a harmonious environment with good levels of mutual respect between tutors, instructional officers and prisoners. Good internal links were in place between the prison, the education provider and the careers information advice service. Accommodation for workshops and education was generally of a good standard.

Recommendations

- 3.17 The self-assessment of learning and skills and work process should be developed so that staff have a good understanding of how it links to quality improvement.
- 3.18 The collection and analysis of data to provide information about performance at course level, particularly in vocational training, should be improved.

Provision of activities

- 3.19 The prison had insufficient activity places to enable all prisoners to be purposefully engaged throughout the week. Overall the prison provided around 716 full-time equivalent activity places which were only sufficient for around two-thirds of the population. Vocational training workshops accommodated 111 learners. In addition 196 places were available in prison contract workshops and 206 in other unit work. Education was provided by the Manchester College, which had around 230 full-time equivalent places, which included 27 places in vocational workshops available on a daily basis. Most of the education provision was provided on a part-time basis. Sufficient activity places were in place for vulnerable prisoners, although the variety of work opportunities was limited. Around 34% of the prison population were engaged in education throughout the week, with 17% of the prisoners engaged in outreach activities either in workshops alongside their main activity or in the units.
- 3.20 Tribal, the careers information advice service, delivered a learning and skills induction for newly arrived prisoners. Where previous assessments could not be obtained prisoners received an effective initial assessment of their literacy and numeracy ability and appropriate information and guidance to help them focus on improving their employability skills. Strong systems were in place to share information to support sentence planning; education courses were appropriately sequenced to maximise the impact of offending behaviour programmes.
- 3.21 The activity allocation process was clear, fair and equitable. Waiting lists were in place for the more popular work places and education courses, which, in most cases, delayed access to activities after induction. The pay policy was difficult to interpret and lacked clarity: differences between pay rates for education and work acted as a disincentive for prisoners to attend education.

Recommendation

- 3.22 Prisoners should not lose out financially when they need to attend an education course or an offending behaviour programme. (See section on reintegration planning.)

Quality of provision

- 3.23 The overall quality of provision in learning and skills and work was satisfactory. Teaching and learning in education was broadly satisfactory with not enough teaching that could have been judged to have been good or improved. In the better sessions tutors used a variety of teaching strategies, which effectively engaged learners. In weaker sessions insufficient use was made of information learning technology to support learning. Prisoners in training workshops received clear and appropriate good individual coaching.
- 3.24 The use of peer mentors in workshops and in education to support learning and provide individual support was good. Insufficient accredited qualifications were in place to enable the supervisory and support skills developed by peer mentors to be recognised. There were too few opportunities for prisoners in work to gain accredited qualifications. Individual learning plans were not sufficiently well used in either education or vocational training to help learners progress. In most cases learning plans were not individualised to reflect the specific needs and prior experience of learners. Some targets were insufficiently precise to enable their completion to be measured. While there was some good informal evidence in education that learners' personal and social skills had improved, the education department had no formal systems to recognise and record these non-accredited achievements. In prison work, the good employability skills and work ethic that prisoners had developed was not recognised or recorded by the prison, and prisoners were therefore not clear about the progress they had made.
- 3.25 The variety of provision in vocational training and education was satisfactory overall. The range of progression opportunities in vocational training to enable learners to progress to higher levels was insufficient. In education personal development courses, such as parenting and healthy eating, had a good focus on developing independent skills in preparation for resettlement. Some good use was being made of the virtual campus to support learning sessions in education, particularly in English for speakers of other languages (ESOL).
- 3.26 The courses in education ranged from entry level to level 2, with a small number of learners taking Open University courses. Prisoners in work were employed full time and were not able to attend the education department to study for a qualification. Good opportunities were available for prisoners in work to improve their literacy and numeracy skills through individual tuition provided in the workshop.
- 3.27 The prison was developing good opportunities for longer serving prisoners to help train and assess their peers – four prisoners were trained assessors for the industrial cleaning awards and made a good contribution. An effective partnership link with DHL was in place to enable prisoners to gain good skills and achieve a level 2 NVQ in warehousing.
- 3.28 Vocational training and education were generally supported by good resources. Prisoners in workshops had access to an appropriate range of tools and equipment and worked in well-appointed workshops. Classrooms were well planned and provided a good learning environment.

Recommendations

- 3.29 The overall quality of teaching should be improved.
- 3.30 Learners' short term targets should be clear and measurable and relate to their individual needs.

- 3.31 **The range of vocational accredited courses with opportunities to progress to higher levels should be improved.**

Education and vocational achievements

- 3.32 In education, levels of achievement had improved over the previous three years and were good overall. However, success rates for courses designed to improve learners' personal and social development were satisfactory. Courses intended to improve prisoners' employment prospects had higher success rates, as did those in language, numeracy and literacy, including those delivered in the workshops. In education classes, learners developed personal and work skills such as team working and problem solving. Standards of behaviour in education, vocational training and work were good.
- 3.33 In education, learners enjoyed their learning, many making good progress and developing good skills compared with their starting points. The standard of work in art and information and communications technology lessons was very high. Prisoners demonstrated high levels of skill in carpentry, horticulture, laundry and cleaning. Those on industrial cleaning courses developed good employability skills.
- 3.34 Overall recorded attendance was generally good. Punctuality had improved significantly since the previous inspection and was now satisfactory with few learners arriving late.
- 3.35 Overall achievement on vocational courses was good, but this masked achievements on poor courses. Much of the success was from very short health and safety courses. Achievement of qualifications on construction courses was low. Very few learners completed the full construction award as access to the carpentry workshop was restricted due to security risk assessments. Achievement on horticulture and industrial cleaning courses was high, and very high on street repair work.
- 3.36 Much of the prison work was repetitive but prisoners demonstrated a good work ethic. They worked productively, were busy, and met the production demands of the contracts they were working on. Many prisoners took the opportunity to have a shorter 30-minute lunch break, working a more commercially representative working day.
- 3.37 A small number of prisoners were able to gain more responsible roles in work by becoming quality controllers and team leaders. These prisoners had high levels of responsibility for the quality of work and for meeting production targets.
- 3.38 Prisoners worked safely and applied safe working practices. They used tools and equipment safely and training placed a high priority on working safely. Most prisoners gained a health and safety qualification.

Recommendations

- 3.39 **A system to record personal and employability skills development that are not formally accredited should be introduced.**
- 3.40 **Achievement on lower performing courses such as personal and social development and construction programmes should be improved.**

Library

- 3.41 The library had moved from its location at the previous inspection and was now in a larger, brighter and more pleasant environment. All prisoners had good access to the library for at least two sessions each week. The stock of books was satisfactory and a good range and appropriate materials, including books in foreign languages, were available. Newspapers from a limited number of other countries were provided, although many of these were out of date as they were re-issues. The library had a number of large print, easy reading and audio books on CDs. A full range of Prison Service Orders and legal texts were available. However, no recent survey had taken place to ensure that the library stock was meeting the needs of the wider prison population. The small library for vulnerable prisoners was appropriate, and prisoners could request items not in stock from the main library. Induction to the library was satisfactory. Around half the prisoners were registered members and most were regular visitors. Library use was monitored by ethnicity.
- 3.42 The library ran a well-supported book club as well as the Toe by Toe programme to improve prisoners' literacy skills on the units. It also supported Dads Aloud, a scheme enabling fathers in prison to record stories for their children to listen to at home. The recording facilities had improved and prisoners now produced a CD instead of a cassette. The library also supported the education department in the Six Book Challenge, a scheme to encourage reading. Card-making sessions were offered to prisoners for Christmas and Valentine's Day.

Recommendation

- 3.43 A library survey should be conducted to assess how well the library is meeting the needs of prisoners.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

- 3.44 Overall accommodation in PE was satisfactory but repair and improvement work needed to be carried out in the sports hall and shower facilities. Access to PE was good and there was a strong focus was on improving prisoners' understanding of healthy living. Accredited courses were not available at the time of inspection.
- 3.45 Prisoners received a thorough induction to the gym, which included training on health and safety. Links with the health care department were good with routine referrals for remedial PE taking place. The programmes provided by PE generally reflected the needs of the prison population, but nothing specific was available for the older prisoner. The range of previously available accredited programmes was not being run at the time of inspection but was due to be reintroduced within the next three months. Achievement on courses that had run during the current year was good. A variety of programmes were available to promote healthy living with the effective use of a prisoner who had been trained by the prison to a level 3 health care trainer.

- 3.46 Accommodation was satisfactory and well managed to maximise use. A large sports hall was used to provide an adequate range of indoor activities, although recent water damage to the floor had resulted in restrictions. An all weather outdoor football pitch was well used for seven-a-side football. Small cardiovascular rooms were available on each of the accommodation units. The gym had a good range of cardiovascular and free-weights equipment, which was well managed.
- 3.47 Staffing levels in the gym were appropriate with one senior officer and five PE officers, supported by three orderlies. PE staff were suitably qualified and enthusiastic; they motivated prisoners to participate in activities. PE was appropriately promoted throughout the prison and in the units.
- 3.48 Access to the gym was good with most prisoners able to access up to five sessions per week. All accidents were appropriately recorded and investigated. The overall number of injuries was low. The shower facilities were insufficient for the number of prisoners using the gym and there were no modesty screens.

Recommendations

- 3.49 The sports hall floor should be repaired; there should be more shower facilities and measures should be taken to ensure that prisoners have privacy while showering in the gym.
- 3.50 Accredited courses in PE should be reintroduced.

Section 4: Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival to the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Good planning ensures a seamless transition into the community.

- 4.1 Strategic management of resettlement was good. The clear policy document incorporated some needs assessment and was driving strategy via a well structured, regular meeting. Monitoring of the effectiveness of service provision and service user engagement in improvement activities were in their infancy. There was a need for more management rigour, and better information sharing to ensure that activities and staff across the prison were focused on reducing the likelihood of re-offending and meeting prisoners' needs.
- 4.2 The recently reviewed resettlement strategy was comprehensive. The needs analysis was based on a very small prisoner survey, and more could have been done to develop needs-based information from service providers. However, there was detailed information on how services would be provided to each main section of the population with the exception of prisoners on remand. There was also clear evidence of how provision had been adjusted to better meet the needs of the population, for example, through the new finance, benefit and debt service, the 'Time for families' course, and the changing patterns of offending behaviour programme delivery. There was an appropriate action plan.
- 4.3 There was a bi-monthly resettlement meeting with clear terms of reference, and representatives from all resettlement pathways and prison departments should have been involved. However, some departments attended infrequently and there was little evidence that management information was being used to inform judgements about the quality of service provision.
- 4.4 Some service providers were trying to follow up service users in the community in order to judge the effectiveness of their interventions. The scale of this work was very small, but further engagement with offenders both during and after custody would have enhanced understanding of whether provision was meeting need.
- 4.5 The range of resettlement services available was generally well known to both staff and prisoners, and this ensured a healthy flow of referrals. However, some personal officers knew very little about the prisoners in their care, and many were unaware of their role within the personal officer policy to support sentence planning (see section on staff-prisoner relationships).
- 4.6 Release on temporary licence (ROTL) was not currently in use. During 2011, there were some opportunities for prisoners to work outside the prison in the gardens or staff restaurant, and there had been four special purpose licences, but none of these was particularly related to resettlement planning.

Recommendations

- 4.7 Personal officers should be aware of the sentence planning targets and resettlement objectives that apply to prisoners on their caseload and should encourage prisoners to work towards them.
- 4.8 More use should be made of ROTL to prepare category C prisoners for release, particularly to rebuild family ties and improve employment opportunities.

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on 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 in drawing up and reviewing plans.

4.9 Although many prisoners reported positively about resettlement work, we had concerns about a significant backlog of work in sentence management, categorisation and home detention curfew (HDC) assessments. We found that some high risk offenders were receiving an unacceptably poor offender supervision service, and that managers had failed to identify this weakness. Some sentence planning work required improvement, but public protection work was good, prisoners on indeterminate sentences were receiving ongoing offender supervision and the integrated offender management scheme was very promising.

- 4.10 In our survey, significantly more prisoners than in comparator prisons were positive about resettlement work. In particular, 39% compared with 25% said that they had a named offender supervisor and 40% against a comparator of 24% said that their offender supervisor was working with them to help them achieve their sentence planning targets. Levels of satisfaction were particularly high among sex offenders.
- 4.11 The case administration model was being implemented, but offender supervisors did not share offices with the relevant case administrators. These arrangements hindered communication between groups of staff, particularly those dealing with high risk prisoners. Levels of training for offender supervisors were reasonable, and a training programme was in place to train case administrators for their new roles.
- 4.12 Offender assessment system (OASys) assessments were only completed for prisoners serving over 12 months. The 105 men sentenced to less than 12 months during our inspection received no such formal assessments unless they were eligible for the innovative voluntary integrated offender management (IOM) project, a scheme to deal with prolific offenders. About 50 men managed through this scheme were receiving excellent support.
- 4.13 There were delays in the OASys assessment process. It was difficult to establish which offenders were experiencing these delays, and at what stage in their sentence, but approximately 20% of prisoners who should have had an initial OASys assessment did not have one. At least in part, these delays were due to the deployment of staff away from offender supervision duties (on average, 100 hours a month), and the staffing of valuable, but un-profiled resettlement work, such as the 'Time for families' course.

- 4.14 Sentence plans varied in quality. There was very little evidence of integration with other departments, for example, few individual learning plans, skills assessments or induction records were evident in files. Communication was further hampered by limited use of the Prison Service IT system P-Nomis in many departments, and particularly in the offender management unit (OMU), where staff kept separate electronic case records which contained key information that was not available to staff outside the unit. Sentence planning objectives were not routinely communicated to personal officers, and there was no easy way to identify the relevant offender supervisor on P-Nomis. There was little sequencing of the numerous sentence planning objectives set, and there needed to be more consideration of an individual's diversity characteristics in order to ensure that planned interventions were likely to be effective. There were occasions when victim awareness work for relevant offenders was not being planned. An ongoing quality assurance process was conducted and this had resulted in some individual feedback, but no group learning activities.
- 4.15 Prisoners who were not in scope (those not subject to offender management arrangements) received little ongoing offender supervision once their OASys had been written unless they had been identified as particularly in need of support. However, sentence plans were reviewed at least annually (subject to any backlog) and prior to transfer or discharge.
- 4.16 The prison aimed to provide ongoing offender supervision for in-scope prisoners (that is those serving more than 12 months and considered to pose a high or very high risk of harm). However, in our sample of 50 very high and high risk prisoners, we found no evidence of contact between the offender supervisor and prisoner in 46% of cases. This was unacceptable. We felt that this was due to ineffective communication when allocating cases, excessively high caseloads and inadequate supervision. We were however, reassured that the public protection arrangements in place would highlight any ongoing risks to the public presented by these prisoners prior to release.
- 4.17 Although probation officers had quarterly supervision interviews with their line manager and monthly meetings, the scale of these difficulties had not been appreciated. Prison officers did not have this opportunity for formal supervision, but all offender supervisors reported frequent informal practice discussions.
- 4.18 Offender supervisor caseloads varied hugely, with some managing 45 prisoners on indeterminate sentences and others managing 120 cases of prisoners on determinate sentences, half of whom were high or very high risk offenders. It was appropriate that service levels should vary according to risk and need, but we could not be sure that resources were appropriately allocated on this basis.
- 4.19 There were significant delays in the HDC process, which meant that only one third of prisoners had a chance to be released on their HDC eligibility date.

Recommendations

- 4.20 The caseloads allocated to offender supervisors should permit levels of offender supervision appropriate to individual risk and need.
- 4.21 HDC decisions should be made to enable qualifying prisoners to be released on or near their eligibility date.

- 4.22 Management supervision of individual offender supervisors, and of assessment and sentence planning in all high risk of harm or child protection cases, should be strengthened to improve quality of delivery.

Housekeeping point

- 4.23 Offender supervisors should be identified on P-Nomis; they should use this system to share sentence planning objectives and other key pieces of information with personal officers.

Public protection

- 4.24 Prisoners posing a risk to children were identified on reception, and interviewed by the public protection manager. They were informed of the restrictions that would apply to them in person, and a note was made on P-Nomis. Those we spoke to understood the decisions that had been made. Staff across the prison knew how to access information relating to which prisoners were subject to restrictions. The process of applying for contact could be lengthy because the agencies involved often took time to provide information, but the prison's system for tracking and chasing these applications was robust.
- 4.25 There was a monthly interdepartmental risk management meeting, which appropriately communicated release arrangements for high risk prisoners.
- 4.26 Offender supervisors attended most level 3 multi-agency public protection arrangements (MAPPA) meetings, and contributed to all others via a report. However, they did not always receive minutes of these meetings and were therefore not always prompted to take appropriate action.

Categorisation

- 4.27 Newly sentenced prisoners generally received a categorisation decision in writing within a week of arrival.
- 4.28 There were significant delays in the categorisation review process. Of the 195 decisions that should have been made so far this year, less than one third had been made on time. The delays were due to late personal officer contributions and a shortage of governor grade staff available to sign off decisions. Those decisions that had been made were appropriate. Prisoners were given information about how to appeal categorisation decisions.

Indeterminate sentence prisoners

- 4.29 There was an appropriately trained team for prisoners on indeterminate sentences in the OMU, and some unit officers had received training on managing prisoners serving life sentences, but there was no longer a dedicated lifer officer in every unit. We could not be certain that all newly admitted prisoners on indeterminate sentences were seen promptly by a lifer trained officer. Some lifer forums were held, especially in the Edgcott unit, which housed sex offenders, but there were no lifer or indeterminate sentenced prisoner days designed to inform and encourage prisoners and their families.

- 4.30 In general, the 149 prisoners on indeterminate sentences (of whom 44 were lifers) were receiving a good ongoing service from offender supervisors. Parole reports were delivered on time, and contact for most men was regular.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are met prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

- 4.31 There were good arrangements on arrival and pre-release to assess and meet needs. A peer-led accommodation service worked to deal with tenancies on induction and to secure accommodation for release. Commendable efforts were being made to improve employment and training outcomes. Prisoners did not always receive enough help to register with a GP, but links between counselling, assessment, referral, advice and throughcare service (CARAT) key workers and community drug intervention project teams were good. There was some provision for prisoners to maintain family relationships, but this required coordination by a family support worker. There was a particularly good range of well managed offending behaviour programmes.
- 4.32 Although there was no formal custody planning for prisoners serving less than 12 months, the induction assessment prompted initial referrals to the various resettlement agencies. Eight weeks prior to release, all prisoners were invited to a pre-release club, where a series of one to one interviews with service providers from across all pathways was used to create a plan, case managed by employment, training and education (ETE) officers.
- 4.33 Subject to the backlog, prisoners with an OASys assessment were reviewed prior to release, but there was potential for inconsistency and duplication as this work was not linked to the assessments conducted at the pre-release club.
- 4.34 All prisoners were interviewed by an offender supervisor before their release to ensure that they understood the terms of their release, and to make a final check of discharge arrangements.
- 4.35 Many men were referred to community drug intervention teams on release, and prisoners receiving the integrated offender management service had access to more support – 13 men out of 53 released on the scheme in the second half of 2011 were accompanied to their first appointment after release. A few of these men were also able to participate in a community chaplaincy mentoring project.

Recommendation

- 4.36 Pre-release OASys interviews should be integrated with the pre-release club.

Accommodation

- 4.37 The accommodation team of the St Giles Trust, a charity providing assistance to offenders, included 10 peer advisors working to a level 3 national vocational qualification in advice and

guidance. The prison's key performance target for settled accommodation was being exceeded, but it was not clear how many men were finding accommodation as a result of interventions. A small number of cases were followed up each month, but the data was not yet well enough established to inform judgement on the effectiveness of the service.

- 4.38 The team was also responsible for terminating or protecting tenancies for new arrivals. This work was largely done by peer advisors, but interviews had to be conducted through the cell door, apparently because officers did not have time to unlock men for interview.

Housekeeping point

- 4.39 All accommodation interviews with peer advisors should be conducted face to face.

Education, training and employment

- 4.40 A 'Ready, steady, work' course provided prisoners with opportunities to develop CVs and learn how to deal with disclosure and job applications. As part of the course, an employer provided mock interviews every two weeks. Prisoners were encouraged to develop good independent job search skills through the use of the virtual campus. The education department provided courses that helped prisoners develop the skills required to become self-employed.
- 4.41 Careers information delivered by staff with good local knowledge and links was available, but the provider found it difficult to ensure that all prisoners were able to receive an individual interview prior to release.
- 4.42 The prison had appointed designated ETE officers to try to improve employer engagement. They had an appropriate strategy, but their efforts had not yet improved the number of prisoners being released who had secured employment or training. There was no use of ROTL to help prisoners improve their employment opportunities through work experience or further training (see recommendation in section on strategic management of resettlement).

Recommendation

- 4.43 All prisoners should have access to an individual careers information and advice interview prior to release.

Housekeeping point

- 4.44 Current efforts to improve opportunities for prisoners to gain employment on release should continue.

Health care

- 4.45 The health care department was notified in advance of the release dates of prisoners, who were then appropriately prepared for release. However, not all prisoners being released following a court or video court appearance were seen by the health care department, although take-home medications could be arranged at short notice. There was a functional approach to palliative and end of life care with links to local hospices and Macmillan cancer support on a case by case basis. The pathway required development.

Recommendation

- 4.46 All prisoners should have the opportunity to have a health care assessment prior to release, including assistance to find a GP in the community if required.

Housekeeping point

- 4.47 Palliative care practices developed with community partners should be described in a pathway and agreed.

Drugs and alcohol

- 4.48 There were good transfer and release guidelines for integrated drug treatment system (IDTS) personnel to prepare clients for release. CARAT key workers ensured that post-release care was properly planned by engaging with prison resettlement staff and community drug intervention programme workers several weeks prior to the client's release.

Finance, benefit and debt

- 4.49 It was too soon to assess the effectiveness of the eight-week old finance, benefit and debt advice service. At the time of our inspection, the volume of demand was greater than the single worker could meet, but there were plans to introduce peer advisors to complete some of the work. Feedback generated in nine of the 18 cases closed to date was encouraging and suggested that prisoners greatly valued the service provided.
- 4.50 Prisoners were offered help to open bank accounts and 15 prisoners had taken this opportunity since January 2012. Approximately 150 men a year were able to take a course in money management and about 70 men received guidance on budgeting as part of the 'Time for families' course. Gamblers Anonymous was also providing a service. The service provision for this pathway was comprehensive.

Children, families and contact with the outside world

- 4.51 In our survey, significantly fewer prisoners (29%) than in comparator prisons (35%) felt that they had been supported and helped to maintain contact with family and friends while at Bullingdon.
- 4.52 There was no family support worker, but we found several examples where exceptional arrangements had been made to help prisoners maintain family contact. However, there was no detailed assessment of need for this pathway.
- 4.53 The prison ran five family days for enhanced prisoners and six 'Time for families' courses a year, which gave prisoners and their partners the opportunity to work on strengthening their relationship. About 150 prisoners a year completed a parenting course in education. There was no use of ROTL to strengthen family ties.
- 4.54 Families were not invited to participate in assessment, care in custody and teamwork processes, but many attended reviews which took place after completion of accredited offending behaviour programmes. The prison was utilising opportunities for families to support resettlement work.

- 4.55 Prisoners said that visiting arrangements were problematic. We found that the visits booking system was inefficient with inconsistent practices, long delays in answering the telephone and insufficient information for visitors. Queues to book a visit in the visitors' centre after visits were often long. It was not possible for prisoners to receive a visit on the day after their arrival. Records showed that the minimum wait for a first visit was four days and the average 10 days.
- 4.56 The visits environment and the refreshment facilities were good, but the process for visitors entering the prison was too slow. Visitors had so little confidence of getting in on time, that they were arriving as early as 9am in order to be first in the queue. Some visitors who had arrived by 12.30pm, hoping to begin their visit at 2pm, did not enter the prison until 2.30pm or even later.
- 4.57 Visits documentation provided for families was out of date. The visitors' centre was clean, but some notices were scruffy. There were toys for children, but these had to be requested at the counter and the facility was not advertised. There was no recent visitors' survey, and the visitors' centre staff did not know who could access the locked comments box.
- 4.58 The visitors' dress code, imposed to reduce drugs passes and inappropriate behaviour on visits was overly restrictive. We were told that in the summer months as many as 20 women a week could be asked to wear additional clothing, which could be borrowed from the visitors' centre.
- 4.59 There was an active prison visitors' scheme, which met the level of need, with 12 volunteers meeting 15 prisoners on a regular basis.

Recommendations

- 4.60 Arrangements for booking visits should be improved.
- 4.61 The nature and extent of prisoners' needs to re-establish or maintain contact with children and families should be established and steps taken to meet these needs.

Attitudes, thinking and behaviour

- 4.62 There was an impressive range of accredited behaviour programmes: dealing with anger, thinking skills, healthy relationships and sexual offending. They had impressive audit and quality assurance ratings, and waiting lists were acceptable.
- 4.63 In our survey, significantly more prisoners (66%) than in comparator prisons (50%) said that they had been involved in offending behaviour programmes. We were told that some prisoners were reluctant to participate in offending behaviour programmes because they were paid less money while on the course than they could otherwise earn doing other activities (see section on provision of activities).
- 4.64 Offender managers, offender supervisors and families were regularly involved in post programme reviews, which took the form of a sentence planning review. Family members attended 30% of reviews for the sex offender treatment programme and 14% for the thinking skills programme (see section on children, families and contact with the outside world).
- 4.65 The chaplaincy team managed courses designed to raise victim awareness, but there were long waiting lists, indicating unmet need. Some restorative justice conferencing was available via the Thames Valley partnership.

Good practice

- 4.66 The practice of inviting family members to the post-programme reviews, which doubled as sentence plan reviews was excellent.

Recommendation

- 4.67 The need for additional victim awareness interventions should be assessed and met accordingly.

Section 5: Recommendations, housekeeping points and good practice

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

Main recommendations

To the governor

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- 5.1 Managers should clearly outline the violence reduction strategy, which should include a more coordinated approach between key departments, accurate and consistent data analysis and ownership by residential staff of processes to manage bullying. (HP56)
 - 5.2 Senior prison managers should investigate the complaints made by prisoners about a small number of staff and take appropriate action to address any issues. (HP57)
 - 5.3 The in-possession policy should be implemented; daily in-possession medication should only be used after a risk assessment indicates it is appropriate. (HP58)
 - 5.4 The number of activity places available (particularly in vocational training) to ensure that all prisoners have opportunities to improve their employability skills should be increased to meet the needs of the population held. (HP59)
 - 5.5 All prisoners should have an initial OASys assessment within eight weeks of sentencing, and all other offender management tasks, including re-categorisation decisions, should be completed on time. (HP60)

Recommendation

To NOMS

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- 5.6 The National Offender Management Service should commission an investigation into the deaths of prisoners shortly after release where there has not been an investigation by the Prisons and Probation Ombudsman. (1.47)

Recommendations

To the governor

Courts, escorts and transfers

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- 5.7 Restraints should only be used if they are justified by risk assessment. (1.7)

Early days in custody

-
- 5.8 Reception should be clean and welcoming. TVs and reading material, as well as sufficient seating, should be available in all holding rooms. (1.20)
 - 5.9 Prisoners should be offered a shower in reception if they arrive too late to have one on the first night unit, and before going to court. (1.21)

- 5.10 Prisoners should not be held in vehicles outside reception, and should be held in reception for as short a time as possible. (1.22)

Bullying and violence reduction

- 5.11 The prison should investigate prisoner perceptions of victimisation and develop an action plan to address any issues identified. (1.35)
- 5.12 Interventions should be developed to address bullying and antisocial behaviour and to provide support for victims. (1.36)
- 5.13 There should be stronger governance of the work of the violence reduction representatives. (1.37)

Self-harm and suicide prevention

- 5.14 ACCT procedures should be improved to ensure they are multidisciplinary and consistent, so that the issues in more complex cases can be identified. (1.48)
- 5.15 Recording of the use of the gated cell in the health care unit should be improved and its use monitored by the safer custody meeting. (1.49)

Safeguarding (protection of adults at risk)

- 5.16 The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes, including a formal safeguarding policy for adults at risk in line with the 'No secrets' definition (Department of Health 2000). (1.54)

Security

- 5.17 The prison should ensure that squat searches are intelligence-led and appropriately authorised in advance. (1.64)
- 5.18 The prison should ensure that intelligence is used to inform whether searches, closed visits for non-visits related activity and security arrangements for category D prisoners are appropriate. (1.65)

Incentives and earned privileges

- 5.19 Management quality checks of the IEP scheme should ensure consistency of the scheme across the prison. (1.72)

Disciplinary procedures

- 5.20 Unofficial or collective punishments should not be used. (1.79)

The use of force

- 5.21 Scrutiny arrangements for all use of force incidents should be improved. (1.84)
- 5.22 Only approved restraint techniques should be used and use of force should only be used proportionately. (1.85)

Segregation

- 5.23 The segregation regime should be improved to provide more opportunities for purposeful activity and meaningful interaction with others, particularly those held for prolonged periods of time. (1.91)

Residential units

- 5.24 Cells designed for one prisoner should not be used to accommodate two. (2.14)
- 5.25 Missing and damaged windows, toilet seats, televisions and furniture in cells across the prison, including in segregation, should be replaced. (2.15)
- 5.26 A sufficient amount of prison issue clothing and bedding should be available in all units. (2.16)
- 5.27 Managers should check response times to cell call bells and the automated system for monitoring cell calls in the Finmere unit should be re-activated. (2.17)

Equality and diversity

- 5.28 The equality strategy should be based on a needs analysis of all protected characteristics. (2.34)
- 5.29 All functional areas should be represented at BEAT meetings, and data relating to all protected characteristics should be routinely monitored and discussed. (2.35)
- 5.30 There should be focus groups for foreign national prisoners, and they should be aware of their entitlements and the regimes and services of the prison. (2.50)
- 5.31 Managers should explore the reasons for the poorer perceptions of different groups of prisoners, particularly the dissatisfaction expressed by prisoners with disabilities. (2.51)
- 5.32 Pay for retired prisoners and those unable to work should be sufficient for those who do not have another source of income. (2.52)

Faith and religious activity

- 5.33 Prisoners' access to corporate worship and chaplaincy groups should not be curtailed. (2.64)

Complaints

- 5.34 A senior manager should respond to all complaints about staff and include evidence of a full investigation. (2.73)

Health services

- 5.35 The roles of assistant practitioners should be extended to enable better access to qualified nursing and medical staff for prisoners. (2.91)
- 5.36 Clinical staff should have access to ongoing and documented clinical supervision. (2.92)
- 5.37 The clinical management of patients with long-term conditions should be recorded in care plans; care plans should be subject to clinical audit. (2.93)
- 5.38 The health centre waiting room should be made more welcoming and be used to promote health. (2.94)
- 5.39 Patients should not wait excessive periods of time in waiting rooms prior to and following their health care appointments. (2.106)
- 5.40 Waiting times for non-urgent GP appointments should be reduced. (2.107)
- 5.41 There should be a wider range of nurse-led clinics to improve access for patients with long-term conditions. (2.108)
- 5.42 Action should be taken to reduce the time lost due to patients failing to attend appointments. (2.109)
- 5.43 Beds in the HCU should not form part of the CNA. (2.110)
- 5.44 Patients in the HCU should have a therapeutic day with time unlocked at least equivalent to that provided to prisoners on the units. (2.111)
- 5.45 Care should be taken to maintain full and complete records of the administration of medicines; non-attendance and non-compliance should be followed up. (2.125)
- 5.46 The partnership board should ensure that systems for the supply of over the counter medications are pragmatic and commensurate with good practice. (2.126)
- 5.47 The medicines and therapeutics committee should ensure that named patient medication is used wherever possible. The use of general stock should be audited and stock supplied reconciled against prescriptions issued. (2.127)
- 5.48 The medicines and therapeutics committee should meet on a regular basis and all stakeholders should attend. Pharmacy procedures and policies should be formally adopted via the committee. All staff should read, sign and follow the agreed adopted procedures. (2.128)
- 5.49 The security of medicines and controlled drugs cabinet keys should be improved. (2.129)

- 5.50 The transfer of patients to external health care beds should be expedited and occur within Department of Health transfer guidelines timescales. (2.144)
- 5.51 Additional counselling services should be provided. (2.145)

Catering

- 5.52 Lunch should be served between noon and 1.30pm and the evening meal between 5pm and 6.30pm. (2.152)
- 5.53 There should be better oversight of serveries to improve compliance with food safety regulations, cleanliness and religious requirements. (2.153)

Purchases

- 5.54 Products on the shop list should reflect prices on the high street and managers should investigate why some minority prisoner groups are less positive about the canteen list and take remedial action as necessary. (2.160)

Time out of cell

- 5.55 Time out of cell should be improved for those who are not involved in activities. (3.8)
- 5.56 Prisoners should have the opportunity for at least one hour of exercise in the open air every day. (3.9)

Learning and skills and work activities

- 5.57 The self-assessment of learning and skills and work process should be developed so that staff have a good understanding of how it links to quality improvement. (3.17)
- 5.58 The collection and analysis of data to provide information about performance at course level, particularly in vocational training, should be improved. (3.18)
- 5.59 Prisoners should not lose out financially when they need to attend an education course or an offending behaviour programme. (3.22)
- 5.60 The overall quality of teaching should be improved. (3.29)
- 5.61 Learners' short term targets should be clear and measurable and relate to their individual needs. (3.30)
- 5.62 The range of vocational accredited courses with opportunities to progress to higher levels should be improved. (3.31)
- 5.63 A system to record personal and employability skills development that are not formally accredited should be introduced. (3.39)
- 5.64 Achievement on lower performing courses such as personal and social development and construction programmes should be improved. (3.40)

- 5.65 A library survey should be conducted to assess how well the library is meeting the needs of prisoners. (3.43)

Physical education and healthy living

- 5.66 The sports hall floor should be repaired; there should be more shower facilities and measures should be taken to ensure that prisoners have privacy while showering in the gym. (3.49)
- 5.67 Accredited courses in PE should be reintroduced. (3.50)

Strategic management of resettlement

- 5.68 Personal officers should be aware of the sentence planning targets and resettlement objectives that apply to prisoners on their caseload and should encourage prisoners to work towards them. (4.7)
- 5.69 More use should be made of ROTL to prepare category C prisoners for release, particularly to rebuild family ties and improve employment opportunities. (4.8)

Offender management and planning

- 5.70 The caseloads allocated to offender supervisors should permit levels of offender supervision appropriate to individual risk and need. (4.20)
- 5.71 HDC decisions should be made to enable qualifying prisoners to be released on or near their eligibility date. (4.21)
- 5.72 Management supervision of individual offender supervisors, and of assessment and sentence planning in all high risk of harm or child protection cases, should be strengthened to improve quality of delivery. (4.22)

Reintegration planning

- 5.73 Pre-release OASys interviews should be integrated with the pre-release club. (4.36)
- 5.74 All prisoners should have access to an individual careers information and advice interview prior to release. (4.43)
- 5.75 All prisoners should have the opportunity to have a health care assessment prior to release, including assistance to find a GP in the community if required. (4.46)
- 5.76 Arrangements for booking visits should be improved. (4.60)
- 5.77 The nature and extent of prisoners' needs to re-establish or maintain contact with children and families should be established and steps taken to meet these needs. (4.61)
- 5.78 The need for additional victim awareness interventions should be assessed and met accordingly. (4.67)

Housekeeping points

Courts, escorts and transfers

- 5.79 The prison should ensure that private cash accompanies unsentenced prisoners to court. (1.8)
- 5.80 Prisoners should be given sufficient notice of planned transfers and be able to make a telephone call to their family, next of kin and/or legal adviser, subject to well-evidenced security considerations. (1.9)
- 5.81 Prisoners should be given information at court about the prison and what to expect on arrival, and should be transferred as quickly as possible to minimise waiting times. (1.10)

Early days in custody

- 5.82 Prisoners' property should routinely be searched in their presence and should accompany the prisoner to their unit. (1.23)

Security

- 5.83 There should be screening in the MDT testing facility between prisoners in holding rooms and the test area. (1.66)

Incentives and earned privileges

- 5.84 Induction booklets should be amended to provide the correct information about applying for the enhanced status. (1.73)
- 5.85 Prisoners on the basic regime should earn the level of pay outlined in the IEP policy. (1.74)

Segregation

- 5.86 The adjudication, segregation and use of force meetings, should monitor all the protected characteristics. (1.92)
- 5.87 Segregated prisoners should be provided with the opportunity to speak to an official visitor out of the hearing of staff. (1.93)

Substance misuse

- 5.88 The addictions and CARAT managers should formally meet to share information and ensure IDTS coordination. (1.103)

Residential units

- 5.89 Staff should report broken showers promptly and toilet rolls and soap should be provided in communal toilets. (2.18)

5.90 The storage of prisoners' property should be better organised and managed. (2.19)

Equality and diversity

5.91 Prisoners should be involved in the development of disability support plans and all unit staff should be aware of the needs of prisoners with disabilities. (2.53)

5.92 Retired prisoners and those unable to work should be unlocked during the core day. (2.54)

Faith and religious activity

5.93 Ablution facilities should be improved to meet the needs of the number involved. (2.65)

Complaints

5.94 Information about complaints should be displayed in units in languages other than English. (2.74)

Health services

5.95 There should be a regular forum at which users of health services are consulted. (2.95)

5.96 The content of resuscitation grab bags should be reviewed with a view to standardisation. (2.96)

5.97 A senior nurse should be responsible for the strategic development of health services for older age prisoners. (2.97)

5.98 Prisoners should be better informed about current waiting times in health care. (2.112)

5.99 Triage algorithms should be used to support and standardise nurses' clinical decision making. (2.113)

5.100 The use of existing and need for further secondary care escort slots should be reviewed by the partnership board. (2.114)

5.101 The potential use of telemedicine should be explored by the partnership board. (2.115)

5.102 The location of the telephone for patient use should be reviewed. (2.116)

5.103 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population. (2.130)

5.104 Old medical reference books should be discarded and only the most recent copy should be retained. (2.131)

5.105 A wider range of PGDs should be introduced. A copy of the original signed PGD should be present in the pharmacy and signed by appropriate staff. (2.132)

5.106 Medication should be stored in an orderly manner. (2.133)

- 5.107 Maximum-minimum temperatures should be recorded daily for the drug refrigerators. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (2.134)
- 5.108 Unused medicines and medicines from elsewhere should be returned to the pharmacy as soon as possible. (2.135)

Time out of cell

- 5.109 Seating should be provided in exercise yards. (3.10)
- 5.110 The core day should be correctly displayed across the establishment. (3.11)

Offender management and planning

- 5.111 Offender supervisors should be identified on P-Nomis; they should use this system to share sentence planning objectives and other key pieces of information with personal officers. (4.23)

Reintegration planning

- 5.112 All accommodation interviews with peer advisors should be conducted face to face. (4.39)
- 5.113 Current efforts to improve opportunities for prisoners to gain employment on release should continue. (4.44)
- 5.114 Palliative care practices developed with community partners should be described in a pathway and agreed. (4.47)

Good practice

Substance misuse

- 5.115 The Impact programme was an effective way to engage and encourage prisoners into treatment and to ensure that their needs were not overlooked. (1.104)

Health services

- 5.116 With the current governor co-chairing the clinical governance accountability committee and representatives from most clinical disciplines attending meetings, the committee had authority and increased credibility. (2.98)
- 5.117 The use of FP10s ensured that prisoners who did not return from court could access prescribed medication in the community so that treatment was not interrupted. (2.136)

Reintegration planning

- 5.118 The practice of inviting family members to the post-programme reviews, which doubled as sentence plan reviews was excellent. (4.66)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Sean Sullivan	Team leader
Rosemarie Bugdale	Inspector
Joss Crosbie	Inspector
Paul Fenning	Inspector
Jeanette Hall	Inspector
Chloe Flint	Researcher
Nalini Sharma	Researcher
Olayinka Macauley	Researcher

Specialist inspectors

Paul Tarbuck	Health services/drugs inspector
Nicola Rabjohns	Health services inspector
Eilean Robson	Pharmacist
Stephen Miller	Ofsted inspector
Ian Handscombe	Ofsted inspector
Phil Romain	Ofsted inspector
Caroline Nicklin	Probation team leader
Lise Bird	Probation inspector
Paddy Doyle	Probation inspector

Appendix II: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced	1	797	73.4
Recall	0	64	5.9
Convicted unsentenced	0	54	5
Remand	1	161	14.9
Civil prisoners	0	0	0
Detainees	0	9	0.8
Total	2	1085	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	1	229	21.2
Less than 6 months	0	71	6.5
6 months to less than 12 months	0	34	3.1
12 months to less than 2 years	0	114	10.5
2 years to less than 4 years	0	214	19.7
4 years to less than 10 years	0	207	19
10 years and over (not life)	0	68	6.3
ISPP	0	104	9.6
Life	1	44	4.1
Total	2	1085	100

Age	Number of prisoners	%
Please state minimum age: 20		
Under 21 years	2	0.2
21 years to 29 years	436	40.1
30 years to 39 years	329	30.3
40 years to 49 years	207	19
50 years to 59 years	77	7.1
60 years to 69 years	27	2.5
70 plus years	9	0.8
Please state maximum age: 77		
Total	1087	100

Nationality	18–20 yr olds	21 and over	%
British	1	914	84.2
Foreign nationals	1	161	14.9
Not stated	0	10	0.9
Total	2	1085	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	1	301	27.8
Uncategorised sentenced	0	1	0.1
Cat A	0	0	0
Cat B	1	134	12.4
Cat C	0	626	57.6
Cat D	0	22	2

Other		1	0.1
Total	2	1085	100

Ethnicity	18–20 yr olds	21 and over	%
<i>White</i>	0	790	72.7
British	0	709	65.2
Irish	0	15	1.4
Irish traveller/gypsy	0	1	0.1
Other white	0	66	6.1
<i>Mixed</i>	0	39	3.6
White and black Caribbean	0	23	2.1
White and black African	0	4	0.4
White and Asian	0	2	0.2
Other mixed	0	10	0.9
<i>Asian or Asian British</i>	1	92	8.6
Indian	0	35	3.2
Pakistani	1	37	3.5
Bangladeshi	0	2	0.2
Other Asian	0	18	1.7
<i>Black or black British</i>	1	114	10.5
Caribbean	0	61	5.6
African	1	33	3.1
Other black	0	20	1.8
<i>Chinese or other ethnic group</i>	0	10	1
Chinese	0	2	0.2
Other ethnic group	0	9	0.8
Not stated	0	37	3.4
Prefer not to say	0	2	0.2
Total	2	1084	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	2	0.2
Church of England	1	222	20.4
Roman Catholic	0	186	17.1
Other Christian denominations	0	170	15.6
Muslim	1	142	13.2
Sikh	0	17	1.6
Hindu	0	6	0.6
Buddhist	0	15	1.4
Jewish	0	2	0.2
Other	0	19	1.7
No religion	0	251	23.1
Not stated	0	53	4.9
Total	2	1085	100

Sentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	151	13.9
1 month to 3 months	0	0	153	14.1
3 months to 6 months	1	0.1	176	16.2
6 months to 1 year	0	0	187	17.2
1 year to 2 years	0	0	126	11.6
2 years to 4 years	0	0	48	4.4
4 years or more	0	0	15	1.4
Total	1	0.1	856	78.8

Unsentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	79	34.3
1 month to 3 months	1	0.4	62	27
3 months to 6 months	0	0	58	25.2
6 months to 1 year	0	0	25	10.9
1 year to 2 years	0	0	4	1.7
2 years to 4 years	0	0	1	0.4
4 years or more	0	0	0	0
Total	1	0.4	229	21.1

Main offence	18-20 yr olds	21 and over	%
Violence against the person			
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded/holding warrant			
Total	Unavailable	Unavailable	Unavailable

Appendix III: 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 government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 10 July 2012, the prisoner population at HMP Bullingdon was 1079. The sample size was 216. Overall, this represented 20% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a P-Nomis 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. Twelve respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. No respondents required an interview.

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; or
- 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, 193 respondents completed and returned their questionnaires. This represented 18% of the prison population. The response rate was 89%. In addition to the 12 respondents who refused to complete a questionnaire, four questionnaires were not returned and seven were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2012 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 34 local prisons since April 2007.
- The current survey responses in 2012 against the responses of prisoners surveyed at HMP Bullingdon in 2007.
- A comparison within the 2012 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2012 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2012 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2012 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2012 survey between all wings in the prison.

In all the above documents, statistical significance is used to indicate 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. Orange shading has been used to show a significant difference in prisoners' background details.

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

Summary

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

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

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

Survey results

Section 1: About you

Q1.2	How old are you?		
	<i>Under 21</i>	3	(2%)
	<i>21 - 29</i>	73	(38%)
	<i>30 - 39</i>	61	(32%)
	<i>40 - 49</i>	37	(19%)
	<i>50 - 59</i>	13	(7%)
	<i>60 - 69</i>	4	(2%)
	<i>70 and over</i>	2	(1%)
Q1.3	Are you sentenced?		
	<i>Yes</i>	147	(76%)
	<i>Yes - on recall</i>	16	(8%)
	<i>No - awaiting trial</i>	22	(11%)
	<i>No - awaiting sentence</i>	8	(4%)
	<i>No - awaiting deportation</i>	0	(0%)
Q1.4	How long is your sentence?		
	Not sentenced	30	(16%)
	<i>Less than 6 months</i>	23	(12%)
	<i>6 months to less than 1 year</i>	11	(6%)
	<i>1 year to less than 2 years</i>	19	(10%)
	<i>2 years to less than 4 years</i>	29	(15%)
	<i>4 years to less than 10 years</i>	30	(16%)
	<i>10 years or more</i>	21	(11%)
	<i>IPP (indeterminate sentence for public protection)</i>	19	(10%)
	<i>Life</i>	8	(4%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>	20	(10%)
	<i>No</i>	173	(90%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	188	(98%)
	<i>No</i>	4	(2%)
Q1.7	Do you understand written English?		
	<i>Yes</i>	185	(98%)
	<i>No</i>	3	(2%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/Welsh/ Scottish/Northern Irish)</i>	110	(67%)
	<i>White - Irish</i>	3	(2%)
	<i>White - other</i>	7	(4%)
	<i>Black or black British - Caribbean</i>	11	(7%)
	<i>Black or black British - African</i>	5	(3%)
	<i>Black or black British - other</i>	0	(0%)
	<i>Asian or Asian British - Chinese</i>	2	(1%)
	<i>Asian or Asian British - other</i>	1	(1%)
	<i>Mixed race - white and black Caribbean</i>	7	(4%)
	<i>Mixed race - white and black African</i>	1	(1%)
	<i>Mixed race - white and Asian</i>	0	(0%)
	<i>Mixed race - other</i>	3	(2%)

<i>Asian or Asian British - Indian</i>	6 (4%)	<i>Arab</i>	1 (1%)
<i>Asian or Asian British - Pakistani</i> ..	8 (5%)	<i>Other ethnic group</i>	0 (0%)
<i>Asian or Asian British - Bangladeshi</i>	0 (0%)		

Q1.9 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes	9 (6%)
No.....	153 (94%)

Q1.10 What is your religion?

<i>None</i>	46 (28%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	41 (25%)	<i>Jewish</i>	2 (1%)
<i>Catholic</i>	33 (20%)	<i>Muslim</i>	21 (13%)
<i>Protestant</i>	1 (1%)	<i>Sikh</i>	4 (2%)
<i>Other Christian denomination</i>	14 (8%)	<i>Other</i>	4 (2%)
<i>Buddhist</i>	0 (0%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/straight</i>	152 (94%)
<i>Homosexual/gay</i>	3 (2%)
<i>Bisexual</i>	6 (4%)

Q1.12 Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?

Yes	35 (21%)
No.....	134 (79%)

Q1.13 Are you a veteran (ex-armed services)?

Yes	14 (8%)
No.....	153 (92%)

Q1.14 Is this your first time in prison?

Yes	56 (33%)
No.....	112 (67%)

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

Yes	90 (53%)
No.....	79 (47%)

Section 2: Courts, transfers and escorts

Q2.1 On your most recent journey here, how long did you spend in the van?

<i>Less than 2 hours</i>	100 (53%)
<i>2 hours or longer</i>	74 (39%)
<i>Don't remember</i>	14 (7%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

<i>My journey was less than two hours</i>	100 (53%)
Yes	40 (21%)
No.....	45 (24%)
<i>Don't remember</i>	4 (2%)

Q2.3 On your most recent journey here, were you offered a toilet break?

<i>My journey was less than two hours</i>	100 (53%)
---	-----------

Yes.....	10 (5%)
No.....	74 (39%)
Don't remember	6 (3%)

Q2.4 On your most recent journey here, was the van clean?

Yes.....	119 (63%)
No.....	60 (32%)
Don't remember	11 (6%)

Q2.5 On your most recent journey here, did you feel safe?

Yes.....	140 (74%)
No.....	49 (26%)
Don't remember	1 (1%)

Q2.6 On your most recent journey here, how were you treated by the escort staff?

Very well.....	58 (30%)
Well.....	90 (47%)
Neither.....	26 (14%)
Badly.....	8 (4%)
Very badly	6 (3%)
Don't remember	4 (2%)

Q2.7 Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)

Yes, someone told me	131 (70%)
Yes, I received written information.....	17 (9%)
No, I was not told anything.....	36 (19%)
Don't remember	4 (2%)

Q2.8 When you first arrived here did your property arrive at the same time as you?

Yes.....	161 (86%)
No.....	22 (12%)
Don't remember	5 (3%)

Section 3: Reception, first night and induction

Q3.1 How long were you in reception?

Less than 2 hours.....	51 (27%)
2 hours or longer.....	126 (68%)
Don't remember	9 (5%)

Q3.2 When you were searched, was this carried out in a respectful way?

Yes.....	143 (75%)
No	43 (23%)
Don't remember	4 (2%)

Q3.3 Overall, how were you treated in reception?

Very well.....	30 (16%)
Well.....	84 (44%)
Neither.....	38 (20%)
Badly.....	25 (13%)
Very badly	14 (7%)
Don't remember	1 (1%)

- Q3.4 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**
- | | | | |
|--|----------|--|----------|
| <i>Loss of property</i> | 30 (16%) | <i>Physical health</i> | 31 (16%) |
| <i>Housing problems</i> | 29 (15%) | <i>Mental health</i> | 30 (16%) |
| <i>Contacting employers</i> | 4 (2%) | <i>Needing protection from other prisoners</i> | 12 (6%) |
| <i>Contacting family</i> | 45 (24%) | <i>Getting phone numbers</i> | 53 (28%) |
| <i>Childcare</i> | 2 (1%) | <i>Other</i> | 7 (4%) |
| <i>Money worries</i> | 27 (14%) | Did not have any problems | 58 (31%) |
| <i>Feeling depressed or suicidal</i> | 39 (21%) | | |
- Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?**
- | | |
|--|----------|
| Yes | 51 (28%) |
| No..... | 72 (40%) |
| Did not have any problems | 58 (32%) |
- Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)**
- | | |
|---------------------------------------|-----------|
| <i>Tobacco</i> | 158 (83%) |
| <i>A shower</i> | 19 (10%) |
| <i>A free telephone call</i> | 110 (58%) |
| <i>Something to eat</i> | 145 (76%) |
| <i>PIN phone credit</i> | 108 (57%) |
| <i>Toiletries/basic items</i> | 104 (55%) |
| Did not receive anything | 1 (1%) |
- Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)**
- | | |
|--|-----------|
| <i>Chaplain</i> | 75 (40%) |
| <i>Someone from health services</i> | 152 (81%) |
| <i>A Listener/Samaritans</i> | 63 (34%) |
| <i>Prison shop/canteen</i> | 30 (16%) |
| Did not have access to any of these | 20 (11%) |
- Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)**
- | | |
|--|-----------|
| <i>What was going to happen to you</i> | 91 (49%) |
| <i>What support was available for people feeling depressed or suicidal</i> | 80 (43%) |
| <i>How to make routine requests (applications)</i> | 75 (40%) |
| <i>Your entitlement to visits</i> | 78 (42%) |
| <i>Health services</i> | 105 (56%) |
| <i>Chaplaincy</i> | 79 (42%) |
| Not offered any information | 45 (24%) |
- Q3.9 Did you feel safe on your first night here?**
- | | |
|-----------------------------|-----------|
| Yes | 158 (83%) |
| No..... | 27 (14%) |
| <i>Don't remember</i> | 5 (3%) |
- Q3.10 How soon after you arrived here did you go on an induction course?**
- | | |
|---|-----------|
| Have not been on an induction course | 25 (14%) |
| <i>Within the first week</i> | 116 (63%) |
| <i>More than a week</i> | 28 (15%) |
| <i>Don't remember</i> | 16 (9%) |

Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	25 (14%)
	Yes	95 (52%)
	No.....	50 (27%)
	<i>Don't remember</i>	14 (8%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	43 (23%)
	<i>Within the first week</i>	84 (45%)
	<i>More than a week</i>	44 (24%)
	<i>Don't remember</i>	16 (9%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
						<i>N/A</i>
	<i>Communicate with your solicitor / legal representative?</i>	27 (14%)	64 (34%)	22 (12%)	33 (17%)	21 (11%)
	<i>Attend legal visits?</i>	34 (19%)	78 (43%)	24 (13%)	8 (4%)	8 (4%)
	<i>Get bail information?</i>	8 (5%)	18 (11%)	24 (14%)	24 (14%)	23 (14%)
						70 (42%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					28 (15%)
	Yes					89 (47%)
	No.....					71 (38%)
Q4.3	Can you get legal books in the library?					
	Yes					86 (46%)
	No.....					12 (6%)
	<i>Don't know</i>					90 (48%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	108 (57%)	78 (41%)	4 (2%)		
	<i>Are you normally able to have a shower every day?</i>	178 (94%)	11 (6%)	0 (0%)		
	<i>Do you normally receive clean sheets every week?</i>	155 (82%)	30 (16%)	4 (2%)		
	<i>Do you normally get cell cleaning materials every week?</i>	121 (64%)	64 (34%)	5 (3%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	56 (29%)	96 (51%)	38 (20%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	116 (62%)	69 (37%)	1 (1%)		
	<i>If you need to, can you normally get your stored property?</i>	46 (25%)	106 (57%)	34 (18%)		

Q4.5	What is the food like here?	
	Very good.....	3 (2%)
	Good.....	32 (17%)
	Neither.....	54 (29%)
	Bad.....	56 (30%)
	Very bad.....	43 (23%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/don't know</i>	5 (3%)
	Yes.....	98 (52%)
	No.....	86 (46%)
Q4.7	Can you speak to a Listener at any time if you want to?	
	Yes.....	128 (68%)
	No.....	9 (5%)
	Don't know.....	51 (27%)
Q4.8	Are your religious beliefs respected?	
	Yes.....	114 (60%)
	No.....	32 (17%)
	Don't know/N/A.....	45 (24%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes.....	111 (59%)
	No.....	20 (11%)
	Don't know/N/A.....	56 (30%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	35 (19%)
	Very easy.....	46 (25%)
	Easy.....	45 (24%)
	Neither.....	17 (9%)
	Difficult.....	19 (10%)
	Very difficult.....	7 (4%)
	Don't know.....	18 (10%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes.....	158 (88%)		
	No.....	16 (9%)		
	Don't know.....	6 (3%)		
Q5.2	Please answer the following questions about applications:			
	<i>(If you have not made an application please tick the 'not made one' option.)</i>			
		Not made one		
		Yes		
		No		
	Are applications dealt with fairly?	17 (9%)	111 (59%)	59 (32%)
	Are applications dealt with quickly (within seven days)?	17 (10%)	83 (49%)	70 (41%)

Q5.3	Is it easy to make a complaint?			
	Yes	125	(67%)	
	No	21	(11%)	
	Don't know	41	(22%)	
Q5.4	Please answer the following questions about complaints:			
	<i>(If you have not made a complaint please tick the 'not made one' option.)</i>			
		Not made one	Yes	No
	Are complaints dealt with fairly?	80 (44%)	40 (22%)	62 (34%)
	Are complaints dealt with quickly (within seven days)?	80 (44%)	44 (24%)	56 (31%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes	29	(16%)	
	No	152	(84%)	
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?			
	Don't know who they are	55	(30%)	
	Very easy	24	(13%)	
	Easy	51	(28%)	
	Neither	41	(22%)	
	Difficult	6	(3%)	
	Very difficult	7	(4%)	

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)			
	Don't know what the IEP scheme is	22	(12%)	
	Yes	76	(40%)	
	No	61	(32%)	
	Don't know	31	(16%)	
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)			
	Don't know what the IEP scheme is	22	(12%)	
	Yes	88	(47%)	
	No	59	(32%)	
	Don't know	17	(9%)	
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?			
	Yes	17	(9%)	
	No	173	(91%)	
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?			
	I have not been to segregation in the last 6 months	132	(73%)	
	Very well	5	(3%)	
	Well	11	(6%)	
	Neither	11	(6%)	
	Badly	11	(6%)	
	Very badly	10	(6%)	

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes.....	138 (73%)
	No.....	50 (27%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes.....	138 (74%)
	No.....	49 (26%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes.....	59 (31%)
	No.....	129 (69%)
Q7.4	How often do staff normally speak to you during association?	
	Do not go on association	7 (4%)
	Never	39 (21%)
	Rarely	63 (34%)
	Some of the time.....	49 (26%)
	Most of the time.....	21 (11%)
	All of the time.....	9 (5%)
Q7.5	When did you first meet your personal (named) officer?	
	I have not met him/her	77 (40%)
	In the first week.....	40 (21%)
	More than a week.....	49 (26%)
	Don't remember	25 (13%)
Q7.6	How helpful is your personal (named) officer?	
	Do not have a personal officer/I have not met him/ her	77 (41%)
	Very helpful.....	40 (21%)
	Helpful.....	36 (19%)
	Neither.....	17 (9%)
	Not very helpful.....	9 (5%)
	Not at all helpful	9 (5%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes.....	73 (38%)
	No.....	117 (62%)
Q8.2	Do you feel unsafe now?	
	Yes.....	29 (16%)
	No.....	153 (84%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	Never felt unsafe	117 (63%)
	Everywhere.....	17 (9%)
	Segregation unit.....	14 (8%)
	Association areas	17 (9%)
	Reception area.....	9 (5%)
	At the gym.....	13 (7%)
	At mealtimes.....	13 (7%)
	At health services	10 (5%)
	Visits area	10 (5%)
	In wing showers.....	14 (8%)
	In gym showers.....	11 (6%)
	In corridors/stairwells	13 (7%)

<i>In an exercise yard</i>	10 (5%)	<i>On your landing/wing</i>	18 (10%)
<i>At work</i>	3 (2%)	<i>In your cell</i>	13 (7%)
<i>During movement</i>	24 (13%)	<i>At religious services</i>	8 (4%)
<i>At education</i>	6 (3%)		

Q8.4 Have you been victimised by other prisoners here?

Yes	54 (28%)
No.....	138 (72%)

Q8.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	19 (10%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	18 (9%)
<i>Sexual abuse</i>	3 (2%)
<i>Feeling threatened or intimidated</i>	32 (17%)
<i>Having your canteen/property taken</i>	9 (5%)
<i>Medication</i>	9 (5%)
<i>Debt</i>	6 (3%)
<i>Drugs</i>	7 (4%)
<i>Your race or ethnic origin</i>	9 (5%)
<i>Your religion/religious beliefs</i>	9 (5%)
<i>Your nationality</i>	5 (3%)
<i>You are from a different part of the country than others</i>	12 (6%)
<i>You are from a traveller community</i>	2 (1%)
<i>Your sexual orientation</i>	3 (2%)
<i>Your age</i>	3 (2%)
<i>You have a disability</i>	7 (4%)
<i>You were new here</i>	10 (5%)
<i>Your offence/crime</i>	14 (7%)
<i>Gang related issues</i>	9 (5%)

Q8.6 Have you been victimised by staff here?

Yes	64 (34%)
No.....	127 (66%)

Q8.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	28 (15%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	12 (6%)
<i>Sexual abuse</i>	3 (2%)
<i>Feeling threatened or intimidated</i>	38 (20%)
<i>Medication</i>	9 (5%)
<i>Debt</i>	4 (2%)
<i>Drugs</i>	8 (4%)
<i>Your race or ethnic origin</i>	8 (4%)
<i>Your religion/religious beliefs</i>	11 (6%)
<i>Your nationality</i>	4 (2%)
<i>You are from a different part of the country than others</i>	7 (4%)
<i>You are from a traveller community</i>	7 (4%)
<i>Your sexual orientation</i>	2 (1%)
<i>Your age</i>	5 (3%)
<i>You have a disability</i>	6 (3%)
<i>You were new here</i>	12 (6%)
<i>Your offence/crime</i>	13 (7%)
<i>Gang related issues</i>	8 (4%)

Q8.8	If you have been victimised by prisoners or staff did you report it?	
	<i>Not been victimised</i>	107 (60%)
	Yes	23 (13%)
	No	48 (27%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	20 (11%)	9 (5%)	33 (18%)	11 (6%)	63 (34%)	52 (28%)
	The nurse	19 (11%)	21 (12%)	69 (39%)	10 (6%)	39 (22%)	21 (12%)
	The dentist	29 (16%)	5 (3%)	26 (14%)	14 (8%)	43 (24%)	65 (36%)

Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	25 (13%)	17 (9%)	51 (27%)	30 (16%)	31 (16%)	34 (18%)
	The nurse	19 (10%)	27 (15%)	57 (31%)	31 (17%)	26 (14%)	25 (14%)
	The dentist	46 (26%)	20 (11%)	39 (22%)	21 (12%)	24 (13%)	28 (16%)

Q9.3	What do you think of the overall quality of the health services here?	
	<i>Not been</i>	12 (6%)
	<i>Very good</i>	13 (7%)
	<i>Good</i>	50 (26%)
	<i>Neither</i>	36 (19%)
	<i>Bad</i>	37 (19%)
	<i>Very bad</i>	42 (22%)

Q9.4	Are you currently taking medication?	
	Yes	97 (51%)
	No	95 (49%)

Q9.5	If you are taking medication, are you allowed to keep some/all of it in your own cell?	
	<i>Not taking medication</i>	95 (49%)
	<i>Yes, all my meds</i>	54 (28%)
	<i>Yes, some of my meds</i>	24 (13%)
	<i>No</i>	19 (10%)

Q9.6	Do you have any emotional or mental health problems?	
	Yes	63 (33%)
	No	127 (67%)

Q9.7	Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?	
	<i>Do not have any emotional or mental health problems</i>	127 (68%)
	Yes	25 (13%)
	No	35 (19%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	69 (36%)
	No	122 (64%)

Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	58 (31%)
	No.....	129 (69%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	33 (18%)
	Easy.....	18 (10%)
	Neither.....	21 (11%)
	Difficult.....	10 (5%)
	Very difficult.....	9 (5%)
	Don't know	94 (51%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	10 (5%)
	Easy.....	16 (9%)
	Neither.....	15 (8%)
	Difficult.....	14 (8%)
	Very difficult.....	24 (13%)
	Don't know	106 (57%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	17 (9%)
	No.....	174 (91%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	17 (9%)
	No.....	170 (91%)
Q10.7	Have you received any support or help (e.g. substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem	115 (63%)
	Yes.....	52 (28%)
	No.....	17 (9%)
Q10.8	Have you received any support or help (e.g. substance misuse teams) for your alcohol problem, whilst in this prison?	
	Did not/do not have an alcohol problem	129 (70%)
	Yes.....	37 (20%)
	No.....	17 (9%)
Q10.9	Was the support or help you received while in this prison helpful?	
	Did not have a problem/did not receive help	117 (64%)
	Yes.....	56 (30%)
	No.....	11 (6%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?					
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>
						<i>Very difficult</i>
	Prison job	15 (8%)	18 (10%)	24 (13%)	16 (9%)	42 (23%)
						69 (38%)

Vocational or skills training	31 (17%)	10 (6%)	33 (19%)	28 (16%)	37 (21%)	39 (22%)
Education (including basic skills)	22 (12%)	19 (11%)	52 (29%)	29 (16%)	31 (17%)	27 (15%)
Offending behaviour programmes	31 (17%)	19 (11%)	36 (20%)	35 (20%)	17 (10%)	40 (22%)

Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

Not involved in any of these	55 (31%)
Prison job	79 (44%)
Vocational or skills training.....	15 (8%)
Education (including basic skills).....	46 (26%)
Offending behaviour programmes.....	35 (20%)

Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	49 (31%)	40 (25%)	50 (31%)	21 (13%)
Vocational or skills training	58 (42%)	37 (27%)	21 (15%)	21 (15%)
Education (including basic skills)	43 (29%)	57 (39%)	24 (16%)	22 (15%)
Offending behaviour programmes	52 (34%)	62 (41%)	16 (11%)	22 (14%)

Q11.4 How often do you usually go to the library?

Don't want to go	32 (17%)
Never	44 (24%)
Less than once a week.....	49 (26%)
About once a week.....	50 (27%)
More than once a week.....	12 (6%)

Q11.5 Does the library have a wide enough range of materials to meet your needs?

Don't use it	61 (34%)
Yes.....	84 (47%)
No.....	34 (19%)

Q11.6 How many times do you usually go to the gym each week?

Don't want to go	40 (22%)
0.....	37 (21%)
1 to 2.....	34 (19%)
3 to 5.....	62 (35%)
More than 5.....	6 (3%)

Q11.7 How many times do you usually go outside for exercise each week?

Don't want to go	31 (17%)
0.....	34 (19%)
1 to 2.....	61 (34%)
3 to 5.....	29 (16%)
More than 5.....	24 (13%)

Q11.8 How many times do you usually have association each week?

Don't want to go	4 (2%)
0.....	4 (2%)
1 to 2.....	7 (4%)
3 to 5.....	35 (20%)
More than 5.....	129 (72%)

Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	42 (23%)
	<i>2 to less than 4 hours</i>	44 (24%)
	<i>4 to less than 6 hours</i>	29 (16%)
	<i>6 to less than 8 hours</i>	30 (17%)
	<i>8 to less than 10 hours</i>	12 (7%)
	<i>10 hours or more</i>	17 (9%)
	<i>Don't know</i>	7 (4%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	50 (29%)
	<i>No</i>	125 (71%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	86 (46%)
	<i>No</i>	100 (54%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	59 (32%)
	<i>No</i>	128 (68%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	26 (14%)
	<i>Very easy</i>	20 (11%)
	<i>Easy</i>	27 (15%)
	<i>Neither</i>	11 (6%)
	<i>Difficult</i>	43 (23%)
	<i>Very difficult</i>	51 (28%)
	<i>Don't know</i>	5 (3%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	30 (16%)
	<i>Yes</i>	112 (62%)
	<i>No</i>	40 (22%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/NA</i>	70 (39%)
	<i>No contact</i>	42 (23%)
	<i>Letter</i>	45 (25%)
	<i>Phone</i>	21 (12%)
	<i>Visit</i>	36 (20%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	67 (39%)
	<i>No</i>	107 (61%)

Q13.4	Do you have a sentence plan?		
	<i>Not sentenced</i>	30 (16%)	
	Yes	73 (40%)	
	No.....	80 (44%)	
Q13.5	How involved were you in the development of your sentence plan?		
	<i>Do not have a sentence plan/not sentenced</i>	110 (59%)	
	<i>Very involved</i>	23 (12%)	
	<i>Involved</i>	28 (15%)	
	<i>Neither</i>	6 (3%)	
	<i>Not very involved</i>	9 (5%)	
	<i>Not at all involved</i>	11 (6%)	
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)		
	<i>Do not have a sentence plan/not sentenced</i>	110 (61%)	
	<i>Nobody</i>	23 (13%)	
	<i>Offender supervisor</i>	28 (16%)	
	<i>Offender manager</i>	26 (14%)	
	<i>Named/ personal officer</i>	13 (7%)	
	<i>Staff from other departments</i>	16 (9%)	
Q13.7	Can you achieve any of your sentence plan targets in this prison?		
	<i>Do not have a sentence plan/not sentenced</i>	110 (60%)	
	Yes	48 (26%)	
	No.....	10 (5%)	
	<i>Don't know</i>	14 (8%)	
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?		
	<i>Do not have a sentence plan/not sentenced</i>	110 (60%)	
	Yes	15 (8%)	
	No.....	42 (23%)	
	<i>Don't know</i>	15 (8%)	
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?		
	<i>Do not have a sentence plan/not sentenced</i>	110 (60%)	
	Yes	24 (13%)	
	No.....	30 (16%)	
	<i>Don't know</i>	20 (11%)	
Q13.10	Do you have a needs based custody plan?		
	Yes	12 (7%)	
	No.....	88 (49%)	
	<i>Don't know</i>	78 (44%)	
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?		
	Yes	25 (14%)	
	No.....	158 (86%)	
Q13.12	Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)		
		<i>Do not need help</i>	Yes No
	Employment	31 (19%)	48 (29%) 86 (52%)

Accommodation	37 (22%)	68 (41%)	60 (36%)
Benefits	31 (19%)	66 (40%)	66 (40%)
Finances	32 (21%)	33 (22%)	87 (57%)
Education	33 (21%)	41 (26%)	83 (53%)
Drugs and alcohol	46 (28%)	59 (36%)	59 (36%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced	30 (17%)
Yes	82 (46%)
No.....	67 (37%)

Main comparator and comparator to last time



Prisoner survey responses HMP Bullingdon 2012

Prisoner survey responses (missing data have 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 2012	Local prisons comparator	HMP Bullingdon 2012	HMP Bullingdon 2007
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		193	5368	193	108
SECTION 1: General information					
1.2	Are you under 21 years of age?	2%	6%	2%	0%
1.3	Are you sentenced?	84%	67%	84%	62%
1.3	Are you on recall?	8%	10%	8%	13%
1.4	Is your sentence less than 12 months?	18%	20%	18%	8%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10%	3%	10%	8%
1.5	Are you a foreign national?	10%	12%	10%	16%
1.6	Do you understand spoken English?	98%	99%	98%	
1.7	Do you understand written English?	98%	98%	98%	
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	27%	24%	27%	34%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	6%	5%	6%	
1.1	Are you Muslim?	13%	11%	13%	10%
1.11	Are you homosexual/gay or bisexual?	6%	3%	6%	6%
1.12	Do you consider yourself to have a disability?	21%	20%	21%	10%
1.13	Are you a veteran (ex-armed services)?	8%	6%	8%	
1.14	Is this your first time in prison?	33%	29%	33%	32%
1.15	Do you have any children under the age of 18?	53%	54%	53%	49%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	39%	18%	39%	16%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	45%	40%	45%	
2.3	Were you offered a toilet break?	11%	6%	11%	
2.4	Was the van clean?	63%	69%	63%	
2.5	Did you feel safe?	74%	78%	74%	
2.6	Were you treated well/very well by the escort staff?	77%	65%	77%	71%
2.7	Before you arrived here were you told that you were coming here?	70%	70%	70%	
2.7	Before you arrived here did you receive any written information about coming here?	9%	5%	9%	
2.8	When you first arrived here did your property arrive at the same time as you?	86%	81%	86%	86%

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	27%	59%	27%	
3.2	When you were searched in reception, was this carried out in a respectful way?	75%	74%	75%	75%
3.3	Were you treated well/very well in reception?	59%	58%	59%	64%
	When you first arrived:				
3.4	Did you have any problems?	69%	75%	69%	84%
3.4	Did you have any problems with loss of property?	16%	14%	16%	14%
3.4	Did you have any housing problems?	15%	25%	15%	23%
3.4	Did you have any problems contacting employers?	2%	7%	2%	10%
3.4	Did you have any problems contacting family?	24%	33%	24%	31%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	7%	1%	10%
3.4	Did you have any money worries?	14%	22%	14%	25%
3.4	Did you have any problems with feeling depressed or suicidal?	21%	22%	21%	20%
3.4	Did you have any physical health problems?	17%	16%	17%	
3.4	Did you have any mental health problems?	16%	17%	16%	
3.4	Did you have any problems with needing protection from other prisoners?	6%	9%	6%	6%
3.4	Did you have problems accessing phone numbers?	28%	30%	28%	
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	42%	41%	42%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	83%	86%	83%	78%
3.6	A shower?	10%	34%	10%	16%
3.6	A free telephone call?	58%	57%	58%	51%
3.6	Something to eat?	76%	79%	76%	88%
3.6	PIN phone credit?	57%	59%	57%	
3.6	Toiletries/basic items?	55%	61%	55%	

Main comparator and comparator to last time

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued					
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	40%	54%	40%	
3.7	Someone from health services?	81%	75%	81%	
3.7	A Listener/Samaritans?	34%	42%	34%	
3.7	Prison shop/canteen?	16%	15%	16%	21%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	49%	48%	49%	34%
3.8	Support was available for people feeling depressed or suicidal?	43%	48%	43%	37%
3.8	How to make routine requests?	40%	39%	40%	28%
3.8	Your entitlement to visits?	42%	46%	42%	35%
3.8	Health services?	56%	52%	56%	
3.8	The chaplaincy?	43%	48%	43%	
3.9	Did you feel safe on your first night here?	83%	73%	83%	77%
3.10	Have you been on an induction course?	87%	77%	87%	81%
For those who have been on an induction course:					
3.11	Did the course cover everything you needed to know about the prison?	60%	58%	60%	59%
3.12	Did you receive an education (skills for life) assessment?	77%	73%	77%	
SECTION 4: Legal rights and respectful custody					
In terms of your legal rights, is it easy/very easy to:					
4.1	Communicate with your solicitor or legal representative?	48%	41%	48%	43%
4.1	Attend legal visits?	62%	58%	62%	68%
4.1	Get bail information?	16%	23%	16%	18%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	40%	47%	51%
4.3	Can you get legal books in the library?	46%	36%	46%	
For the wing/unit you are currently on:					
4.4	Are you normally offered enough clean, suitable clothes for the week?	57%	53%	57%	53%
4.4	Are you normally able to have a shower every day?	94%	80%	94%	91%
4.4	Do you normally receive clean sheets every week?	82%	82%	82%	82%
4.4	Do you normally get cell cleaning materials every week?	64%	63%	64%	57%
4.4	Is your cell call bell normally answered within five minutes?	30%	38%	30%	29%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	62%	63%	62%	70%
4.4	Can you normally get your stored property if you need to?	25%	27%	25%	31%
4.5	Is the food in this prison good/very good?	19%	24%	19%	17%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	46%	52%	50%
4.7	Are you able to speak to a Listener at any time if you want to?	68%	58%	68%	68%
4.8	Are your religious beliefs are respected?	60%	54%	60%	62%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	55%	59%	58%
4.10	Is it easy/very easy to attend religious services?	49%	45%	49%	

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	88%	80%	88%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	65%	57%	65%	64%
5.2	Do you feel applications are dealt with quickly (within seven days)?	54%	47%	54%	50%
5.3	Is it easy to make a complaint?	67%	56%	67%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	39%	30%	39%	29%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	44%	34%	44%	28%
5.5	Have you ever been prevented from making a complaint when you wanted to?	16%	17%	16%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	41%	21%	41%	43%
SECTION 6: Incentive and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	40%	49%	40%	
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	44%	47%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	7%	9%	
6.4	In the last six months, if you have spent a night in the segregation/care and separation unit, were you treated very well/well by staff?	33%	41%	33%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	73%	71%	73%	67%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	74%	72%	74%	68%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	31%	36%	31%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	16%	18%	16%	16%
7.5	Do you have a personal officer?	60%	46%	60%	62%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	68%	64%	68%	59%

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	38%	41%	38%	38%
8.2	Do you feel unsafe now?	16%	17%	16%	19%
8.4	Have you been victimised by other prisoners here?	28%	21%	28%	23%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	10%	10%	10%	14%
8.5	Hit, kicked or assaulted you?	9%	6%	9%	8%
8.5	Sexually abused you?	2%	1%	2%	3%
8.5	Threatened or intimidated you?	17%	13%	17%	
8.5	Taken your canteen/property?	5%	5%	5%	5%
8.5	Victimised you because of medication?	5%	4%	5%	
8.5	Victimised you because of debt?	3%	3%	3%	
8.5	Victimised you because of drugs?	4%	4%	4%	7%
8.5	Victimised you because of your race or ethnic origin?	5%	3%	5%	6%
8.5	Victimised you because of your religion/religious beliefs?	5%	2%	5%	4%
8.5	Victimised you because of your nationality?	3%	2%	3%	
8.5	Victimised you because you were from a different part of the country?	6%	4%	6%	6%
8.5	Victimised you because you are from a traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	2%	1%	2%	2%
8.5	Victimised you because of your age?	2%	2%	2%	
8.5	Victimised you because you have a disability?	4%	3%	4%	2%
8.5	Victimised you because you were new here?	5%	6%	5%	9%
8.5	Victimised you because of your offence/crime?	7%	5%	7%	
8.5	Victimised you because of gang related issues?	5%	4%	5%	

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	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	34%	25%	34%	50%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	15%	11%	15%	26%
8.7	Hit, kicked or assaulted you?	6%	5%	6%	4%
8.7	Sexually abused you?	2%	1%	2%	8%
8.7	Threatened or intimidated you?	20%	12%	20%	
8.7	Victimised you because of medication?	5%	6%	5%	
8.7	Victimised you because of debt?	2%	1%	2%	
8.7	Victimised you because of drugs?	4%	5%	4%	8%
8.7	Victimised you because of your race or ethnic origin?	4%	5%	4%	7%
8.7	Victimised you because of your religion/religious beliefs?	6%	3%	6%	7%
8.7	Victimised you because of your nationality?	2%	2%	2%	
8.7	Victimised you because you were from a different part of the country?	4%	3%	4%	3%
8.7	Victimised you because you are from a traveller community?	4%	2%	4%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	4%
8.7	Victimised you because of your age?	3%	2%	3%	
8.7	Victimised you because you have a disability?	3%	2%	3%	4%
8.7	Victimised you because you were new here?	6%	6%	6%	12%
8.7	Victimised you because of your offence/crime?	7%	5%	7%	
8.7	Victimised you because of gang related issues?	4%	2%	4%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	33%	34%	33%	33%

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SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	22%	27%	22%	
9.1	Is it easy/very easy to see the nurse?	50%	52%	50%	
9.1	Is it easy/very easy to see the dentist?	17%	10%	17%	
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	42%	44%	42%	41%
9.2	The nurse?	51%	58%	51%	58%
9.2	The dentist?	45%	31%	45%	32%
9.3	The overall quality of health services?	35%	39%	35%	44%
9.4	Are you currently taking medication?	51%	50%	51%	51%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	80%	67%	80%	
9.6	Do you have any emotional well being or mental health problems?	33%	34%	33%	
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	42%	43%	42%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	36%	36%	36%	32%
10.2	Did you have a problem with alcohol when you came into this prison?	31%	26%	31%	19%
10.3	Is it easy/very easy to get illegal drugs in this prison?	28%	29%	28%	34%
10.4	Is it easy/very easy to get alcohol in this prison?	14%	13%	14%	
10.5	Have you developed a problem with drugs since you have been in this prison?	9%	8%	9%	
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	8%	9%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	75%	58%	75%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	69%	54%	69%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	84%	78%	84%	

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SECTION 11: Activities				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	23%	32%	23%	
11.1 Vocational or skills training?	24%	28%	24%	
11.1 Education (including basic skills)?	40%	44%	40%	
11.1 Offending Behaviour Programmes?	31%	18%	31%	
Are you currently involved in any of the following activities:				
11.2 A prison job?	44%	44%	44%	
11.2 Vocational or skills training?	8%	10%	8%	
11.2 Education (including basic skills)?	26%	27%	26%	
11.2 Offending Behaviour Programmes?	20%	7%	20%	
11.3 Have you had a job while in this prison?	69%	69%	69%	71%
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	36%	42%	36%	42%
11.3 Have you been involved in vocational or skills training while in this prison?	58%	53%	58%	58%
For those who have had vocational or skills training while in this prison:				
11.3 Do you feel the vocational or skills training will help you on release?	47%	50%	47%	52%
11.3 Have you been involved in education while in this prison?	71%	64%	71%	71%
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	55%	58%	55%	61%
11.3 Have you been involved in offending behaviour programmes while in this prison?	66%	50%	66%	61%
For those who have been involved in offending behaviour programmes while in this prison:				
11.3 Do you feel the offending behaviour programme(s) will help you on release?	62%	47%	62%	54%
11.4 Do you go to the library at least once a week?	33%	37%	33%	38%
11.5 Does the library have a wide enough range of materials to meet your needs?	47%	31%	47%	
11.6 Do you go to the gym three or more times a week?	38%	30%	38%	38%
11.7 Do you go outside for exercise three or more times a week?	30%	39%	30%	18%
11.8 Do you go on association more than five times each week?	72%	48%	72%	62%
11.9 Do you spend ten or more hours out of your cell on a weekday?	9%	10%	9%	6%
SECTION 12: Friends and family				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	29%	35%	29%	
12.2 Have you had any problems with sending or receiving mail?	46%	46%	46%	49%
12.3 Have you had any problems getting access to the telephones?	32%	34%	32%	21%
12.4 Is it easy/ very easy for your friends and family to get here?	26%	31%	26%	

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	Percentages which are not highlighted show there is no significant difference				
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	74%	56%	74%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	38%	45%	38%	
13.2	Contact by letter?	41%	23%	41%	
13.2	Contact by phone?	19%	14%	19%	
13.2	Contact by visit?	32%	37%	32%	
13.3	Do you have a named offender supervisor in this prison?	39%	25%	39%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	48%	40%	48%	44%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	66%	56%	66%	59%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	33%	52%	33%	
13.6	Offender supervisor?	40%	24%	40%	
13.6	Offender manager?	37%	25%	37%	
13.6	Named/personal officer?	19%	18%	19%	
13.6	Staff from other departments?	23%	21%	23%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	67%	62%	67%	68%
13.8	Are there plans for you to achieve any of your targets in another prison?	21%	24%	21%	
13.9	Are there plans for you to achieve any of your targets in the community?	32%	28%	32%	
13.10	Do you have a needs based custody plan?	7%	5%	7%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	14%	15%	14%	33%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	36%	29%	36%	
13.12	Accommodation?	53%	40%	53%	
13.12	Benefits?	50%	41%	50%	
13.12	Finances?	28%	26%	28%	
13.12	Education?	33%	32%	33%	
13.12	Drugs and alcohol?	50%	47%	50%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	55%	46%	55%	62%

Diversity Analysis



Key question responses (ethnicity, foreign national and religion) HMP Bullingdon 2012

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

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
Number of completed questionnaires returned		45	120	20	173	21	145
1.3	Are you sentenced?	85%	82%	90%	84%	81%	83%
1.5	Are you a foreign national?	20%	7%			14%	10%
1.6	Do you understand spoken English?	96%	100%	94%	98%	100%	99%
1.7	Do you understand written English?	95%	100%	94%	99%	100%	99%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			53%	24%	81%	20%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	5%	22%	4%	0%	6%
1.1	Are you Muslim?	38%	3%	18%	12%		
1.12	Do you consider yourself to have a disability?	14%	23%	17%	21%	9%	22%
1.13	Are you a veteran (ex-armed services)?	5%	9%	32%	6%	19%	6%
1.14	Is this your first time in prison?	36%	33%	45%	32%	29%	34%
2.6	Were you treated well/very well by the escort staff?	67%	79%	68%	78%	52%	79%
2.7	Before you arrived here were you told that you were coming here?	81%	68%	50%	72%	71%	71%
3.2	When you were searched in reception, was this carried out in a respectful way?	68%	78%	68%	76%	76%	76%
3.3	Were you treated well/very well in reception?	56%	59%	47%	61%	57%	59%
3.4	Did you have any problems when you first arrived?	72%	68%	77%	68%	76%	68%
3.7	Did you have access to someone from health care when you first arrived here?	81%	80%	72%	82%	76%	81%
3.9	Did you feel safe on your first night here?	80%	87%	74%	84%	86%	85%
3.10	Have you been on an induction course?	95%	85%	82%	87%	90%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	56%	46%	58%	47%	33%	50%

Diversity Analysis

Key to tables

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	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	58%	55%	61%	56%	43%	57%
4.4	Are you normally able to have a shower every day?	95%	93%	100%	94%	91%	94%
4.4	Is your cell call bell normally answered within five minutes?	41%	27%	47%	28%	29%	31%
4.5	Is the food in this prison good/very good?	14%	22%	16%	19%	5%	22%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	44%	56%	47%	52%	43%	55%
4.7	Are you able to speak to a Listener at any time if you want to?	61%	70%	64%	68%	48%	70%
4.8	Do you feel your religious beliefs are respected?	66%	59%	63%	59%	71%	59%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	60%	60%	71%	58%	48%	62%
5.1	Is it easy to make an application?	79%	91%	81%	88%	75%	90%
5.3	Is it easy to make a complaint?	64%	65%	55%	68%	33%	70%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	29%	41%	16%	43%	19%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	49%	42%	36%	49%	48%	43%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	6%	0%	10%	9%	8%
7.1	Do most staff, in this prison, treat you with respect?	66%	75%	68%	74%	52%	75%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	74%	66%	75%	67%	74%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	14%	17%	11%	17%	5%	18%
7.4	Do you have a personal officer?	66%	58%	63%	59%	52%	60%
8.1	Have you ever felt unsafe here?	46%	35%	39%	38%	45%	37%
8.2	Do you feel unsafe now?	21%	14%	28%	15%	20%	15%
8.3	Have you been victimised by other prisoners?	31%	26%	32%	28%	33%	26%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	20%	16%	26%	16%	19%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	3%	16%	4%	5%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	2%	10%	4%	19%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	2%	3%	16%	1%	0%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	4%	4%	10%	3%	0%	5%

Diversity Analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in green is significantly better							
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
8.6	Have you been victimised by a member of staff?	38%	31%	32%	34%	43%	32%
8.7	Have you ever felt threatened or intimidated by staff here?	20%	19%	16%	20%	14%	21%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	1%	6%	4%	9%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	9%	3%	6%	6%	14%	4%
8.7	Have you been victimised because of your nationality? (By staff)	2%	3%	0%	2%	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	2%	3%	6%	3%	0%	4%
9.1	Is it easy/very easy to see the doctor?	33%	22%	21%	23%	29%	24%
9.1	Is it easy/ very easy to see the nurse?	52%	54%	36%	52%	43%	55%
9.4	Are you currently taking medication?	41%	54%	50%	51%	38%	53%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	18%	42%	25%	34%	19%	38%
10.3	Is it easy/very easy to get illegal drugs in this prison?	23%	28%	16%	29%	30%	26%
11.2	Are you currently working in the prison?	51%	40%	25%	46%	20%	46%
11.2	Are you currently undertaking vocational or skills training?	5%	6%	12%	8%	5%	5%
11.2	Are you currently in education (including basic skills)?	17%	24%	69%	22%	15%	23%
11.2	Are you currently taking part in an offending behaviour programme?	10%	23%	12%	20%	15%	20%
11.4	Do you go to the library at least once a week?	33%	38%	55%	31%	25%	37%
11.6	do you go to the gym three or more times a week?	50%	32%	69%	35%	40%	37%
11.7	Do you go outside for exercise three or more times a week?	42%	25%	44%	28%	25%	30%
11.8	On average, do you go on association more than five times each week?	71%	71%	66%	73%	70%	71%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	13%	8%	18%	9%	5%	10%
12.2	Have you had any problems sending or receiving mail?	48%	47%	39%	47%	52%	46%
12.3	Have you had any problems getting access to the telephones?	36%	30%	11%	34%	33%	31%

Diversity Analysis



Key question responses (disability, age over 50) HMP Bullingdon 2012

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

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		35	134	19	174
1.3	Are you sentenced?	74%	84%	94%	83%
1.5	Are you a foreign national?	9%	11%	10%	10%
1.6	Do you understand spoken English?	100%	99%	100%	98%
1.7	Do you understand written English?	100%	99%	100%	98%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	18%	30%	41%	26%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	6%	0%	6%
1.1	Are you Muslim?	6%	14%	0%	14%
1.12	Do you consider yourself to have a disability?			41%	19%
1.13	Are you a veteran (ex-armed services)?	6%	9%	13%	8%
1.14	Is this your first time in prison?	29%	35%	60%	31%
2.6	Were you treated well/very well by the escort staff?	74%	74%	84%	76%
2.7	Before you arrived here were you told that you were coming here?	76%	69%	72%	69%
3.2	When you were searched in reception, was this carried out in a respectful way?	71%	77%	88%	74%
3.3	Were you treated well/very well in reception?	49%	60%	63%	59%
3.4	Did you have any problems when you first arrived?	94%	63%	66%	69%
3.7	Did you have access to someone from health care when you first arrived here?	76%	82%	84%	81%
3.9	Did you feel safe on your first night here?	71%	87%	84%	83%
3.10	Have you been on an induction course?	78%	89%	94%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	35%	51%	66%	46%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	35%	60%	89%	54%
4.4	Are you normally able to have a shower every day?	94%	93%	100%	94%
4.4	Is your cell call bell normally answered within five minutes?	23%	32%	45%	28%
4.5	Is the food in this prison good/very good?	18%	20%	32%	17%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	55%	66%	50%
4.7	Are you able to speak to a Listener at any time if you want to?	56%	70%	72%	68%
4.8	Do you feel your religious beliefs are respected?	50%	64%	90%	56%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	41%	65%	63%	59%
5.1	Is it easy to make an application?	83%	89%	88%	88%
5.3	Is it easy to make a complaint?	48%	69%	83%	65%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	26%	40%	63%	37%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	31%	48%	36%	49%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	18%	5%	0%	10%
7.1	Do most staff, in this prison, treat you with respect?	48%	77%	94%	71%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	55%	77%	100%	71%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	6%	18%	16%	16%
7.4	Do you have a personal officer?	62%	59%	79%	58%
8.1	Have you ever felt unsafe here?	62%	33%	37%	39%
8.2	Do you feel unsafe now?	31%	12%	10%	17%
8.3	Have you been victimised by other prisoners?	46%	23%	32%	28%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	26%	15%	21%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	5%	6%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	5%	0%	5%
8.5	Have you been victimised because of your nationality? (By prisoners)	9%	2%	6%	2%
8.5	Have you been victimised because of your age? (By prisoners)	6%	1%	0%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	14%	2%	6%	4%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	62%	26%	21%	35%
8.7	Have you ever felt threatened or intimidated by staff here?	44%	14%	6%	22%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	3%	0%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	12%	4%	0%	6%
8.7	Have you been victimised because of your nationality? (By staff)	6%	2%	0%	2%
8.7	Have you been victimised because of your age? (By staff)	9%	2%	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	15%	0%	0%	4%
9.1	Is it easy/very easy to see the doctor?	22%	25%	45%	20%
9.1	Is it easy/ very easy to see the nurse?	59%	52%	61%	49%
9.4	Are you currently taking medication?	76%	46%	84%	47%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	79%	25%	32%	33%
10.3	Is it easy/very easy to get illegal drugs in this prison?	28%	26%	10%	30%
11.2	Are you currently working in the prison?	30%	45%	55%	43%
11.2	Are you currently undertaking vocational or skills training?	7%	5%	6%	9%
11.2	Are you currently in education (including basic skills)?	27%	22%	17%	27%
11.2	Are you currently taking part in an offending behaviour programme?	17%	19%	28%	19%
11.4	Do you go to the library at least once a week?	37%	36%	37%	33%
11.6	Do you go to the gym three or more times a week?	13%	43%	11%	41%
11.7	Do you go outside for exercise three or more times a week?	17%	32%	30%	30%
11.8	On average, do you go on association more than five times each week?	64%	72%	74%	72%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	3%	12%	11%	9%
12.2	Have you had any problems sending or receiving mail?	61%	45%	21%	49%
12.3	Have you had any problems getting access to the telephones?	45%	28%	32%	32%

Main comparator and comparator to last time



Prisoner survey responses (wing breakdown) HMP Bullingdon 2012

Prisoner survey responses (missing data have been excluded for each question, health care and segregation units have not been included in the analysis)

Key to tables

Percentages highlighted in green show the best score across wings		A Wing	B Wing	C Wing	D Wing	E Wing	F Wing	Overall
Number of completed questionnaires returned		37	29	37	32	37	18	190
SECTION 1: General information								
1.2	Are you under 21 years of age?	0%	7%	3%	0%	0%	0%	2%
1.3	Are you sentenced?	92%	28%	95%	94%	100%	94%	85%
1.3	Are you on recall?	11%	7%	11%	12%	3%	0%	8%
1.4	Is your sentence less than 12 months?	27%	14%	16%	13%	9%	34%	18%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	8%	0%	5%	20%	17%	11%	10%
1.5	Are you a foreign national?	5%	21%	5%	10%	3%	28%	10%
1.6	Do you understand spoken English?	100%	93%	100%	100%	97%	94%	98%
1.7	Do you understand written English?	100%	93%	100%	100%	97%	100%	98%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	38%	21%	45%	12%	19%	22%	27%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	7%	11%	3%	4%	3%	0%	5%
1.1	Are you Muslim?	17%	7%	24%	4%	6%	22%	13%
1.11	Are you homosexual/gay or bisexual?	13%	0%	3%	0%	10%	8%	6%
1.12	Do you consider yourself to have a disability?	20%	31%	6%	23%	28%	14%	21%
1.13	Are you a veteran (ex-armed services)?	0%	4%	6%	7%	16%	22%	8%
1.14	Is this your first time in prison?	10%	32%	27%	30%	69%	28%	33%
1.15	Do you have any children under the age of 18?	61%	55%	48%	56%	59%	28%	54%
SECTION 2: Transfers and escorts								
On your most recent journey here:								
2.1	Did you spend more than 2 hours in the van?	53%	18%	51%	42%	39%	18%	39%
2.5	Did you feel safe?	65%	75%	67%	84%	76%	77%	73%
2.6	Were you treated well/very well by the escort staff?	68%	72%	78%	78%	84%	89%	77%
2.7	Before you arrived here were you told that you were coming here?	70%	68%	81%	60%	67%	78%	70%
2.8	When you first arrived here did your property arrive at the same time as you?	95%	69%	83%	84%	97%	82%	86%

Main comparator and comparator to last time

Key to tables

	Percentages highlighted in green show the best score across wings							
	Percentages highlighted in blue show the worst score across wings	A Wing	B Wing	C Wing	D Wing	E Wing	F Wing	Overall
SECTION 3: Reception, first night and induction								
3.1	Were you in reception for less than 2 hours?	16%	33%	22%	19%	35%	50%	27%
3.2	When you were searched in reception, was this carried out in a respectful way?	62%	62%	76%	78%	89%	89%	75%
3.3	Were you treated well/very well in reception?	57%	41%	57%	53%	73%	83%	60%
	When you first arrived:							
3.4	Did you have any problems?	59%	86%	68%	67%	68%	77%	69%
3.4	Did you have any problems with loss of property?	16%	14%	16%	23%	11%	12%	16%
3.4	Did you have any housing problems?	14%	25%	16%	13%	11%	12%	15%
3.4	Did you have any problems contacting employers?	0%	11%	0%	4%	0%	0%	2%
3.4	Did you have any problems contacting family?	16%	43%	19%	17%	30%	23%	24%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	0%	0%	4%	0%	6%	1%
3.4	Did you have any money worries?	16%	32%	3%	13%	11%	12%	14%
3.4	Did you have any problems with feeling depressed or suicidal?	22%	25%	3%	23%	24%	41%	21%
3.4	Did you have any physical health problems?	11%	22%	8%	20%	19%	23%	16%
3.4	Did you have any mental health problems?	16%	32%	11%	20%	8%	6%	16%
3.4	Did you have any problems with needing protection from other prisoners?	5%	14%	0%	4%	11%	6%	6%
3.4	Did you have problems accessing phone numbers?	22%	43%	27%	27%	27%	23%	28%
	When you first arrived here, were you offered any of the following:							
3.6	Tobacco?	97%	90%	89%	78%	70%	72%	84%
3.6	A shower?	0%	17%	11%	6%	14%	17%	10%
3.6	A free telephone call?	75%	62%	59%	56%	33%	61%	58%
3.6	Something to eat?	72%	79%	73%	72%	86%	83%	77%
3.6	PIN phone credit?	72%	72%	62%	50%	17%	89%	57%
3.6	Toiletries/basic items?	42%	62%	54%	56%	56%	72%	56%

Main comparator and comparator to last time

Key to tables

Percentages highlighted in green show the best score across wings		A Wing	B Wing	C Wing	D Wing	E Wing	F Wing	Overall
Percentages highlighted in blue show the worst score across wings								
SECTION 3: Reception, first night and induction continued								
When you first arrived here did you have access to the following people:								
3.7	The chaplain or a religious leader?	33%	39%	49%	31%	41%	55%	40%
3.7	Someone from health services?	78%	86%	80%	78%	78%	94%	81%
3.7	A Listener/Samaritans?	33%	32%	34%	25%	32%	55%	34%
3.7	Prison shop/ canteen?	14%	11%	6%	16%	24%	28%	16%
When you first arrived here were you offered information about any of the following:								
3.8	What was going to happen to you?	47%	41%	54%	61%	31%	72%	50%
3.8	Support was available for people feeling depressed or suicidal?	42%	41%	43%	45%	31%	66%	43%
3.8	How to make routine requests?	39%	37%	41%	39%	31%	66%	40%
3.8	Your entitlement to visits?	42%	41%	41%	39%	37%	66%	42%
3.8	Health services?	50%	59%	57%	68%	43%	78%	57%
3.8	The chaplaincy?	47%	41%	38%	45%	29%	66%	42%
3.9	Did you feel safe on your first night here?	83%	72%	89%	88%	81%	83%	83%
3.10	Have you been on an induction course?	76%	89%	92%	81%	95%	83%	86%
3.12	Did you receive an education (skills for life) assessment?	68%	64%	86%	78%	83%	82%	77%
SECTION 4: Legal rights and respectful custody								
In terms of your legal rights, is it easy/very easy to:								
4.1	Communicate with your solicitor or legal representative?	41%	35%	46%	44%	60%	66%	47%
4.1	Attend legal visits?	56%	68%	70%	57%	55%	71%	62%
4.1	Get bail information?	12%	14%	21%	12%	3%	46%	16%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	54%	44%	42%	66%	41%	30%	47%
4.3	Can you get legal books in the library?	35%	48%	50%	37%	53%	55%	46%
For the wing/unit you are currently on:								
4.4	Are you normally offered enough clean, suitable clothes for the week?	42%	59%	62%	44%	72%	66%	57%
4.4	Are you normally able to have a shower every day?	100%	83%	97%	94%	92%	100%	94%
4.4	Do you normally receive clean sheets every week?	83%	96%	81%	63%	89%	78%	82%
4.4	Do you normally get cell cleaning materials every week?	70%	59%	64%	56%	54%	89%	64%
4.4	Is your cell call bell normally answered within five minutes?	19%	21%	35%	12%	46%	50%	30%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	60%	48%	57%	63%	67%	94%	63%
4.4	Can you normally get your stored property, if you need to?	19%	23%	24%	20%	24%	50%	25%
4.5	Is the food in this prison good/very good?	9%	11%	20%	12%	35%	30%	19%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	45%	49%	56%	52%	66%	52%
4.7	Are you able to speak to a Listener at any time if you want to?	58%	47%	67%	66%	92%	89%	69%
4.8	Are your religious beliefs are respected?	42%	48%	68%	59%	73%	72%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	61%	50%	63%	56%	61%	66%	60%
4.10	Is it easy/very easy to attend religious services?	44%	29%	72%	41%	49%	55%	49%

Main comparator and comparator to last time

Key to tables

Percentages highlighted in green show the best score across wings		A Wing	B Wing	C Wing	D Wing	E Wing	F Wing	Overall
Percentages highlighted in blue show the worst score across wings								
SECTION 5: Applications and complaints								
5.1	Is it easy to make an application?	88%	82%	86%	87%	97%	89%	88%
5.3	Is it easy to make a complaint?	70%	59%	57%	81%	72%	53%	67%
5.5	Have you ever been prevented from making a complaint when you wanted to?	29%	23%	6%	20%	11%	6%	16%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	36%	29%	41%	35%	52%	64%	41%
SECTION 6: Incentive and earned privileges scheme								
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	27%	14%	59%	32%	56%	55%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	24%	68%	44%	43%	72%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	4%	14%	6%	6%	0%	9%
SECTION 7: Relationships with staff								
7.1	Do most staff, in this prison, treat you with respect?	64%	65%	78%	65%	86%	89%	74%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	61%	81%	65%	91%	78%	74%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	17%	18%	39%	25%	50%	39%	31%
7.4	Do staff normally speak to you most of the time/all of the time during association?	11%	4%	25%	10%	22%	28%	16%
7.5	Do you have a personal officer?	44%	35%	78%	63%	84%	45%	60%

Main comparator and comparator to last time

Key to tables

Percentages highlighted in green show the best score across wings		A Wing	B Wing	C Wing	D Wing	E Wing	F Wing	Overall
Percentages highlighted in blue show the worst score across wings								
SECTION 8: Safety								
8.1	Have you ever felt unsafe here?	41%	38%	35%	40%	38%	39%	38%
8.2	Do you feel unsafe now?	17%	18%	15%	11%	17%	18%	16%
8.4	Have you been victimised by other prisoners here?	27%	35%	19%	28%	27%	34%	27%
	Since you have been here, have other prisoners:							
8.5	Made insulting remarks about you, your family or friends?	8%	7%	11%	12%	16%	0%	10%
8.5	Hit, kicked or assaulted you?	11%	11%	8%	6%	11%	0%	8%
8.5	Sexually abused you?	0%	4%	3%	0%	0%	0%	1%
8.5	Threatened or intimidated you?	16%	24%	8%	16%	19%	17%	16%
8.5	Taken your canteen/property?	5%	11%	3%	3%	3%	0%	4%
8.5	Victimised you because of medication?	0%	4%	5%	3%	5%	17%	5%
8.5	Victimised you because of debt?	5%	7%	3%	3%	0%	0%	3%
8.5	Victimised you because of drugs?	8%	7%	0%	3%	0%	6%	4%
8.5	Victimised you because of your race or ethnic origin?	3%	11%	5%	3%	5%	0%	5%
8.5	Victimised you because of your religion/religious beliefs?	5%	7%	3%	6%	5%	0%	5%
8.5	Victimised you because of your nationality?	0%	11%	0%	3%	3%	0%	3%
8.5	Victimised you because you were from a different part of the country?	3%	11%	3%	12%	5%	0%	6%
8.5	Victimised you because you are from a traveller community?	0%	7%	0%	0%	0%	0%	1%
8.5	Victimised you because of your sexual orientation?	3%	7%	0%	0%	0%	0%	2%
8.5	Victimised you because of your age?	3%	4%	0%	3%	0%	0%	2%
8.5	Victimised you because you have a disability?	0%	11%	3%	3%	3%	6%	4%
8.5	Victimised you because you were new here?	5%	7%	0%	6%	8%	6%	5%
8.5	Victimised you because of your offence/crime?	3%	11%	5%	0%	22%	0%	7%
8.5	Victimised you because of gang related issues?	5%	11%	3%	0%	3%	6%	4%

Main comparator and comparator to last time

Key to tables

Percentages highlighted in green show the best score across wings		A Wing	B Wing	C Wing	D Wing	E Wing	F Wing	Overall
Percentages highlighted in blue show the worst score across wings								
SECTION 8: Safety continued								
8.6	Have you been victimised by staff here?	46%	41%	30%	32%	30%	11%	33%
	Since you have been here, have staff:							
8.7	Made insulting remarks about you, your family or friends?	24%	14%	11%	13%	19%	0%	15%
8.7	Hit, kicked or assaulted you?	11%	4%	8%	3%	5%	0%	6%
8.7	Sexually abused you?	3%	4%	0%	0%	0%	0%	1%
8.7	Threatened or intimidated you?	27%	28%	14%	20%	16%	11%	20%
8.7	Victimised you because of medication?	0%	14%	3%	10%	0%	6%	5%
8.7	Victimised you because of debt?	5%	4%	3%	0%	0%	0%	2%
8.7	Victimised you because of drugs?	5%	11%	3%	3%	3%	0%	4%
8.7	Victimised you because of your race or ethnic origin?	14%	4%	5%	0%	0%	0%	4%
8.7	Victimised you because of your religion/religious beliefs?	8%	11%	3%	3%	8%	0%	6%
8.7	Victimised you because of your nationality?	0%	7%	3%	3%	0%	0%	2%
8.7	Victimised you because you were from a different part of the country?	3%	4%	3%	6%	3%	0%	3%
8.7	Victimised you because you are from a traveller community?	3%	11%	3%	6%	0%	0%	4%
8.7	Victimised you because of your sexual orientation?	3%	4%	0%	0%	0%	0%	1%
8.7	Victimised you because of your age?	5%	7%	0%	0%	3%	0%	3%
8.7	Victimised you because you have a disability?	3%	7%	0%	6%	3%	0%	3%
8.7	Victimised you because you were new here?	5%	11%	5%	6%	5%	6%	6%
8.7	Victimised you because of your offence/crime?	8%	11%	5%	0%	14%	0%	7%
8.7	Victimised you because of gang related issues?	3%	14%	3%	3%	0%	0%	4%

Main comparator and comparator to last time

Key to tables

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	Percentages highlighted in blue show the worst score across wings							
SECTION 9: Health services								
9.1	Is it easy/very easy to see the doctor?	21%	4%	22%	12%	40%	39%	22%
9.1	Is it easy/very easy to see the nurse?	35%	31%	57%	44%	71%	59%	50%
9.1	Is it easy/very easy to see the dentist?	12%	7%	16%	12%	26%	34%	17%
9.4	Are you currently taking medication?	50%	55%	35%	47%	59%	55%	50%
9.6	Do you have any emotional well being or mental health problems?	28%	55%	22%	42%	30%	22%	33%
SECTION 10: Drugs and alcohol								
10.1	Did you have a problem with drugs when you came into this prison?	49%	48%	25%	41%	16%	45%	36%
10.2	Did you have a problem with alcohol when you came into this prison?	41%	36%	17%	32%	22%	45%	31%
10.3	Is it easy/very easy to get illegal drugs in this prison?	40%	24%	34%	32%	6%	36%	28%
10.4	Is it easy/very easy to get alcohol in this prison?	30%	14%	21%	10%	0%	6%	14%
10.5	Have you developed a problem with drugs since you have been in this prison?	19%	7%	9%	10%	0%	11%	9%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	17%	4%	6%	12%	3%	11%	9%

Main comparator and comparator to last time

Key to tables

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	Percentages highlighted in blue show the worst score across wings	A Wing	B Wing	C Wing	D Wing	E Wing	F Wing	Overall
SECTION 11: Activities								
	Is it very easy/easy to get into the following activities:							
11.1	A prison job?	14%	4%	11%	20%	53%	45%	23%
11.1	Vocational or skills training?	31%	7%	26%	10%	26%	59%	24%
11.1	Education (including basic skills)?	40%	19%	37%	29%	56%	64%	40%
11.1	Offending behaviour programmes?	29%	18%	30%	17%	52%	47%	31%
	Are you currently involved in any of the following activities:							
11.2	A prison job?	44%	19%	42%	50%	58%	56%	45%
11.2	Vocational or skills training?	12%	4%	6%	4%	14%	12%	9%
11.2	Education (including basic skills)?	24%	27%	22%	25%	30%	25%	26%
11.2	Offending behaviour programmes?	21%	4%	22%	11%	33%	25%	20%
11.4	Do you go to the library at least once a week?	11%	41%	30%	30%	51%	34%	33%
11.5	Does the library have a wide enough range of materials to meet your needs?	45%	48%	43%	38%	50%	59%	46%
11.6	Do you go to the gym three or more times a week?	35%	47%	49%	45%	20%	36%	38%
11.7	Do you go outside for exercise three or more times a week?	25%	41%	24%	17%	34%	47%	30%
11.8	Do you go on association more than five times each week?	78%	62%	77%	74%	69%	75%	73%
11.9	Do you spend ten or more hours out of your cell on a weekday?	16%	0%	3%	16%	9%	19%	10%
SECTION 12: Friends and family								
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	19%	11%	33%	21%	46%	47%	29%
12.2	Have you had any problems with sending or receiving mail?	50%	55%	56%	40%	41%	28%	46%
12.3	Have you had any problems getting access to the telephones?	32%	35%	36%	26%	32%	17%	31%
12.4	Is it easy/ very easy for your friends and family to get here?	27%	22%	23%	32%	25%	28%	26%

Main comparator and comparator to last time

Key to tables

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	Percentages highlighted in blue show the worst score across wings	A Wing	B Wing	C Wing	D Wing	E Wing	F Wing	Overall
SECTION 13: Preparation for release								
13.3	Do you have a named offender supervisor in this prison?	41%	7%	47%	38%	58%	36%	39%
13.10	Do you have a needs based custody plan?	9%	11%	12%	0%	6%	0%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	14%	7%	15%	14%	19%	11%	14%