

Report on an announced inspection of

HMP Coldingley

7–11 June 2010

by HM Chief Inspector of Prisons

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Introduction

HMP Coldingley, in Surrey, is an adult male category C training prison which we have previously commended, and this announced inspection once again found much to praise. The prison was essentially safe, despite a larger and more challenging population, which had necessitated a greater focus on security. There was plenty of purposeful activity, as befits a training prison, and there continued to be a solid focus on resettlement. Unfortunately, the night sanitation arrangements, which we have criticised for many years, remained degrading and unacceptable.

Since our last visit, the population of Coldingley had become younger and there continued to be a battle with the supply of illicit drugs. However, prisoners reported feeling safe, drug use was now much reduced and staff rarely resorted to use of force. These improvements appeared to be the result of improved violence reduction and suicide prevention work, as well as a greater focus on security – with greater restrictions on prisoner movement and increased use of adjudications and segregation. We were satisfied that this approach was proportionate, but it will be essential to keep matters under review to ensure proportionality.

The new E wing provided excellent accommodation, but the older wings still had the wholly unacceptable and degrading night sanitation system, which frequently led to the issue of potties and the throwing of human waste out of windows. Even at a time of cut backs, replacement of this system needs to be prioritised. Staff-prisoner relationships were mixed, but most aspects of diversity were well managed. Health care was very good.

Coldingley remained a purposeful prison with good education and plenty of work, much of it of a good quality, although vocational training opportunities remained limited. The library was reasonable and the gym was a good facility, but there were no outdoor sports facilities.

The strategic management of resettlement was reasonable, but Coldingley would benefit from a clearer place in regional planning so that gaps in provision, for example the lack of offending behaviour programmes – apart from the excellent RAPt drugs programme – could be mitigated by more consistent and expeditious moves to other relevant prisons. Offender management arrangements were generally good. Work along most of the resettlement pathways was good, although more attention was needed to improve the experience of visitors.

Coldingley continued to be a good training prison. Despite a more challenging population requiring a greater focus on security, the prison was a safe place. However, the security restrictions needed to be kept under review to ensure a proper balance between care and control. The night sanitation system in the older accommodation remained wholly unacceptable. The quality and quantity of activity remained good, and there was a continued and appropriate focus on resettlement. It is quite clear Coldingley is going in the right direction.

Nigel Newcomen
HM Deputy Chief Inspector of Prisons

September 2010

Fact page

Task of the establishment

Coldingley is a category C training prison for adult males, holding mostly long-term prisoners, including life-sentenced prisoners.

Area organisation

South East

Number held

7 June 2010: 505

Certified normal accommodation

494

Operational capacity

513

Last inspection

8-10 September 2008

Brief history

Coldingley was opened in 1969 as a category B industrial training prison. It changed its role to category C prison in 1993. A new unit, E wing, was opened in 2009.

Description of residential units

The original four wings, A–D, hold 91 prisoners each, mainly in single cells. None of these cells have in-cell sanitation and prisoners gain access to recesses through an electronic unlocking system. In the enhanced and more open F wing, the 10 occupants are able to leave their double cells to use communal toilets as needed. F wing was converted from the old health care inpatient facility. E wing has 115 single and eight double cells with much better accommodation than A–D wings, including in-cell sanitation.

Healthy prison summary

Introduction

HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

Safety	prisoners, even the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

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

- 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

HP3 The new reception area had some design flaws, and there were no formal first night checks. There was an excellent prisoner-led induction. Prisoners reported feeling

safe, and anti-bullying and violence reduction work was well managed. Care for those at risk of suicide or self-harm was generally good. Mobile telephone and illicit drug supply had been substantially reduced since the last full inspection, though the proportionality of security measures on the prison needed to be kept under review. There was uneven management of the segregation unit, and there were some examples of it being inappropriately used. Use of force was generally low level and well documented. Outcomes for prisoners at Coldingley were good against this healthy prison test.

- HP4 There was generally good communication between escort contractors and reception staff about arriving prisoners. Liaison with other establishments regarding those at risk of self-harm was effective. Prisoners occasionally had long waits in escort vehicles because reception was closed over lunch periods. The new reception area was poorly designed: the full search area and health care room were too small, and neither they nor the toilet for prisoners in one of the holding rooms allowed for privacy.
- HP5 All new arrivals had an interview on arrival on their unit and were given a comprehensive information pack. Night staff were briefed about new arrivals, but there were no documented overnight checks. The prisoner-led induction programme was comprehensive and received excellent feedback from prisoners.
- HP6 Most prisoners said they felt safe in the prison, and most responses to our survey about safety were similar to or more positive than the comparator,¹ although some were not as good as at the last full inspection. There was an up-to-date and comprehensive violence reduction strategy, which was regularly used, suggesting good staff awareness. There was good recording of indicators of violence and some good links between safer custody and security, but there had been no analysis to identify trends. Investigations were completed to a reasonable standard and there was good attention to investigating unexplained injuries.
- HP7 There had been no recent self-inflicted deaths and levels of self-harm were low. Assessment, care in custody and teamwork (ACCT) self-harm monitoring booklets were generally completed to a reasonable standard, and prisoners had good support from the mental health in-reach team. Prisoners had access to a Listener team, but Listeners felt that many staff did not understand or support them. During our night visit we found that not all staff carried ligature knives or were up to date with first aid training.
- HP8 There was a larger, and in some respects, more difficult population to manage than at the last inspection. There was a good flow of security information, on which action was taken, but there was limited analysis of intelligence. There had been considerable work to tackle mobile telephone and drug availability, including restricting association between wings and greater use of segregation. Such measures had correlated with a sharp decline in drug use and a reduction in finds of illicit items, but needed ongoing review to ensure proportionality.
- HP9 The segregation unit was generally clean. There was no analysis of data and trends, and the number of prisoners spending time in the unit appeared high. Almost a third

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

of prisoners had been located there initially pending adjudication, and in some cases calm and compliant prisoners were located in the unit with little obvious reason. There was limited managerial oversight of the unit, which had led to inconsistent provision of regime elements, such as exercise, though prisoners received exercise, showers and telephone calls daily.

- HP10 Use of adjudication had risen since the last full inspection, and some charges might have been better dealt with through the incentives and earned privileges (IEP) system. Many of the charges we sampled evidenced insufficient inquiry by the adjudicator. There had been one adjudication standardisation meeting in 2010 and, though a good range of data was collated, analysis was limited.
- HP11 There had been approximately 10 uses of force a month over the previous six months, the majority being use of handcuffs to escort prisoners to the segregation unit. With the exception of routine handcuffing, documentation indicated appropriate use of force and a good emphasis on de-escalation. Quality assurance was sound, with managers routinely reviewing documentation and videos of planned interventions. Monitoring of use of force data was limited and lacked trend analysis.
- HP12 The integrated drug treatment system (IDTS) was operating, but not officially 'live', mainly as a result of staff shortages. Prisoners were encouraged to aim at methadone reduction rather than stay on a maintenance dose. There was inadequate record keeping of methadone administration, which could have had an effect on prisoner safety. The methadone administration area was too small and there was no privacy at the hatch. Drug testing suggested a significant decline in drug use since the last full inspection, though there were a high number of refusals, and many suspicion test requests had fallen outside the 72-hour window in the previous six months. The frequent testing programme was not applied in a way to provide a deterrent to drug use.

Respect

HP13 The new accommodation on E wing had integral sanitation and provided a decent environment, but the night sanitation system on most of the other wings was degrading. Staff-prisoner relationships were mixed, and personal officer work was inconsistent. The IEP scheme was well managed. The standard of food was adequate. The overall management of diversity was good, but there were some shortcomings in responses to ethnic monitoring data. Faith provision was generally good, but the chaplaincy was understaffed. There were some weaknesses in complaints procedures. Health care facilities were good and prisoners valued the care they received. Outcomes for prisoners at Coldingley were reasonably good against this healthy prison test.

HP14 The night sanitation system remained degrading and unacceptable. Urine was still being thrown out of the windows, and some prisoners waited long periods to go to the toilet at night. Most toilets and showers on A–D wings were in poor condition, with mould, broken windows and some offensive graffiti. Some air vents in the showers were blocked by dust and dirt. F wing and the newly built E wing provided reasonable living environments, but accommodation on A–D wings was antiquated and cramped. Most of the cages located outside cell windows were rusty and dirty. The association rooms throughout the prison were in good condition, with adequate facilities. There

were sufficient telephones for the population and new private telephone boxes had been installed. The laundry arrangements were generally adequate, though one machine had been broken for nine weeks.

- HP15 In our survey, significantly fewer prisoners than the comparator said that most staff treated them with respect. We saw some good interactions, but also heard reports of indifferent or unhelpful staff and witnessed some abrupt behaviour by staff. Staff varied in the way they addressed prisoners, some using 'Mr', some surname alone. Muslim prisoners were particularly negative about relationships with staff, with only about a third saying that most staff treated them with respect.
- HP16 Prisoners had personal officers but often found them unhelpful. In our sample of cases, a few personal officers were involved and helpful, but in some there was minimal evidence of contact and interaction. Personal officers did not routinely attend important meetings, such as ACCT or sentence planning.
- HP17 The overall trend in the number on the enhanced level of the regime had been upwards over the previous six months. All prisoners were routinely reviewed and decisions to demote prisoners were based on clear patterns of behaviour. Few prisoners were demoted to basic, and the basic regime was not overly restrictive.
- HP18 Significantly more prisoners than the comparator said that the food was good, though a significant minority, especially among black and minority ethnic and Muslim prisoners, complained of badly cooked or bland food. There was a monthly themed menu, and some prisoners were involved in food preparation. The Muslim chaplain provided routine training on cross-contamination issues to prisoners working in the kitchen and serveries. Breakfast packs were inappropriately issued the night before. There was some consultation on the food and canteen, with evidence that prisoners' requests were acted upon. The shop stocked a reasonable range of goods within the limitations of the upper ceiling on numbers. However, black and minority ethnic prisoners reported that the range of goods available for them was more limited.
- HP19 Overall management of diversity was good and the core staff in the diversity department had developed many links with external agencies. There was no separate race equality officer, and the facility time available to senior officers with diversity responsibilities was unreliable. Two diversity orderlies did a good job, liaising with wing representatives and providing valued support to prisoners with disabilities. The diversity and race equality action team was well attended and covered a wide range of topics. There was monitoring for race equality but not for other areas of diversity.
- HP20 Our survey showed significantly less favourable perceptions by black and minority ethnic prisoners across almost half the questions asked. Disparities evident from ethnic monitoring were not always fully recognised and investigated. In five of the previous nine months, black and minority ethnic prisoners were disproportionately represented in use of force statistics, but this had not been picked up or investigated. Training in multicultural awareness had been delivered to less than half of the staff. Nineteen race impact assessments had been completed to a good standard. Racist incident reports were well investigated within a reasonable time and were actively overseen by senior managers.
- HP21 The number of foreign nationals had reduced considerably but there were still some immigration detainees in the prison. UK Border Agency staff visited the prison approximately monthly; independent immigration advisers did not attend the prison

but could be contacted by telephone. Legal services work in general was underdeveloped and there was no evidence of current use of the service.

- HP22 There was good identification and care for prisoners with disabilities. They all had care plans and the active involvement of health care and mental health in-reach staff. There were relatively few older prisoners, who had adequate regime provision and support. There had been awareness training on gay and transgender issues, though staff did not feel it was safe for prisoners to declare their sexual orientation.
- HP23 Muslims in our survey, and many Muslim prisoners to whom we spoke, said that they were not given equitable treatment, particularly by staff. The chaplaincy was working to ensure equal treatment for those of all religions, and had delivered some cultural and religious awareness training to staff and prisoners. There was a shortage of staff in the chaplaincy. Some prisoners complained about lack of access to chaplains, but services and classes has been maintained at a reasonable level, with some activities on most days. There were adequate facilities for worship, and new ablution facilities in the multi-faith area were particularly useful for Muslim prisoners.
- HP24 Prisoners had little faith in the complaints procedure and many felt that their complaints were not investigated fairly or promptly. A few of the complaints in our sample had been dealt with by the staff member who was the subject of the complaint, which was inappropriate. There were delays in some responses to complaints and the quality of responses was mixed.
- HP25 Prisoners in our survey had mixed views about access to health services, but generally valued the provision. Overall, health care facilities were very good. The staff skill mix was appropriate for the population, and there was a programme of professional development to enhance the service further. There was a good range of nurse-led and visiting specialist clinics. Administration of medicines was good and the pharmacy was well managed, though patients did not have access to a pharmacist. Prisoners had improving access to a high standard of dental care. Mental health services were good, with transfers to secure units managed expeditiously when required. There was no mental health awareness training for discipline staff.

Purposeful activity

HP26 There was satisfactory overall management of learning and skills. Prisoners reported very positively on education provision, and there was good retention and achievement on most education programmes. The range of vocational training was limited. There was sufficient work for the population, but there were some missed opportunities for accreditation. The library was reasonable. The gym was good, but there was a lack of outdoor sports facilities. Outcomes for prisoners at Coldingley were reasonably good against this healthy prison test.

- HP27 There was good day-to-day management of the education and vocational training provision, and particularly effective work to promote participation. However, strategic management of education was limited.
- HP28 Prisoners reported very positively on education. There was good retention and achievement on most education programmes, and the curriculum met prisoners'

needs. Physical resources for education were good. Teaching and learning were satisfactory or better, though punctuality and attendance were sometimes poor.

- HP29 There was an insufficient range of vocational training opportunities to support resettlement. Most programmes had good retention and achievement and there was good skills development. There were good resources in most areas and quality systems in place. There were insufficient qualifications at higher levels for prisoners working in specialised areas for a long time. There was little recognition of non-accredited skills.
- HP30 There was enough work for the population and much of it was of good quality. Waiting lists and allocation processes were effective. There were a few missed opportunities for accredited work in areas such as painting and decorating and recycling.
- HP31 Library provision was reasonable, with adequate access for all prisoners. There were sufficient books and some in foreign languages. Library orderlies had only non-accredited training.
- HP32 There were no outdoor sports facilities, but there was a reasonable gym. Prisoners could attend five gym sessions a fortnight, including at weekends and evenings. They could obtain a range of qualifications.
- HP33 Prisoners were out of their cells for about nine hours a day on weekdays and had regular association times. During our roll checks, we found few prisoners locked up during the day. The exercise yards were bleak and had no seating.

Resettlement

- HP34 The strategic management of resettlement was reasonable. The offender management unit was well managed and offender supervisors did very good work. Offender assessment system (OASys) assessments were completed relatively quickly. Sentence plans were completed to a good standard, but there was a lack of involvement from personal officers. The prison could not adequately meet the needs of a significant number of lifers and prisoners on indeterminate sentences for public protection (IPPs). Public protection work was generally effective. There was some good work on the reducing reoffending pathways. The outstanding RAPt programme was the only accredited programme delivered. The visits room needed redecoration and some refurbishment, and the visits system delayed visits. Outcomes for prisoners at Coldingley were reasonably good against this healthy prison test.
- HP35 The resettlement policy was informed by a very basic resettlement needs analysis, and the regional strategy was out of date. There were insufficient interventions for the population – in our survey only 56% of prisoners said they could meet their targets, significantly worse than the comparator of nearly 70%. There were regular and reasonably well-attended resettlement meetings, which provided some oversight of reducing reoffending pathways. There was reasonable progress and leadership on most pathways.
- HP36 The offender management team was well organised, with a good level of training. Offender management records were completed to a good standard and prisoners were routinely seen within two days of arrival. Sentence plans were completed well

and custody plans for the 250 out-of-scope prisoners were also of a good standard. OASys assessments were completed relatively quickly for most prisoners, but a few prisoners a month still arrived without them. There was little obvious work by personal officers on sentence planning, but there was evidence of excellent work by offender supervisors.

- HP37 There was a substantial number of lifers and IPP prisoners. The lifer manager saw all lifers on arrival, but they had had only one opportunity to attend a lifer meeting in the previous year and complained of limited ongoing staff contact. IPP prisoners were arriving with needs for interventions that could not be met, and most were beyond their tariff dates. There were considerable delays in parole hearings but parole reports were up to date, even though the probation department had been under-resourced.
- HP38 Public protection work was effective overall, and there was good awareness of IPP and prolific and priority offenders. However, risk management meetings were not clearly managed, action points were not clearly recorded and there was little evidence of follow-up action. The public protection officer had no cover during absence. There was good input into multi-agency public protection arrangements (MAPPA) cases, both from the public protection officer and the offender management unit.
- HP39 Housing advice and assistance were provided mainly by prisoner orderlies, with help from a Shelter worker who dealt with more complex cases. The prison had had some success in obtaining hostel places, and there were good links with housing providers. Ninety per cent of those being released went out to settled accommodation, although the degree to which this was the result of work done in the prison was not clear from the available data.
- HP40 Housing orderlies and Jobcentre Plus staff also provided advice on finance, benefits and debt, including rent arrears, and the education department ran a budget management course. The organisation Unlock helped prisoners to open bank accounts.
- HP41 Prisoners received reasonable assistance with employment, education and training from Tribal and Jobcentre Plus. However, the links between these agencies and prison staff were underdeveloped. There was no pre-release course and insufficient structured employer engagement. There was no use of release on temporary licence for resettlement purposes.
- HP42 There was good discharge planning for prisoners with mental and physical health problems, with early identification of prisoners before their release and good links with the community. The care programme approach was used for those with enduring mental health problems. There was no end-of-life care pathway, but palliative care was rarely required.
- HP43 There were separate drug and alcohol strategies, but they were insufficiently informed by the needs analysis. The learning and skills department provided separate drug and alcohol awareness education. There was good communication between counselling, assessment, referral, advice and throughcare service (CARATs), IDTS and health care staff. The RAPt (Rehabilitation of Addicted Prisoners trust) programme was excellent, both in terms of outcomes and the quality of therapeutic treatment. There were good links with drug intervention programmes in the London boroughs, which were the main areas for release.

- HP44 The visits system did not always work effectively and there were sometimes long delays before prisoners were brought to the visits room. Supervising staff were appropriately discreet. The visits area needed brightening up and some refurbishment, as the carpet was in a very poor state. There were no toilets in the visits area and prisoners had to terminate their visit if they needed to use the toilet. There had been no recent visitors' survey and there were no feedback forms for visitors in the visits room. The unstaffed visitors' centre was inadequate for purpose and little used. The proposed new visitors' centre was much needed. Family visits were popular and valued. Approximately 30 prisoners had completed a parenting course that led to a recognised qualification.
- HP45 Other than RAPt, there were no accredited offending behaviour programmes and few other programmes. The planned healthy relationships programme had still not started. A Sycamore Tree victim awareness course had been run and there were plans for more. The crime diversion scheme was well structured and provided work for five trained prisoners, as well as volunteers.

Main recommendations

- HP46 Senior managers should periodically review the regime to ensure the proportionality of security arrangements and that restrictions are equivalent to other category C prisons.
- HP47 Prisoners should have 24-hour access to toilet facilities.
- HP48 Managers should investigate negative perceptions among black and minority ethnic prisoners and Muslims and act upon the findings.
- HP49 There should be more accredited vocational training to support prisoner employment needs, including higher level qualifications for specialised work.
- HP50 The planned new visitors' centre should be built as soon as possible.
- HP51 Prisoners should be able to access appropriate accredited offending behaviour programmes at HMP Coldingley or should be expeditiously moved to other establishments where this can occur.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Prisoners reported good treatment from escorting staff but some complained that they had not been given toilet stops. The reception was closed at lunchtime and prisoners who arrived then had to wait in vans for up to an hour.
- 1.2 Most prisoners were transferred to Coldingley through planned progressive moves from other closed prisons. In our survey, 93% of respondents said that they knew where they were going before they left their previous establishment.
- 1.3 Managers and reception staff described a good relationship with the escorting contractor, and communicated effectively about arrival times. Prisoners told us that they had been well treated by escorting staff. The escort vehicles we inspected were clean and had supplies of drinking water but no food. Although few prisoners spent more than four hours in the van, a few with longer journeys told us that they had not been given a toilet stop and had been given gel bags to use as an alternative.
- 1.4 Some prisoners complained that on arrival at the prison they had to wait in the escorting vehicles for about 50 minutes before they were moved into reception. Reception staff confirmed that reception was not open during lunchtime, and prisoners who arrived at this time had to wait in the vans until staff returned.

Recommendations

- 1.5 Prisoners should be given toilet stops at least every two and a half hours, with additional stops when necessary.
- 1.6 Reception should be open throughout the day, and arriving prisoners should not be left waiting in vehicles because of staff meal breaks.

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

- 1.7 The new reception area was clean and bright, but the poor design and use of the space caused some difficulties. The searching area was too small and inadequately screened, and

the toilet in the waiting area was not private. There were generally good first night procedures though no formal overnight checks. Most prisoners said they felt safe on their first night. Induction was prisoner-led, comprehensive and well organised.

Reception

- 1.8 A new reception area had been built since our last inspection. It was clean, bright and well maintained, but poorly designed. The searching area was directly opposite the front desk, too small for purpose and inadequately screened. Searching could easily be observed from the staff office as well as the front desk. The health care screening room was also unfit for purpose (see paragraph 5.5).
- 1.9 The waiting rooms were clean and contained laminated copies of the Coldingley prisoner information booklet for prisoners to read while they were waiting. The only toilet designated for prisoners was in one of the waiting rooms. Although separated from the waiting room by a full door, the wall was partly glazed and prisoners using the toilet could be seen from the waiting area. A separate disabled-access toilet had been designated as a staff toilet, although there were alternative toilets for staff on the first floor. Orderlies kept the area clean and assisted with processing paperwork but were not trained as Insiders, which was a missed opportunity.
- 1.10 After they were booked in and searched, prisoners were interviewed in private by reception staff who reviewed their cell sharing risk assessment (CSRA) and completed a brief vulnerability questionnaire. If new arrivals disclosed any concerns or vulnerabilities, referrals were made to the appropriate departments.
- 1.11 Prisoners generally arrived with all their property. Reception staff could usually search and log all property on the day that prisoners arrived, so that most prisoners were taken to their residential unit with all their in-possession property. Most prisoners arrived during the main part of the day and did not spend long in reception, although microwave meals were available for any who arrived after the evening meal had been served. Reception packs were available for smokers or non smokers. New arrivals with no money were offered an advance to purchase goods from the prison shop.

First night

- 1.12 There was no first night unit; new arrivals were located wherever there were spaces. A member of staff interviewed them in private on arrival at their residential wing. Staff went through a detailed new arrivals checklist that included checking the CSRA, offering prisoners a free telephone call, and explaining the wing rules and routines, including how the night sanitation system worked. Staff asked prisoners about any immediate needs or concerns and made referrals to relevant departments. New arrivals were given their own copy of the Coldingley prisoner information booklet and a reception pack with clean bedding and toiletries.
- 1.13 Night staff were briefed on any new arrivals, but there were no documented checks on prisoners overnight.

Induction

- 1.14 Induction did not commence until the Monday after arrival and lasted a week. It was facilitated by a prisoner, assisted and supervised by discipline staff. Most of the programme was

delivered in a classroom on C wing that was comfortable, adequately equipped and had much information about services at the prison.

- 1.15 In our survey, 97% of respondents said that they had been on an induction course, and 77%, significantly more than the comparator of 64%, said that it had covered everything they needed to know about the prison. Prisoners on the course during the inspection told us that it was comprehensive and interesting, and felt that the involvement of the prisoner orderly gave them a straightforward and realistic picture of the prison.

Recommendations

- 1.16 New arrivals should be searched in private.
- 1.17 Prisoners should be able to use the reception toilet in private.
- 1.18 Reception orderlies should be trained as Insiders.
- 1.19 New arrivals should be checked at least twice during their first night, and these checks should be documented.

Housekeeping point

- 1.20 The disabled-access toilet in reception should not be restricted to staff use.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 The night sanitation system was degrading and unacceptable. Accommodation on A–D wings was cramped and antiquated. Accommodation on E wing was of a very good standard. The offensive displays policy was applied inconsistently. Wings were noisy in the evenings and staff were inconsistent in challenging the playing of loud music. Monthly prisoner consultation meetings varied in quality and consistency. The recently formed prison council was a welcome development. Some prisoners had difficulty accessing laundry facilities. Toilet recesses and showers on A–D wings were in poor condition.

Accommodation and facilities

- 2.2 The original wings, A, B, C and D, were identical and held 93 prisoners over three landings. All cells were designed for single occupancy but one on each landing was doubled. The cells on A–D wings were cramped and antiquated, although most cells were clean. The metal cages outside the cell windows, mainly to prevent rubbish being thrown out, were rusty and dirty.
- 2.3 E wing had 115 single and eight double cells with much better accommodation than A–D wings, including cells adapted for prisoners with disabilities (see section on disability and older prisoners). It was well lit, clean and in a good state of repair. Each cell had its own separate toilet and shower. F wing held 10 enhanced-status prisoners in five good-sized double cells. They shared a small games room, lounge, toilet and shower. The unit was looked after well by the prisoners.
- 2.4 All prisoners on standard or enhanced incentives and earned privileges (IEP) levels had TVs in their rooms. All prisoners had privacy keys to lock their rooms from the outside. In our survey, 51% of respondents said that emergency call bells in their cells were responded to within five minutes, which was significantly better than the comparator of 41% and the response of 35% at our 2005 inspection.
- 2.5 Not all notices displayed were suitable for prisoners with literacy, language or eyesight problems, and there was little in large print. Although the prison's decency and offensive display policy prohibited, among other things, posters of topless women, we saw such posters in prisoners' cells.
- 2.6 In our survey, significantly fewer respondents than the comparator (65% against 70%) said it was normally quiet enough to be able to relax or sleep in their cells at night. Although a prisoner had had his incentives and earned privileges (IEP) status downgraded after playing music too loud, and the governor had issued a notice to prisoners in February 2010 instructing them to reduce noise, some wings remained noisy. On our night visit, we observed many prisoners on B wing playing music at a very high volume during a roll check. The night officer challenged the worst offender, but failed to challenge others who were playing music too loud. Many prisoners had submitted complaints about noise levels in the evenings.

- 2.7 Prisoners were given incoming mail on the day it arrived and outgoing mail was posted promptly. There were five telephones on each wing in the main block, which was sufficient for the population. The only time we observed prisoners queuing to use the telephone was on the day they received their weekly telephone credit. One telephone on each wing was in a booth, which enabled prisoners to make calls in private. The remaining telephones had metal hoods, but these were ineffective in blocking out background noise. The prison had recently started the 'email a prisoner' service. There had been little take up as yet, but notice boards around the prison advertised the service.
- 2.8 There were monthly consultation meetings on all wings. Their quality and consistency varied considerably. Some minutes indicated that a wide variety of issues were addressed systematically and progressed, while others were superficial, with the same issues coming up repeatedly without resolution. A prison council had been formed and had held its inaugural meeting three weeks before our inspection. It was attended by representatives from all the wings, and the minutes demonstrated that a wide range of subjects had been discussed.

Clothing and possessions

- 2.9 Prisoners sometimes had difficulty accessing laundry facilities. In our survey, only 40% of respondents, against the comparator of 61%, said that they were offered enough clean, suitable clothes for the week, and only 68%, compared with 82%, said that they received enough clean sheets every week. There were laundry rooms on each wing staffed by a laundry worker. One of the machines on D wing had been out of order for the previous nine weeks, causing delays. There was an iron and ironing board on each wing.
- 2.10 Prisoners were allowed to wear their own clothes, apart from those downgraded to basic level. The prison clothing that we saw was in good condition. Prisoners were not allowed to retain their own bedding.
- 2.11 The facilities list took account of the requirements of minority groups, and requests for items to support special needs were considered. For example, foreign nationals subject to a deportation order were allowed to bring two medium-sized suitcases (one empty) into the prison 28 days before discharge. Prisoners could access their property within one week of making an application.

Hygiene

- 2.12 Cells were kept clean, and prisoners had access to mops, buckets and cleaning products. On wings A–D, there was no in-cell sanitation or drinking water. Access to toilets was by an automated unlock night sanitation system. Only one prisoner at a time from each landing could go to the toilet when night sanitation operated. Prisoners were allowed to leave their cells for three eight-minute periods each night. To use the system, prisoners pressed a button that put them in a computerised queue, which could hold a maximum of eight prisoners. Cell doors were unlocked for 30 seconds, and if a prisoner missed this window he went to the back of the queue. Prisoners had eight minutes to complete their ablutions. After six minutes, night security staff in the control room reminded prisoners over the public address system that they had two minutes left. If a prisoner did not return to his cell within the eight minutes, he was prohibited from using the toilet again that night.
- 2.13 The night sanitation system was degrading and unacceptable, and caused a great deal of frustration among prisoners. One 48-year old prisoner complained he was forced to defecate in a plastic bag in his cell. Staff and prisoners reported that pots of urine were thrown from

windows. Records indicated that prisoners regularly waited up to 50 minutes to access the toilet. The night sanitation system was suspended every time the night officer entered a landing for roll check or ACCT observations, causing further delays in prisoner access to the toilet. Some prisoners complained about delays accessing toilets in the early morning between the shut down of the night sanitation system and the unlock of cell doors (see main recommendation HP47).

- 2.14 The situation was compounded by a lack of toilets. Only two of the three spurs on each landing had toilet recesses. Most toilet recesses on A–D wings were in poor condition. Two of the six recesses on A wing had recently been refurbished but one toilet was out of order. The other toilets had broken window panes, mould and stained tiles and needed refurbishment. However, staff were quick to arrange for graffiti to be removed.
- 2.15 The showers on A–D wings were in poor conditions. There were only six showers for 93 prisoners on each wing and prisoners complained of queuing, especially after gym. The shower areas were generally well ventilated, but the vents on the B wing showers were blocked with mould. The shower areas were shabby, with rotting door frames and missing window panes, and some were dirty. Some of the shower heads had poor water pressure.

Recommendations

- 2.16 Cells designed for single use should not be doubled.
- 2.17 The metal cages outside cell windows on A–D wings should be removed or replaced and kept in a good state of repair.
- 2.18 Residential units should be sufficiently quiet in the evenings and at night to allow rest and sleep. Staff should consistently challenge prisoners who play loud music.
- 2.19 Telephones should be enclosed in booths wherever possible to allow for maximum privacy.
- 2.20 There should be a toilet recess on all spurs.
- 2.21 There should be sufficient showers for the population.
- 2.22 The toilet recesses and showers on A–D wings should be refurbished and well maintained.

Housekeeping points

- 2.23 The decency and offensive display policy should be applied consistently.
- 2.24 Washing machines should be in working order.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons

should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

2.25 Staff-prisoner relationships were civil, but some prisoners complained that staff were increasingly restrictive, which appeared to be linked to measures to restrict drug use. Interaction between staff and prisoners was variable, and most staff addressed prisoners by surnames alone. Staff entries in prisoner history sheets did not demonstrate consistent engagement.

2.26 There was a reasonably relaxed atmosphere in the prison and we observed some positive engagement with prisoners, including during association. However, we heard accounts of indifferent and unhelpful staff, and we witnessed at least one example of inappropriate and dismissive language used by a member of staff in the segregation unit. A few entries in prisoner history sheet showed good staff knowledge of prisoners, but they often did not demonstrate active engagement.

2.27 In our survey, 68% of respondents said that most staff treated them with respect, which was significantly worse than the comparator and the response at the last inspection (both 74%). Some prisoners who had been in the prison for over a year said that relationships had deteriorated and complained that staff were increasingly restrictive; this seemed to be related partly to measures to limit drug use that had restricted movement (see paragraph 7.4). In our survey, black and minority ethnic and Muslim prisoners were more negative about relationships with staff than white and non-Muslim respondents. Only just over a third of Muslim respondents said that most staff treated them with respect compared with 72% of non-Muslims. Staff varied in the way that they addressed prisoners. While some used the prefix 'Mr' or occasionally first names, most still used surname alone.

Recommendations

2.28 Managers should investigate why Muslim prisoners are so negative about relationships with staff and act accordingly.

2.29 Staff should address prisoners using their title or first name.

Personal officers

Expected outcomes:

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

2.30 Most prisoners had a personal officer but only about half reported finding them helpful. The frequency and quality of personal officer contact was insufficient, and they were not involved enough in helping to meet resettlement needs. Management checks were not sufficiently robust.

2.31 There was a personal officer scheme and new staff received training about how it operated. The personal officer scheme policy statement and staff information booklet contained a clear

description of the role of personal officers, and required at least one weekly interview with prisoners and an accompanying substantial entry in case records. However, in practice this had diluted to a fortnightly interview and entry. Cover arrangements for personal officers who were on night duties were not effective. In the cases we saw, they simply waited until they returned to working days before they made contact with their prisoners.

- 2.32 In our survey, over 90% of respondents, significantly more than the comparator of 73%, said that they had a personal officer. However, only 54% (against 63%) thought that they were helpful. Prisoners gave us mixed reports about contact with their personal officers, but most said it was minimal or largely unhelpful. Examination of case entries supported this picture and indicated inconsistent practice. A few entries demonstrated good engagement, and we spoke to some personal officers who clearly took their role seriously. However, in our sample of 15 cases, many personal officer entries did not show evidence of interaction, and in over half of our sample there was at least a month between substantive entries – in one case, up to 10 weeks. There was also often a month or more before a first entry for a new arrival, even though the policy stated that personal officers should have been allocated within 24 hours and speak to prisoners 'at the earliest opportunity'. Personal officers did not routinely attend important meetings, such as ACCT (assessment, care in custody and teamwork) or sentence planning.
- 2.33 Management checks of history sheets were not sufficiently robust. Some asked for more contacts but were not acted upon. In one case, a management check noted 'good interaction and case note entries', even though there had been none for a month.

Recommendation

- 2.34 **Personal officers should speak to prisoners weekly about their needs, provide support and help them to achieve their resettlement targets, and managers should routinely and rigorously check that this is recorded in history sheets.**

Housekeeping point

- 2.35 There should be effective cover arrangements for personal officers.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 Prisoners experienced Coldingley as a safe prison. This judgement was supported by our survey, but some responses were less positive than at the last full inspection, when the population had been significantly smaller. There had been no survey of prisoners' experiences of victimisation for several years. There were improved violence monitoring procedures and some new initiatives to improve safety. Unexplained injuries were investigated. The safer custody coordinator needed support.
- 3.2 Governance of safer custody, including self-harm and suicide prevention, was overseen by a monthly meeting of the safer custody team. The team was led by a governor as the safer custody team leader and included representatives from a wide range of departments and agencies. Some key departments, including security and health care, did not attend consistently. Prisoners were represented by Listeners and anti-bullying representatives, who attended the first part of the meeting and made some significant contributions to discussions about safety. Confidential issues were covered in the second part of the meeting, including reports from security and discussion of prisoners subject to assessment, care in custody and teamwork (ACCT) procedures. In the previous six months there had been no consistent chair for the meeting, and some issues had remained on the agenda unresolved for several months.
- 3.3 The violence reduction strategy and policy had last been reviewed in January 2010. It included little about membership of and attendance at the safer custody meeting (which was included in the suicide prevention policy) but was otherwise comprehensive.
- 3.4 A powerful anti-bullying DVD had been made at the prison, which anti-bullying representatives presented to new prisoners during induction. Safer custody notice boards were used to publicise information about the help available for prisoners feeling vulnerable or bullied. An 'at risk' hotline number was publicised for visitors to alert staff to concerns about prisoners, but this had been used very infrequently.
- 3.5 The day-to-day management of safer custody policy and procedures was the responsibility of a senior officer who was the safer custody coordinator. He had no deputy or administrative support. He had started a number of initiatives, including prisoner focus groups on safety. Three groups had met in the previous six months and issues raised were included in a wider violence reduction action plan. Safer custody liaison officers had recently been identified on each wing and this role needed to be developed to ease some of the coordinator's current work.
- 3.6 The violence reduction action plan was a useful tool. It identified areas around the prison where prisoners felt unsafe, and issues that were associated with violence – for example,

inconsistencies in staff decisions and friction caused when visits did not start on time. The plan was regularly reviewed and had last been updated in March 2010.

- 3.7 Our survey suggested that prisoners experienced a largely safe prison. Most responses to questions on safety were similar or more positive than the comparators. However, some responses were less positive than those recorded in 2005 when the prison held significantly fewer prisoners. For example, 15% of respondents, against the comparator of 20%, said that they had been victimised by another prisoner, but this was a rise from only 8% in 2005.
- 3.8 There had been no internal survey of prisoners' perceptions and experiences of violence for several years. The last survey in 2008 had not been analysed. The coordinator presented a detailed monthly list of all violence-related incidents to the safer custody meeting (including incidents of self-harm and the opening of ACCT documents). Although incidents overall were low there was no trend analysis to identify any emerging concerns. There was good liaison with the security department, who notified the coordinator of relevant security information reports. These were cross-referenced with information from other sources, such as wing observation books. The most commonly reported incidents between January and April 2010 were bullying (21), those seeking protection under rule 45 (10) and unexplained injuries (nine).
- 3.9 There were some concerns about a rise in the number of prisoners seeking protection. Some prisoners and staff believed that some prisoners alleged they were being bullied in order to be moved from the prison. Others had been victims of assault or were in debt. Half of those who had asked for protection between January and April 2010 had been transferred out, though the number was low.
- 3.10 There was a log of incidents of bullying or antisocial behaviour, which were investigated by senior officers. Investigations were completed to a reasonable standard, but many prisoners were unwilling to disclose perpetrators or the underlying reasons for assaults or disagreements. In our survey, 42% of respondents who had been victimised by staff or prisoners said they had not reported this, which was significantly worse than the 24% response in 2005.
- 3.11 Prisoners suspected of bullying or antisocial behaviour, or victims, were placed on a three-stage strategy. In 2009, 28 prisoners had been placed on the strategy, 19 as suspected perpetrators. However, in the first four months of 2010 the same number of suspected perpetrators had been placed on the strategy. In theory, prisoners who persisted in bullying behaviour progressed through the stages from monitoring and reviews at stage one to the potential for increased restrictions in the second stage, and removal to segregation and the possibility of transfer to another prison on the final stage. The number of prisoners who had reached the various stages was not recorded. Most outcomes were recorded as 'no further action' following a period of monitoring on the first stage.
- 3.12 Since our last inspection, monitoring booklets had been introduced for both perpetrators and victims. There were no specific interventions for either perpetrators or victims, and the main response was to move prisoners to different locations. Daily comments were included in the monitoring booklets and most had reviews, but the emphasis, as in many prisons, was on process rather than challenging problematic behaviour. There had been no training for staff in the violence reduction strategy.
- 3.13 Some developments had contributed to improving safety. There was good attention to investigating unexplained injuries, and there were good links between the health care department and safer custody. In 2009, 25 incidents had been investigated, and 10 in 2010 to date, suggesting that staff were alert to possible victims. A programme to install CCTV

coverage on residential wings had recently been completed and this had been used in investigations. Since our last inspection, prisoners' free movement between wings during evening association had also been restricted, which it was believed had reduced the movement of drugs.

- 3.14 Violence reduction prisoner representatives had no formal training for this role but, once selected, their role was explained to them and they signed a compact to confirm they understood this. They met regularly with the safer custody coordinator. Their role brief stated that their task was to advise staff of suspected bullying, but they had mixed views on the extent to which they would go to intervene in incidents between prisoners. They took their role seriously.

Recommendations

- 3.15 There should be a survey of prisoners' experiences and perceptions of bullying and violence.
- 3.16 The safer custody coordinator should analyse data for any trends in indicators of violence.
- 3.17 Staff should be trained in the violence reduction strategy, and interventions developed to challenge violent and antisocial behaviour.

Housekeeping points

- 3.18 Key members of the safer custody team should attend meetings consistently.
- 3.19 Support should be provided for the safer custody coordinator.

Self-harm and suicide

Expected outcomes:

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

- 3.20 There had been no self-inflicted deaths for many years and the level of self-harm was low. Some prisoners at risk of self-harm were held on landings where emergency access could be restricted. Self-harm monitoring procedures were reasonable overall, and there was good support from the mental health in-reach team. Permanent night staff were not first aid trained.

- 3.21 The suicide prevention and self-harm management policy was comprehensive and had been reviewed in February 2010. The operation of the policy and assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures were overseen by the monthly safer

custody meeting (see paragraph 3.2) and managed daily through the safer custody coordinator.

- 3.22 There had been no self-inflicted deaths for many years and the level of self-harm was low. There had been an average of two to three incidents a month in the previous six months, and five to six ACCT documents were opened monthly. Individual cases were highlighted at the monthly safer custody meetings. There were no open documents at the time of the inspection.
- 3.23 Most prisoners arriving at Coldingley were familiar with prison life, which reduced risks. Prisoners were occasionally transferred to Coldingley while subject to ACCT procedures. For some this was a progressive move incorporated into the care plan, and there was evidence of liaison between prisons to minimise risks. All new arrivals (except those requiring IDTS who went to A wing) were located wherever spaces were available, but we found no evidence that this affected safety. Listeners and prisoner violence reduction representatives gave presentations during induction.
- 3.24 There were no inpatient facilities and the sanitation arrangements on most wings made it unsuitable to hold prisoners at risk of self-harm who required frequent monitoring (see paragraph 2.14). However, some prisoners on open ACCT documents were held on wings with controlled access to sanitation and limited staffing. Although they were risk assessed and in cells that had intercoms, we still had concerns that emergency access to them could be delayed. The opening of E wing had provided better supervision and such prisoners could now remain at Coldingley rather than be transferred out. A safer cell, previously used as a Listener suite, was being developed on E wing. As a temporary measure, Listeners used locked association rooms during lunchtime and at night.
- 3.25 ACCT procedures overall were completed to a reasonable standard. Initial assessments were detailed and completed promptly. Most assessors were officers. Few prisoners retained a consistent case manager. In one case we looked at, six reviews had been chaired by four different case managers. There was good support from the mental health in-reach team. Staff from other disciplines sometimes attended reviews.
- 3.26 The quality of the ongoing daily records varied and needed to have fuller entries evidencing interactions with prisoners. The safer custody coordinator quality checked ACCT documents on closure and gave written feedback to wing managers highlighting areas for improvement. Some entries in cases on the segregation unit were at too regular and predictable times. One prisoner had self-harmed while in segregation but had been reassessed and had a punishment of cellular confinement suspended. Post-closure reviews were completed.
- 3.27 Health care and CARATs (counselling, assessment, referral, advice and throughcare service) staff, Cruse bereavement counselling and a part-time counsellor were available for support, and each wing had a resource pack for staff to consult when developing care plans.
- 3.28 The prison aimed to provide training in ACCT procedures for all staff who had prisoner contact, but accurate figures of staff who had been trained or who needed refresher training were not available.
- 3.29 All officers had been issued with ligature knives, but not all carried them. There were no health care staff on duty at night, and neither of the two permanent night orderly officers on duty during our night visit had had recent first aid training.
- 3.30 There was a good range of peer support, including nine Listeners. Free movement around the wings had been agreed for Listeners, but most felt that staff were not aware of how the

scheme operated and that some had made this difficult. Sometimes Listeners had to listen to prisoners through cell doors or had been asked to curtail their time listening to a prisoner. Similar issues had been raised at the safer custody team meetings, but not resolved. There were few formal requests for Listeners, who felt the scheme was not always valued. They were supported through a fortnightly meeting with the Samaritans.

- 3.31 Telephone access to the Samaritans during lock-up periods was poor for most prisoners as there were no dedicated portable telephones on A–D wings. Although the Samaritans could be contacted free of charge from landing telephones, this was not well advertised.

Recommendations

- 3.32 At-risk prisoners should not be held on landings where there is controlled access to night sanitation.
- 3.33 Night staff should carry ligature knives and receive refresher first aid training, and sufficient first aid trained staff should be on duty at night.
- 3.34 There should be improved telephone access to the Samaritans for all prisoners during lock-up times, and ways to contact the Samaritans should be advertised.

Housekeeping points

- 3.35 Case managers should consistently chair assessment, care in custody and teamwork (ACCT) reviews for which they are responsible.
- 3.36 Accurate records should be kept of staff who need ACCT refresher training.
- 3.37 The safer custody team leader should meet Listeners periodically to discuss the progress of scheme.

Applications and complaints

Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 3.38 Many responses to applications were constructive and prompt, but some were abrupt, and the date of responses was not logged. Prisoners had little confidence in the complaints procedure. Complaints forms were not always available beside complaints boxes. Some complaints were investigated by the person complained about, and the quality and promptness of responses varied. Diversity monitoring of complaints was poor.

- 3.39 All wings had boxes for applications, except for A wing where prisoners had to submit their applications to the wing office. Applications used a triplicate system, with one copy retained by the prisoner, one used for action and the third retained in the wing office. Applications were logged in a book in the wing office. Although there was a column to record when the application was concluded, no wings logged these dates, and so it was not possible for the

senior officer or residential manager to monitor at a glance the promptness of replies. Many of the applications we examined were responded to within three days and were constructive. Some replies were abrupt, and those where the application had been refused appeared flippant. The exception to this were replies from the offender management unit, which addressed the prisoner by title, gave reasons for being unable to assist, and suggested options for how to progress the matter.

- 3.40 There were complaints boxes on each wing, which were emptied every night, but there were not always complaints forms beside the boxes. There had been 718 complaints in the previous six months. In our survey, significantly fewer respondents than the comparator (25% against 35%) said that their complaints were dealt with fairly, and only 20%, against 40%, said that they were dealt with promptly. Thirty per cent said they had been encouraged or made to withdraw a complaint, against the comparator of 24%.
- 3.41 Our analysis of complaints supported prisoners' lack of faith in the process. The quality and promptness of responses to complaints varied. Many were brief and abrupt, while others were courteous and constructive. Some complaint investigations had been dealt with by the person who was the subject of the complaint. In two separate instances, prisoners had submitted a formal complaint because they felt they were sacked from their jobs unfairly. Both complaints were investigated by the person who sacked them.
- 3.42 Prisoners we spoke to knew they could complain to the Independent Monitoring Board (IMB) and the Prisons and Probation Ombudsman (PPO). Notices about the PPO and its complaint forms were displayed throughout the prison. Monitoring of complaints trends was poor. The complaints clerk produced a monthly complaints analysis for the diversity officer, but this did not monitor age, ethnicity, nationality or religion.

Recommendations

- 3.43 Staff should answer complaints and applications promptly and politely.
- 3.44 Prisoners' complaints should not be investigated by the person who is the subject of the complaint.
- 3.45 The monthly complaints analysis should monitor complaints by age, ethnicity, nationality and religion.

Housekeeping points

- 3.46 All wings should have an applications box.
- 3.47 Officers should record the date that applications are responded to in wing log books.
- 3.48 Complaints and applications forms and envelopes should be stored beside the relevant boxes.

Legal rights

Expected outcomes:

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

3.49 The legal services team did not have the training or knowledge to provide a full service for prisoners, and could not access the internet. Prisoners complained that confidential correspondence from their legal representatives had been opened.

3.50 The legal services team consisted of a senior officer and two officers. The senior officer had not received training on legal services within the last seven years. The two officers were to be trained two months after our inspection. There was no evidence of take-up of the service. Notices around the prison named the officers and promoted their services, but did not display their photographs. Although the team was aware of some of the legal issues that prisoners faced, members lacked some important knowledge, such as of the Criminal Cases Review Commission and bail applications for immigration detainees.

3.51 A legal services application form had been drafted but had not been used by prisoners. The team did not have access to the internet, which impeded access to relevant guidance, forms and information, and was not aware of the Community Legal Advice helpline, which could signpost prisoners to relevant legal aid solicitors.

Recommendation

3.52 The legal service officers should be trained to provide an appropriate service to all prisoners and immigration detainees.

Housekeeping points

3.53 Photographs of the legal services officers should be displayed on all wings.

3.54 Members of the legal services team should be able to access the internet.

Faith and religious activity

Expected outcomes:

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

3.55 The chaplaincy was understaffed, but provided a good range of classes in addition to religious services and pastoral care. Facilities for worship were appropriate, and new ablution facilities had been installed in the multi-faith area.

3.56 Most of the work of the chaplaincy department was delivered by the acting coordinator, the Muslim chaplain, who was contracted for 35 hours a week, and two sessional chaplains, one Catholic and one Church of England, who worked 16 hours and eight to 14 hours respectively. A Free Church chaplain also worked for four hours a week. There had been no permanent chaplaincy coordinator for 11 months, and the hours worked by the other chaplains had been increased accordingly. A wide range of visiting chaplains attended the prison according to need, and included Buddhist, Sikh, Hindu, Jewish, Pagan, Ethiopian Orthodox and Jehovah's Witness ministers. There were two full-time chaplaincy orderlies – one Christian, one Muslim –

who covered a range of duties, including publicising services and classes and seeing new arrivals on the wings.

- 3.57 Chaplains met together quarterly with representatives from other departments, including diversity, security and a residential governor, to discuss the team's work. Minutes showed helpful discussion of a range of topics.
- 3.58 Chaplaincy induction sheets showed that nearly all prisoners were seen within 24 hours of arrival; it was unclear why only 35% of respondents to our survey, against the comparator of 48%, said they seen them then. The chaplaincy information leaflet for new arrivals had some helpful information, but was misleading and needed revision – for example, it advertised an afternoon lock-up time as a drop-in time to see a chaplain.
- 3.59 Some prisoners complained about lack of access to chaplains, and the staff were clearly stretched in the absence of a permanent coordinator. In our survey, 49% of respondents felt their religious beliefs were respected, significantly below the comparator of 55%. Prisoner feedback on the chaplaincy was generally good, but some, particularly Muslims, felt that staff in general were ignorant of their faith (see paragraph 4.27).
- 3.60 The chapel was attractive and of adequate size. The multi-faith room was used mainly for Muslim prayers, as smaller faith groups tended to use a smaller neighbouring room. It had good new ablution facilities and was large enough to accommodate the number wishing to attend prayers. There were sufficient religious books for the different faiths.
- 3.61 In addition to Catholic mass, Sunday church service and the well-attended Muslim prayers, the chaplaincy ran weekly Bible study classes and twice-weekly Arabic classes. The acting coordinator also facilitated a weekly card making class, and the chaplaincy had recently run a Sycamore Tree restorative justice course (see paragraph 9.92). The attendance figures for all classes were reasonable. Chaplains routinely attended ACCT reviews.
- 3.62 Cruse provided a counselling service for bereaved prisoners, and offered weekly sessions. We were told of instances when the chaplaincy had not been informed of prisoners who had been bereaved. In one case, Listeners had informed the chaplaincy, and the coordinator had become aware of such cases on other occasions.

Housekeeping points

- 3.63 The chaplaincy information leaflet should be updated.
- 3.64 Residential staff should routinely inform the chaplaincy at the earliest opportunity of prisoners who have experienced bereavement.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

3.65 Staff shortages had delayed the establishment of a full integrated drug treatment system (IDTS). The methadone administration area was too small and prevented confidential exchanges between prisoners and staff. The supervision of medication was insufficiently robust. Although the positive random mandatory drug testing (MDT) rate was relatively low, there were high rates of refusals across all drug tests. The MDT suite was inadequately equipped and needed refurbishment. MDT staff were regularly diverted to other operational duties. Security measures yielded significant drug finds, but the high rate of test refusals suggested that the positive test rates did not necessarily reflect the true level of drug misuse in the prison.

Clinical management

- 3.66 Although the integrated drug treatment system (IDTS) was in operation, it was not yet live and there was no planned date for this. Staff shortages were cited as the main reason, not least, the loss of the IDTS lead nurse (band 6) in the week before the inspection. Additional staff recruitment was in progress, and primary health care nurses provided cover for the administration of medication and reviews.
- 3.67 Eighteen prisoners were on the IDTS methadone programme. The number was unlikely to rise significantly until the full clinical staff team was in place. Methadone was administered on A wing. The dose range was between 2ml and 70ml.
- 3.68 In line with the latest National Treatment Agency guidelines, prisoners were actively encouraged to aim at reduction rather than stay on maintenance doses. Despite the under-strength IDTS nursing team, this approach was well supported by the good joint working between IDTS, health care and the counselling, assessment, referral, advice and throughcare (CARAT) service in clinical reviews and case conferences.
- 3.69 The supervision of consumption of medications that could potentially be diverted was not sufficiently robust. Staff did not always check that prisoners had consumed their medication before they left the administration area.
- 3.70 Prisoners crowded into a very small waiting room around the methadone administration hatch, so there was no opportunity for privacy there. We were also surprised to see that some prisoners attended the methadone administration in their dressing gowns, and that this went unchallenged by staff.
- 3.71 Subutex was not prescribed due to lack of demand, though it was available. Naltrexone was, however, not available, which was inappropriate for a category C establishment involved in the resettlement of drug-dependent prisoners.

Drug testing

- 3.72 The random positive random mandatory drug testing (MDT) rate for the six months to end May 2010 was quoted as 4.84%, which was lower than the target of 11%. There had been ten refusals for random tests in that period. Prisoners told us that when they had used drugs and were called for a random test they would invariably refuse rather than submit to the test, which would prove positive. They reasoned that the penalties were less severe for a refusal than for a positive test result.

- 3.73 The MDT suite needed refurbishment. There were signs of water damage on the ceiling, the light fittings were inoperative, there was inadequate heating for the winter or ventilation for the summer, and there was much graffiti in the holding cells. The MDT staff had no computer or telephone in the suite, which added to the difficulties in delivering the testing programme. MDT staff were often redeployed to other duties, making it difficult to keep up with the testing schedule, especially at the weekends.
- 3.74 The lack of MDT staff also affected suspicion testing, with 60 suspicion test requests in the six months to end May 2010 falling outside the required 72-hour testing period. Of the 65 tests that were completed in the period, the positive rate was 33.3%. As with the random testing, there was a high refusal rate: 12 in this six-month period.
- 3.75 A frequent testing programme (FTP) was in place, but was underused as a further deterrent to continued drug use. Again, low staffing levels had meant that there had been only three FTP tests in the six months to end May 2010, though all were negative.
- 3.76 Supply reduction efforts included the use of four resident drug dogs. Regional searching resources were also available and had been used effectively. In the six months to end May 2010, there were 45 drug finds, four alcohol (hooch) finds and 49 mobile telephones and associated equipment finds. Some of these finds included multiple items. These finds were encouraging, albeit that the high rate of test refusals suggested that the positive test rates did not necessarily reflect the true level of drug misuse in the prison (see also section on drugs and alcohol at paragraph 9.63).

Recommendations

- 3.77 Medication administration procedures should ensure the prevention of medication diversion.
- 3.78 The methadone medication administration area should allow for prisoners' privacy while at the hatch.
- 3.79 Prescribing regimes for substance-dependant prisoners should be flexible, based on individual need and adhere to national guidance.
- 3.80 Sanctions imposed on prisoners who refuse to comply with mandatory drug testing (MDT) should ensure a suitable level of deterrent.
- 3.81 MDT facilities should be refurbished or relocated to create an adequate testing and waiting environment, and should be appropriately staffed to ensure all testing is carried out appropriately, within identified timescales and without gaps in provision.

Housekeeping point

- 3.82 Prisoners should be required to be properly dressed when attending daily medication administration.

Section 4: Diversity

Expected outcomes:

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

- 4.1 There was a comprehensive diversity policy, and a small well-informed diversity team. Prisoner diversity representatives worked effectively, but there was limited engagement with and responsibility for diversity issues through the prison, and a need to ensure that all groups were represented in the amalgamated prisoner consultation groups. The diversity and race equality action team covered a wide range of topics, but had limited substantive discussions.
- 4.2 The diversity policy covered all the required areas. The core staff in the diversity department focused on the promotion of diversity and addressing potential evidence of discrimination. They had developed links with relevant external organisations. Three senior officers had been given specific responsibilities within diversity work, but they were not guaranteed facility time for this and were often taken up with other duties. There was limited engagement with and responsibility for diversity issues through the prison. The prisoner diversity representatives were employed full-time in the role and had a high profile, with their own office in the main residential area. Each wing also had a prisoner diversity representative, although they were less prominent.
- 4.3 Diversity focus groups had taken place in February, March and April 2010, but one arranged for the week before the inspection had not gone ahead as only one prisoner representative had attended. The previous diversity consultation groups were being amalgamated into one, but there were concerns about whether prisoners from the different groups would feel confident to express their views in such a heterogeneous group.
- 4.4 The diversity and race equality action team (DREAT) met monthly and discussed a full range of issues. It was chaired by the deputy governor and sometimes attended by the governor, who intended to chair meetings in the future. It was open to any staff or prisoner to attend. There was reasonable attendance by senior managers from all functions. External representatives attended regularly from the Southside Partnership and the Surrey Care Trust, and an Independent Monitoring Board (IMB) member with expertise on support for older people. Although the meetings covered all aspects of diversity, the minutes showed little evidence of substantive discussion of underlying issues.
- 4.5 There was monitoring for race equality but not for other areas of diversity. Diversity incident report forms had recently been introduced in place of specific racist incident report forms to encourage submission of information on all diversity issues, but had been little used so far. There was a diversity course accredited by the National Open College Network. The first equality impact assessment covering all areas of diversity had been started.

Recommendations

- 4.6 There should be a comprehensive diversity strategy covering all strands of diversity.

- 4.7 All managers with diversity responsibilities should have sufficient allocated time for the task.
- 4.8 Managers should identify and implement ways to engage all staff and prisoners in diversity work, including regular consultation with minority groups within the prisoner population.
- 4.9 Monitoring should take place across all areas of diversity. It should be examined by the DREAT for patterns and trends, and action should be taken to address any evidence of imbalance.
- 4.10 Staff should receive training in all aspects of diversity.

Housekeeping points

- 4.11 The prisoner diversity consultation arrangements should be reviewed every six months to ensure sufficient breadth and depth of consultation.
- 4.12 Diversity and race equality action team (DREAT) meetings should discuss issues in depth.

Race equality

- 4.13 Black and minority ethnic prisoners reported significantly more negative experiences than others in almost half of our survey questions, and were over-represented in the use of force and segregation, and under-represented in the best accommodated wing. There was a good variety of displays and events promoting and celebrating ethnic diversity. There was no race equality officer in post at the time of the inspection.
- 4.14 In our survey, black and minority ethnic prisoners had significantly more negative perceptions than white respondents in response to 30 of the 63 questions; in only four areas (including the gym and education) were their responses significantly more positive. The underlying causes of this level of dissatisfaction across such a wide range of issues needed to be identified and addressed (see main recommendation HP48). There was no race equality officer in post, and the diversity manager had covered the work; a senior officer was being trained for this role during the inspection week, though it was unclear how much time she would have for race equality work.
- 4.15 Ethnic monitoring figures were reported regularly to the senior management team and the DREAT. Imbalances were highlighted in the diversity manager's monthly report, and pursued with the departments involved, although there was little evidence in DREAT minutes of substantive discussion of the issues raised in that monitoring.
- 4.16 Black and minority ethnic prisoners made up a disproportionately high proportion of prisoners segregated in 2010 – 53% compared with their representation of about 40% in the population. This had not been picked up managers. Patterns in ethnic monitoring over the previous 12 months were not tracked (except in an annual report), and so a frequent but intermittent imbalance in black and minority ethnic prisoners subject to the use of force had not been identified; black and minority ethnic prisoners had been above the top of the expected range in five of the preceding nine months.

- 4.17 Some prisoners told us that the proportion of black and minority ethnic residents on E wing, the most desirable accommodation, was consistently low. At the time of the inspection, 72% of prisoners on E wing were white British, against 60% for the whole establishment. There may have been special factors, such as the presence of the RAPT programme on E wing, but this required monitoring and analysis over time.
- 4.18 The 'Challenge it, change it' training had been completed by 110 staff, and two staff had been trained as trainers. Multicultural training had also been delivered to a smaller number of staff and prisoners.

Managing racist incidents

- 4.19 The racist incident reporting system, now covered by the diversity incident report form system, (see paragraph 4.5) worked effectively. There were 19 secure boxes in the establishment, which were emptied daily, and responses chased. The deputy governor checked all responses, and requested further action when he was not satisfied. Ten per cent of completed forms, and any others that seemed particularly significant, were referred for checking to an external professional who worked with a charity for black and minority ethnic people with mental health problems.
- 4.20 The number of racial incident report forms submitted had been decreasingly steadily over the previous two years, and was 10 a month in 2010 to date. The processes for handling them appeared sound, but the reporting process needed to be promoted and encouraged to raise confidence among minority groups.

Race equality duty

- 4.21 The prison had completed 19 race equality impact assessments, which were thorough and based on genuine consultation. There were reliable systems to identify and notify the diversity department of prisoners who had committed racially aggravated offences or had been involved in racist bullying.
- 4.22 There was a Gypsy and Traveller month in progress at the time of inspection, with displays, feature menus and quizzes. The county council lead officer on Gypsy and Traveller issues visited regularly, leading cooking activities as well as providing support and information. There were monthly themed menus, and previous events had celebrated black history month and displayed the Anne Frank exhibition. There were varied cultural diversity displays around the prison, including posters produced as part of a competition organised jointly with a local secondary school.

Recommendation

- 4.23 **Managers should promote the use of diversity incident report forms by prisoners when they believe they have experienced discriminatory treatment.**

Religion

- 4.24 The chaplaincy worked hard to ensure equal and fair treatment for all religious groups. However, there was no overall policy, and the perceptions of Muslim prisoners were significantly worse than those of non-Muslims in key areas.
- 4.25 There was no overarching policy or action plan on meeting the religious needs of all prisoners. However, the worship needs of all major religious groups were catered for adequately. A chaplain had delivered cultural awareness training to groups of staff and prisoners.
- 4.26 Muslim prisoners made up 17% of the population and 38% of the black and minority ethnic respondents to our survey, where there was a substantial overlap in their negative perceptions. Muslim respondents were more negative than black and minority ethnic prisoners in 11 of the 15 survey questions where both groups reported significantly less positive experiences than others. For example, 29% of Muslim respondents said that they had been victimised by staff because of their religion or religious beliefs, against 14% of black and minority ethnic prisoners and 3% of non-Muslims. Muslim respondents were significantly less likely than non-Muslims to feel that they had been treated fairly in the incentive and earned privileges scheme (29% against 59%), 19%, against only 5%, said that they had been physically restrained in the last six months, and 33%, against 14%, said that they had spent a night in the segregation unit in the same period.
- 4.27 Muslim prisoners' general perceptions of conditions in Coldingley were markedly more negative than those of non-Muslims: only 35% of Muslim respondents, against 72% of non-Muslims, felt that most staff treated them with respect; 71%, against 28%, reported that they had been victimised by a member of staff. More than twice as many Muslim respondents as non-Muslims felt unsafe in the prison at the time of the interview – 25% against 12%. Some Muslim prisoners felt that staff in general were ignorant of their faith. The chaplaincy had delivered some faith awareness training in the previous year, but to only about 20 staff.
- 4.28 Some prisoners said that they had to choose between having a shower before Muslim prayers and eating lunch, because of lack of time after return from work. The chaplaincy was addressing this issue and had also worked positively with the security department to help prisoners obtain some religious artefacts. There was no systematic monitoring or analysis of the treatment of prisoners belonging to different faiths (see recommendation 4.9).

Foreign nationals

- 4.29 There was an appropriate foreign national policy. The foreign national coordinator's time for the role was unpredictable but used effectively. Prisoners had found the monthly UK Border Agency visits useful, and the prison handled immigration matters efficiently. The foreign national prisoner forums had been ended, and there was very little use of interpreting services.
- 4.30 There was a comprehensive foreign national policy. A senior officer carried out the role of foreign national coordinator capably, but the time available for this work was unpredictable. The administrative officer handling foreign national issues was expert and thorough.
- 4.31 The number of foreign national prisoners had decreased considerably to 17 at the time of our inspection, of whom two were held under immigration powers only. One of these could not be

moved to an immigration removal centre because of the nature of his offence, while staff said that there was no clear reason for the other still to be in prison custody.

- 4.32 Foreign national prisoners were given a free five-minute international telephone call a month, but only if they did not receive any visits from family or friends.
- 4.33 The foreign national prisoner forum had been merged into the diversity forum meetings. This was attributed by managers to low attendance, although attendance at the most recent forum had been good, with most of the foreign national prisoners attending.
- 4.34 Staff were encouraged to use the telephone interpreting service, and peer interpreters were forbidden for ACCT reviews. However, telephone interpreting had been used only once (very briefly) in the previous nine months, and a Mandarin interpreter was brought in on two occasions for probation interviews. Although few prisoners came to Coldingley without a reasonable grasp of English, it was unlikely that there had been so little need for the use of interpretation by prison staff. There was an up-to-date list of staff and prisoners able to interpret when confidentiality was not an issue, and copies of the list were displayed on wings. Informal interpreters also signed a compact guaranteeing confidentiality.
- 4.35 The UK Border Agency (UKBA) had continued to visit monthly, providing an adequate level of service. No immigration advice agencies visited the prison, but information about telephone advice on immigration issues was displayed around the wings.

Recommendations

- 4.36 All foreign national prisoners should receive the offer of a free telephone call each month to keep in touch with family abroad.
- 4.37 Reception staff should notify the foreign national coordinator when a prisoner with limited English arrives, and he should ensure that interpretation is used as appropriate.

Disability and older prisoners

4.38 There was some good provision for prisoners with disability, including two adapted cells, with sound processes for identifying them and developing care plans. Less visible forms of disability were included appropriately. However, prisoners with disabilities reported some less positive experiences during their first hours at Coldingley. Personal emergency and evacuation plans were in place but not all staff could locate them. The relatively few older prisoners were generally content with their treatment and regime, which had improved with their location in E wing and the addition of an over-50s club in the gym.

- 4.39 In our survey, significantly fewer respondents with disabilities than those without (59% against 88%) said that they had felt safe on their first night or that they had been searched in a respectful way in reception (65% against 80%). There was a brief bimonthly disability review committee attended by four managers. A forum had been held, but only two prisoners had attended, and this had now been merged into the overall diversity forum (see paragraph 4.3).
- 4.40 All new arrivals were asked to complete a disability questionnaire. This kept the diversity team informed of prisoners who had disabilities, and the health care department and mental health in-reach team also gave good information to the diversity team on appropriate support,

including detailed care plans. Support covered prisoners with less visible needs, including mental illness and learning difficulties, whose needs were communicated in care plans without breaches of medical confidentiality.

- 4.41 Since the last inspection, two specially adapted cells had been installed on E wing for prisoners with mobility difficulties. They were large and well equipped, with wide doors, grip rails and a specially adapted toilet and shower, but the handbasins were too small. The lift had also been out of order for almost two months, which meant that the wheelchair user who resided in one of the cells could not reach the wing office on the first floor.
- 4.42 A diversity representative on E wing cared for the blind older prisoner who occupied the second adapted cell by cleaning his room and taking him to other parts of the prison. The carer has received some training from a charity for visually impaired people.
- 4.43 Residential staff were aware of prisoners with disabilities within their care. Lists of such prisoners were clearly displayed on wing office walls. There were personal emergency and evacuation plans (PEEPs) for prisoners who required assistance in an emergency, although one officer could not locate the PEEPs for prisoners on his wing and told us, erroneously, that they were in the senior officer's room.
- 4.44 There were relatively few older prisoners – 42 were over 50 and eight over 65. The head of interventions was the designated lead for this area, but his post was not integrated into the diversity department and liaison was on an informal basis. The diversity policy included comprehensive guidance on the support of older prisoners. There was excellent input from the health care department, and older prisoners felt that they were reasonably well catered for. There were care plans for those who required specific support. These were coordinated by health care staff, and there was a copy in the prisoner's wing file.
- 4.45 Managers had organised a forum for older people, but none had wished to attend, and regular forums were not being continued (see paragraph 4.3). The older prisoner lead manager printed out a list of older prisoners each month, and spoke to each one individually.
- 4.46 Fully retired prisoners were located on E wing, which provided suitable accommodation. Only three prisoners past retirement age were not in paid employment. They were unlocked during the day, and had access to regime activities. There was specific equipment in the gym for older people, and a weekly over-50s club, which PE staff had promoted among the older population. Retirement pay was £6.50 a week. Prisoners over retirement age had to pay the weekly charge for their television.

Recommendations

- 4.47 The adapted cells on E wing should have adequate-sized handbasins.
- 4.48 The lift on E wing should be kept in working order.
- 4.49 Staff should be able to locate and access personal emergency and evacuation plans (PEEPs) easily.
- 4.50 Retired prisoners should not be charged for their television.

Gender and sexual orientation

- 4.51 Although some displays promoted understanding of gay lifestyles, and training was planned, managers and staff accepted that no prisoners at Coldingley could safely identify themselves as gay. Some staff had been trained in awareness of transgender issues.
- 4.52 The diversity policy contained general guidance on gay issues. A representative of Gay Surrey was due to deliver awareness training to staff in the prison, and wall displays had promoted awareness and acceptance of different sexualities. However, there was no specific provision for gay or bisexual prisoners. Managers concurred with the view of many staff that it would not be safe for gay prisoners to be open about their sexual identity at Coldingley, because of the widespread prisoner hostility to gay people.
- 4.53 A visiting transgender person had delivered training on transgender issues to 16 staff. This had been effective and well received, and there were plans to repeat it.

Good practice

- 4.54 *Well-received training had been delivered on transgender issues and was due to be repeated.*

Section 5: Health services

Expected outcomes:

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

5.1 The newly refurbished health care centre was a good facility for the treatment and care of patients, and was well managed with well-organised clinics. Pharmacy services were good but some issues required early attention. Dental services provided a good level of care with recent improvement in the management of the waiting list. Some prisoners were critical of access to general health services, but most were positive about the access to and provision of mental health care and the attitude and professionalism of health care staff.

General

- 5.2 Health services were commissioned by NHS Surrey Primary Care Trust (PCT). Surrey Community Health PCT provided primary care services, and Surrey and Borders NHS Trust provided mental health services. A robust health needs assessment had been completed and was awaiting publication. The health protection agency had undertaken the assessment that was used to identify the needs of the population and plan the levels of service required. Some of the issues from the initial assessment had already been addressed with the structural improvements to the health care centre. The prison health partnership board met monthly and was represented by senior staff from the prison and PCT. The health care services were very well managed by a band 8a nurse manager. The commissioners were closely involved with the prison and took an active part in the development of the health services.
- 5.3 Prisoners had good equity of access to most health services, but there were some long waiting lists to see the GP (see paragraph 5.23). In our survey, prisoners had mixed responses about the access but were more positive about the health care staff. The new health care centre was a very good facility for the provision of a service equivalent to that found in the community. Prisoners were supervised by discipline staff during medicine administration, but otherwise there was open access to the facility for fresh cases to be seen in the morning and for attendance at clinics throughout the week. The health care centre also provided rooms for the mental health in-reach team based at the prison, the pharmacy and the dental suite. Medicine administration was carried out at the pharmacy and on a treatment room on E wing. There was an integrated drug treatment system (IDTS) facility on A wing, which integrated well with the health care team. All areas were clean, well decorated and well organised for the management and care of patients.
- 5.4 The health care centre was on the first floor of the central block and could be accessed by a lift. It had a large number of consultation and treatment rooms as well as offices and storage rooms. The only toilet for prisoners was used primarily by the IDTS patients. There was one large holding area with seating, but little to occupy prisoners waiting to be seen. Some health care information was displayed on a noticeboard, but there was no other reading material or health promotion leaflets, and no information in languages other than English (see recommendation 5.24).

- 5.5 The small health care interview room in the reception area was not adequate. It provided access to another room for the senior officer, which compromised privacy and confidentiality, and could not be secured independently with a health care suite key. The room had access to electronic clinical recording and some clinical equipment, but there was no sink.

Recommendation

- 5.6 **The health care room in reception should provide adequate facilities for the initial screening of prisoners in privacy, have handwashing facilities, and only be accessible to health care staff.**

Clinical governance

- 5.7 The significant changes at the prison since our last inspection had been supported by a strong clinical governance framework. Monthly clinical governance meetings reported to the prison health partnership board and contributed to the development and implementation of the prison health performance plan. The staff numbers were stable at the time of our inspection, with few vacancies and little difficulty in staff recruitment. A good skill mix of staff had been supported to develop the specialist skills to meet the needs of the population.
- 5.8 The head of health care was a lead nurse manager who oversaw the delivery of health services in a very well-organised department. The health care team worked very well together, and included 11 nurses, two health care assistants and two administrators. The IDTS team of three nurses also used some of the nurses when required, most of whom had been trained to the initial specialist level for the care of substance users. There were 2.5 nurse vacancies at the time of our inspection.
- 5.9 Prisoners could access health services on weekdays only. Out-of-hours services were provided for evenings and weekends, and were the same as those provided to the local community. There was a good range of nurse-led and visiting specialist clinics. Specialist equipment was obtained through the links with the commissioning PCT, and social services could obtain occupational therapy aids when needed.
- 5.10 Staff training, which was monitored and organised by one of the senior nurses, included mandatory training and professional development. The head of health care had yet to implement a programme of clinical supervision. All health care professional staff were in date for mandatory registrations, which were monitored by the head of health care.
- 5.11 A local general practice had provided GP services since November 2009. Eight GPs shared six clinics a week, and had developed very good relations with the PCT and the prison. Pharmacy services were provided by the pharmacy at Highdown Prison and the pharmacist usually visited the prison once a week, except when there were staff shortages at Highdown. A pharmacy technician also visited the prison weekly. Prescriptions were supplied in a timely manner. However, there were no pharmacist-led clinics for prisoners. Surrey PCT Salaried Dental Services provided dental care at the prison and held four sessions a week, with about 10 patients booked per session. The dentist was assisted by a registered dental nurse.
- 5.12 Emergency resuscitation equipment, including automated emergency defibrillators, was available in the health care centre and the IDTS suite. Checks of the equipment were arranged weekly, but there were some long gaps in the record. The records were also held centrally in the health care centre rather than with the equipment. All health care staff had received mandatory training in basic life support, including the use of defibrillators.

- 5.13 The health care centre had recently installed the SystmOne electronic health system for the management of clinical records, and paper records were being archived. All clinical records were stored in locked filing cabinets in a separate store room only accessible to health care staff. We saw evidence of the use of National Institute for Health and Clinical Excellence (NICE) guidelines and National Service Frameworks for the guidance and implementation of policies and treatment plans.
- 5.14 Prisoners could contribute to a patient consultative group, which had influenced some of the services provided. Prisoners were very well informed about the health care complaints procedure, which was integrated with the Patients Advisory and Liaison Service (PALS). A prisoner representative had been trained to work as a PALS orderly to ensure that complaints were dealt with swiftly and effectively while maintaining confidentiality. The service was overseen by the head of health care and the PALS manager from the PCT. There were generally fewer than 10 complaints a month, which were often dealt with appropriately at the prison level. The few that progressed through the PALS system were also discussed at the prison health care partnership board.
- 5.15 The pandemic contingency plans for the prison had been tested in the last year with simultaneous outbreaks of noro-virus and swine flu. There had been good use of local and national support, and the plans had been into effect successfully. There was a good range of screening and vaccination programmes for prisoners. Patient consent was obtained before any information was shared with other agencies.

Recommendations

- 5.16 All health care professional staff should have access to clinical supervision.
- 5.17 The pharmacist should visit the prison at least once a week to check the systems in operation, and provide counselling sessions, pharmacist-led clinics, clinical audit and medication reviews.
- 5.18 Records of weekly checks of resuscitation equipment should be maintained and held with the equipment, and records of daily checks of automated emergency defibrillator batteries should be maintained.

Good practice

- 5.19 *The employment of a prisoner representative as the Patients Advisory and Liaison Service (PALS) orderly was an innovative way to include prisoners in the management and delivery of their health care.*

Primary care

- 5.20 New arrivals had an initial health screening in reception. An additional mental health screening was used when deemed necessary by health care staff. Problems identified during the screening were referred to clinics as required, and recorded on SystmOne. New arrivals were given a leaflet outlining the health services available, but this was in English only, as was other health promotion material throughout the prison. As all prisoners were transferred into the prison, there was no routine secondary screening, but this was subject to some risk if a prisoner had not been seen by health care staff for some time.

- 5.21 The prison had set up a multidisciplinary health promotion action group, chaired by the deputy governor, with involvement from the PCT and with prisoner representation. One prisoner worked full time with health care staff and the gym to provide weight loss advice, training and body fat monitoring. Smoking cessation courses were available for up to 20 prisoners, and a further member of staff was being trained to increase the availability. Sexual health advice was provided through a genitourinary medicine clinic, and condoms were available from the health care centre.
- 5.22 There was a wide range of nurse-led and visiting specialist clinics, equivalent to that in the community. Clinics included lifelong conditions and older prisoners. All staff delivering these were trained and had the appropriate specialist qualifications. Prisoners were not prevented from being transferred if they had a lifelong condition.
- 5.23 Prisoners could access health services by attending the health centre for the morning fresh case clinic. Applications were available but rarely used. They had initial consultations with nursing staff, who had received some training in triage and used triage algorithms to ensure consistency of treatment. Prisoners were seen quickly and referred to an appropriate clinic if required. Routine GP referrals were taking up to 10 days during the week of our inspection, which was not unusual. Nurses provided limited care to prisoners on the wings, and nurses and the GP visited prisoners on the segregation unit every day.

Recommendations

- 5.24 Prisoners should have access to health care information and health promotion material in a range of languages.
- 5.25 All new arrivals should have the opportunity for secondary health care screening within 72 hours of their reception screening.
- 5.26 There should be action to reduce the waiting time for a routine appointment to see a GP.

Pharmacy

- 5.27 The three treatment rooms where medicines were stored were in good order and kept tidy, but had old copies of the *British National Formulary*. Pharmacy-related incidents had recently been recorded and were available for review by the pharmacist. Heat-sensitive medicines could not be proved to have been stored in appropriate conditions, as staff were unsure how to record the temperatures in drugs fridges and were unaware that they should reset the maximum and minimum temperatures after daily recordings. Computerised methadone dispensing equipment was regularly cleaned and calibrated, and appropriate records kept.
- 5.28 Paracetamol and ibuprofen could be provided from the out-of-hours cupboard, which could only be accessed by nurses. There were records of what stock had been used and for whom, which the pharmacist audited regularly.
- 5.29 Most medicines were administered from the main treatment room in the health care centre. Prisoners who required closer clinical supervision, such as those on the RAPt (Rehabilitation of Addicted Prisoners trust) or the 12-step dependency management programmes, were generally located on E wing, where the management of their medication could be more closely monitored. Administration of medicines took place twice daily on weekdays and once daily at the weekend. Nurses generally administered medication through a screened hatch from each treatment room. This was well organised and considered patient confidentiality.

- 5.30 Medication was supplied in single doses or in one-day, three-day, weekly or monthly in possession, according to the medication required and the patients' risk assessment. Some prisoners required supervised administration. As the latest time that night time medication could be administered was around 5pm on weekdays and 9am at the weekend, later doses had to be given in possession. Nurses regularly reviewed the in-possession risk assessments, which were stored electronically with the patient's medication records.
- 5.31 Prescribing was appropriate to the population, and a repeat prescription service was being developed. Protocols for emergency treatment by nursing staff of hypoglycaemia, anaphylaxis and resuscitation were under review.
- 5.32 The medicines management group (previously the medicines and therapeutics committee) met approximately once a quarter. It was generally chaired by the head of pharmacy services, who also represented the PCT, and the pharmacist or pharmacy technician attended regularly. There was a written policy for in-possession medication, but written policies for special sick or out-of-hours provision were under review. There was a general lack of written pharmacy policies and procedures available for staff consultation. There was a specific prescribing formulary.
- 5.33 Patient group directions (PGDs) were in place and used by nursing staff. These allowed prisoners to access more potent medication than would otherwise have been available without a prescriber. The regular pharmacist had just completed training as an independent prescriber, which could enhance the range and availability of treatments for patients.
- 5.34 Prescriptions for methadone were handwritten on standard prescription and administration charts. Other items were prescribed through prescription forms that were faxed to the pharmacy at Highdown, where they were dispensed and supplied in a timely manner. The prescription form had been adapted to include a medicines administration chart to monitor dosing and compliance. Full patient medication records were maintained on the pharmacy computer. Pharmacy data and prescribing information were collated as records were stored electronically.
- 5.35 Controlled drugs were obtained through a signed order using a duplicate book. Although records were maintained in the administration and supplies record book, no controlled drugs register was available.

Recommendations

- 5.36 Written policies for special sick and out-of-hours provision should be put in place as soon as the review is completed.
- 5.37 The medicines management group should formally agree standard procedures to cover the current arrangements for pharmacy service provision and delivery of medication to prisoners.
- 5.38 Faxed prescriptions should be subject to rigorous audit, and the pharmacist should make regular visits to the prison to compare a random sample of dispensed faxes against the original prescription and the patient medication record.
- 5.39 All controlled drugs should be recorded in a controlled drugs register, which should be obtained as soon as possible.

Housekeeping points

- 5.40 Old reference books should be discarded and only the most recent copy should be kept to ensure that information is up to date.
- 5.41 All medicine refrigerators should be kept between 2° and 8° Celsius, the minimum and maximum refrigerator temperatures should be monitored and recorded daily, and when necessary should be adjusted accordingly.

Dentistry

- 5.42 The dental surgery had recently relocated, was spacious and light, and all the equipment was new. Cross-infection controls appeared satisfactory, although it was not possible to establish whether there had been a PCT surgery inspection before the current surgery was commissioned.
- 5.43 Prisoners saw a nurse to request to see the dentist, who placed them on the waiting list following her assessment of a dental triage form completed by the nurse and patient. At the time of our inspection there were 61 names on the waiting list, the longest wait being ten and a half weeks. There had been a recent initiative to reduce the waiting list. There was also a list for emergency treatment, currently empty as all emergencies were seen at the first opportunity.
- 5.44 No failure to attend figures were collected, or the reasons investigated, but an average of one or two prisoners a session was estimated. Letters were sent to prisoners who had failed to attend to encourage a return to the system. Dental checks and treatment at least to the range available in the NHS were provided. The dentist gave oral health information on a one-to-one basis, and additional oral health promotion was sometimes available. The dentist's annual leave was covered by a Salaried Services rota, and there was also an out-of-hours service protocol.

Secondary care

- 5.45 One of the administrative staff managed hospital outpatient appointments for prisoners. The prison provided up to two escorts a day, and approximately 10 appointments a week were made. The occasional requirement for a bed watch did not interfere with the arrangements for outpatient clinics, and there were few cancellations – less than one a week. Appointment data was managed via a spreadsheet that provided a useful source of historical information and was to be further improved by the inclusion of cancellation data. Prisoners were not transferred while they were waiting to attend a hospital appointment.

Mental health

- 5.46 In our survey, prisoners were positive about the mental health services. The mental health in-reach team was based on site and managed by a social worker, who was supported by a part-time mental health nurse, a movement psychotherapist and a health care assistant. A psychiatrist and clinical psychologist each provided a weekly clinic. The whole team met weekly to discuss referrals and the caseload. A senior mental health nurse visited the prison twice a month and provided a further mental health clinic. The nursing caseload at the time of our inspection was 18, with capacity for 30. The psychiatrist's caseload was approximately 10, with three patients seen at each session. Prisoners also had access to a counselling service, which had seen 35 clients in the previous six months.

- 5.47 There were no daycare services for patients, and no programme of mental health awareness training for prison staff. The referral system was open and the main avenue was through the health care staff, who included some qualified mental health nurses. Only two patients had been transferred to secure units in the previous nine months, one of whom waited for three months. We were informed that transfers usually occurred within two weeks.

Recommendations

- 5.48 There should be daycare services for prisoners with mental health problems who have difficulty coping on the wings.
- 5.49 Mental health awareness training should be provided for all prison staff.

Section 6: Activities

Learning and skills and work activities

Expected outcomes:

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

6.1 There was sufficient purposeful activity to meet the needs of the population. Most of the work was meaningful, and some developed good employability skills. Learning and skills were managed reasonably well. Achievement of qualifications was good and the quality of provision was satisfactory. There was reasonable access to education, including Open University and distance learning courses. Data were collected and generally used effectively to measure the participation and achievement of learners. There was a limited range of accredited vocational training programmes. Links between individual learning plans and sentence plans were mostly appropriate, although some learning plans were weak. Attendance and punctuality at education, training and work were variable. The library was a reasonable resource, and most prisoners had satisfactory access to it.

Leadership and management

- 6.2 The overall strategic management of learning and skills was satisfactory. In our survey, most respondents were very positive about education and training. The new training and education centre (TEC) was an impressive building with spacious and well-designed accommodation for education and some workshops. The day-to-day management of education and training was good and, following a change in the Offender Learning and Skills Service (OLASS) contractor for education, staff had developed a curriculum that met the needs of the population.
- 6.3 The learning and skills committee (formerly quality improvement group) worked well and provided a sound structure for the review of provision. However, some quality improvement arrangements were incomplete, for example, monitoring of the quality of training and individual learning plans (ILPs). There was an action planning and improvement process, but not all targets had been fully monitored for progress. The self-assessment report was largely accurate, and clearly identified some of the strengths and weakness that we found. The self-assessment process had improved but required more work to make it more inclusive. Much data about learners was collected and it was used satisfactorily to monitor provision and inform improvements, but data on participation was not used sufficiently to analyse the performance of different groups.
- 6.4 Access to formal education was good and there were no waiting lists for courses. Over 55% of prisoners participated in some form of education. There were good arrangements for prisoners with mobility difficulties to access education and training. The TEC had ramps and lifts, and one prisoner who was unable to access the PICTA (Prisons Information Communication Technology Academy) workshop had been given a laptop computer to use in his cell. Rates of pay for prisoners were fair, and those for prisoners attending education had been increased. Those in full-time work where pay rates were higher (such as the laundry) were paid at the

higher work rate when they attended learning sessions. Attendance and punctuality at activity were sometimes poor, with prisoners arriving up to 25 minutes late for sessions.

Induction

- 6.5 Arrangements for induction were satisfactory, as was the provision of careers information and advice (CIAS) by Tribal. Staff from the education department and CIAS team attended the main induction session for new arrivals, who also had an induction session in the education department. Prisoners were screened to assess their literacy and numeracy levels using an effective screening tool, which provided an assessment of their level and support needs. They were then interviewed to assess and establish their activity preferences. Prisoners could choose full-time education or work with release to education for one or two sessions a week. Information about support needs was made available to the allocation board and to all prison staff through computer records. Prisoners had access to advice on courses and progression routes, as well as sessions to consult staff about their options.
- 6.6 Prisoners received good support to construct their own learning timetable to meet their individual needs. They were reviewed at appropriate intervals and had an exit interview towards the end of their sentence. An additional member of staff had recently been appointed to the CIAS team to ensure that these interviews took place.

Work

- 6.7 The prison provided a reasonable range of meaningful work opportunities for about 510 prisoners, including places in education (see paragraph 6.15). On average, 92 places (97%) in education were filled. Sometimes when there were staff shortages prisoners were returned to their cells and often locked up, but most prisoners could access work and part-time education. The number of prisoners not in work was relatively low at an average of around 40, and included only a few who refused to work. Work in the engineering, sign and window assembly workshops was of a commercial standard, and contracts with the Prison Service and external companies ensured that prisoners could develop skills in a realistic working environment. The industrial laundry offered 75 places and supported accredited learning, although this was only a health and safety unit of the performing manufacturing operations (PMO) qualification.
- 6.8 Since the last inspection, the prison had introduced a performing manufacturing operations (PMO) qualification at levels 1 and 2 across a range of activities, including the laundry, engineering, signs workshop and window manufacturing. However, the development of further accredited vocational training activities, such as catering and horticulture – identified as a weakness at the previous inspection – had not yet been implemented (see main recommendation HP49).
- 6.9 In workshops, prisoners received satisfactory induction, and health and safety and the use of personal protective equipment were generally satisfactory. There was a focus on developing relevant employment skills, and the work ethic was good in many areas with prisoners working with minimal supervision. There were no systems to recognise and record prisoners' approach to work ethic.
- 6.10 There were some small waiting lists for work in window assembly, BICS (British Institute of Cleaning Sciences) and sign shops, which were managed effectively through the labour allocations board. The allocation system was fair and robust, and took account of prisoners' sentence plan targets and educational needs.

Vocational training

- 6.11 At the time of the inspection, approximately 75 prisoners were in vocational training. The quality of resources for vocational training had improved since the last inspection, as had the range of provision and the links to prison work.
- 6.12 Success rates on vocational courses were high and prisoners worked to a high standard, for example, in sign writing, engineering, window assembly and industrial laundry services. They developed good employment skills and worked well independently and/or as a team.
- 6.13 The quality of provision was satisfactory, as was the use of initial assessment overall. However, results from literacy and numeracy assessments were not always integrated sufficiently into training, and target setting of learning goals and the recording of progress was insufficiently rigorous. ILPs often failed to recognise and record personal achievements and lacked prisoner input (see recommendation 6.29). Training and learning was satisfactory. Instructors offered effective coaching and supported prisoners well and had a good rapport with them, which led to effective working environments.
- 6.14 Management of training was organised well, and the development of teaching and assessor skills, particularly for prison staff, was good. Vocational resources were very good, for example, in sign writing, engineering and PICTA. All areas offered prisoners high quality resources to industrial and commercial standards. However, there was insufficient vocational training for those needing skills to support employment on release, and the qualifications offered did not recognise sufficiently the specialisms or complexity of some prisoner work (see main recommendation HP49).

Education

- 6.15 The Manchester College provided and managed the OLASS contract. There were approximately 30 full-time places in education sessions and 70 part-time places for prisoners with other employment in the prison. There were 18 prisoners on distance learning and 11 taking courses through the Open University. Learning sessions were offered to prisoners in the segregation unit, but were rarely used.
- 6.16 Accredited outcomes were good and most prisoners achieved a qualification. The standard of learners' theoretical and practical work was good with well-organised portfolios. Examples of artwork were displayed in the education department and were of a high standard. The media production work was excellent.
- 6.17 The staff conducted a needs analysis, survey and focus groups with prisoners to evaluate and inform the education provision. Health and well-being were promoted through the social and life skills courses. All prisoners were actively engaged in the learning sessions and spoke very positively about the education department.
- 6.18 The standard of work in sessions was good. Learners acquired literacy and numeracy skills as well as confidence to express themselves in a group. There was some poor punctuality, and attendance at classes was typically low (see recommendation 6.26). The delivery of education was significantly below the contracted level.
- 6.19 Teaching and learning was satisfactory with some good sessions. Most lessons were well planned with good support from tutors, and there was good use of peer learning and support. The very good resources were not always used to their full potential, especially the electronic

whiteboards. Behaviour management in classes was good, and there was mutual respect between tutors and learners. Learners were fully engaged in the sessions.

- 6.20 In the better sessions, ILPs were detailed with SMART (specific, measurable, achievable, realistic and time bound) targets to enable the use of differentiated activities to meet individual learner needs. However, many ILPs had insufficient detail and targets were too general to help direct learning.
- 6.21 There was a good range of subjects, including literacy and numeracy, information and communications technology (ICT), arts and media, as well as practical skills such as bookkeeping and budgeting. Courses ranged from entry level to level 3, with opportunities for higher qualifications through distance learning. There were few links with external organisations to promote learning, except with Jobcentre Plus.

Library

- 6.22 The library service was contracted to Surrey County Council and was managed by a part-time librarian assisted by a part-time library assistant. There were also two full-time prisoner orderlies, who had completed in-house non-accredited training. Library opening hours were advertised around the prison, and new arrivals visited the library as part of the induction programme. The library was open weekday evenings, and each wing had 20 minutes access twice a week. Data on the use of the library showed around 900 visits a month and that about 150 prisoners borrowed books a month. The majority of library users were white British. The segregation unit had its own library.
- 6.23 There were approximately 5,000 items in the library, including books, easy reading material and large-print books, DVDs and talking books, and the stock loss was within acceptable limits. Foreign language magazines and newspapers were available, and there was an adequate supply of dictionaries and reading material in foreign languages. There was a range of books supporting education and vocational training bought at the request of the education department. Book exchange took place every two months for about 100 books. The library had two computers and a small seating area.

Recommendations

- 6.24 Strategic management, quality improvement and self-assessment processes should be further developed.
- 6.25 Data on participation in education and skills should be analysed to identify the participation and achievement trends of different groups, and action taken to close any gaps.
- 6.26 Punctuality and attendance at activity sessions should be improved.
- 6.27 Prisoners' non-accredited learning should be recognised and recorded.
- 6.28 Participation in education should be improved.
- 6.29 Individual learning plans should be used more rigorously to set challenging targets, including the development of non-accredited skills, be sufficiently detailed and reflect individual prisoner needs.

- 6.30 There should be more links with external organisations to promote learning and work opportunities.
- 6.31 The library should be open at the weekend.

Physical education and health promotion

Expected outcomes:

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

- 6.32 PE facilities included cardiovascular and weight training equipment, but the size of the sports hall restricted some activities and the outdoor sports field had not been available since 2006. There were access arrangements for remedial PE, and a local community group used the facilities. Many prisoners used the PE facilities, but a significant minority did not. A member of PE staff and a prisoner representative had recently been allocated to each wing to improve communication. The range of qualifications offered in PE was satisfactory.
- 6.33 Key PE facilities included cardiovascular and weight training equipment. The size of the sports hall had restricted some activities, and ongoing maintenance and remedial work had temporarily limited access. The outdoor sports field had not been available for use by prisoners since 2006 as a result of an unsafe surface.
- 6.34 New arrivals completed a satisfactory PE induction, and prison staff assessed their abilities and informed them of appropriate fitness and sports activities. Prisoners had access to the PE facilities five times a fortnight, including weekends. In our survey, 81% of prisoners against a comparator of 53% said they used the gym at least twice a week, and facilities were generally good. Gym opening times were advertised throughout the prison. There was little promotion of healthy lifestyles and the benefits of the PE facilities. There were arrangements for remedial gym access for prisoners referred from health services, and a local community group also made use of the facilities.
- 6.35 Staffing in the PE department had recently reached full complement, and there were effective actions to improve the quality of provision. Feedback from prisoners on ways to improve PE services was satisfactory. The PE department had recently introduced the allocation of a member of PE staff and a prisoner representative to each wing to improve communication further.
- 6.36 The range of qualifications offered in PE was satisfactory, and included basic health and fitness and gym instructor courses. There were high success rates on vocational PE short courses.
- 6.37 The showers in the PE area lacked privacy, although improvements were planned. In the meantime, most gym users chose to use the wing showers, leading to queues (see paragraph 2.15).

Recommendations

- 6.38 The outdoor sports field should be made fit for use by prisoners.
- 6.39 The showers in the PE area should be refurbished.

Time out of cell

Expected outcomes:

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

- 6.40 Prisoners had just over nine hours a day out of cell during the week. The number locked up during the day was not excessive. The exercise yard was bleak and lacked seating.
- 6.41 The core day timetable showed that prisoners were unlocked for nine hours and 45 minutes a day from Mondays to Thursdays, seven hours and 45 minutes on Fridays, and seven hours and 20 minutes a day at weekends. Muslim prisoners were not locked up following lunch on Fridays as they were allowed to attend Friday prayers: this equated to nine hours and five minutes. The prison's own figures suggested that prisoners were unlocked for 9.1 hours during weekdays. These figures were less than our expectation of 10 hours a day out of cell. During our mid-morning spot check, we found only 16 prisoners locked behind their cell door. Daily routines for prisoners, including association and exercise, were published on every wing.
- 6.42 In our survey, significantly more respondents than the comparator (82% against 76%) said that they went on association more than five times a week. Exercise took place daily. However, in our survey, significantly fewer respondents than the comparator (35% against 52%) said they went outside for exercise three or more times a week. The exercise yard was bleak and lacked seating.

Recommendation

- 6.43 Prisoners should spend at least 10 hours a day out of their cells.

Housekeeping point

- 6.44 There should be seating in the exercise yard.

Section 7: Good order

Security and rules

Expected outcomes:

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

7.1 Security was well managed and had received closer attention recently. There was a growing stream of security information, and the security team responded to it actively, but there was limited analysis of information or tracking of follow-up actions. The tightening of the regime, especially the restriction of prisoner movement during association, appeared to have limited the availability of illicit drugs, but it reduced the potential for testing prisoners' risk in a freer category C environment.

Security

- 7.2 The physical security was appropriate for a category C establishment. Some positive staff relationships with prisoners had led to a good flow of information to the security department. There had been 3,384 security information reports (SIRs) in 2009 and 1,071 in the first three months of 2010. The monthly average had been rising steadily. Drugs were the most common subject, followed by threats.
- 7.3 There was good work on processing security information and developing weekly security themes emphasised throughout the establishment, in addition to monthly objectives. There was only limited objective analysis of trends and patterns, and there had not been time to make full use of intelligence analysis software. Security staff commissioned and chased up action recommended by managers in their assessment of SIRs, but there was no systematic check that all actions had been carried through.
- 7.4 The regime had been tightened by the removal of free-flow movement during association, so that prisoners could only associate with those on their own wing. Managers believed that this had led to a reduction in violence, bullying and illicit activity. The searching policy had been revised for a more targeted use of resources. The prevalence of illicit items, especially mobile telephones and illegal drugs, appeared to have reduced recently. There had been a steadily decreasing number of positive random drug tests (see paragraph 3.72).
- 7.5 The tighter regime needed to be balanced with its negative impact on prisoners. The limitations on prisoner movement during association reduced the normal scope to test prisoners' ability to manage greater freedoms in a category C prison than in the category B estate.
- 7.6 There were three prisoners on closed visits at the time of inspection, all directly related to suspicion of abuse of the visiting procedure. Seven visitors were banned, and these bans had been reviewed monthly in the security committee.

Rules

- 7.7 Rules and routines were well publicised throughout the establishment. Rules were applied consistently and rigorously, especially in relation to the workshops. Clear behavioural expectations were set out in the induction material and on residential units, and there was some provision for those who did not understand English well. Staff relied mainly on the system of warnings under the incentive and earned privileges scheme to enforce rules.

Recommendation

- 7.8 The security team should formally analyse common patterns in information received, and implement a comprehensive system of tracking and monitoring follow-up actions from security information reports.

Discipline

Expected outcomes:

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

- 7.9 The number of adjudications had risen; strategic oversight had only recently been established and needed further developing. Use of force was mostly low level and well documented. The number of prisoners located in the segregation unit was high, and there was a clear need for better governance.

Disciplinary procedures

- 7.10 There had been 394 adjudications in the previous six months, compared with 310 in the 10 months before our 2008 inspection. Even allowing for the 30% increase in the size of the population since then, this was a more than doubling in the average number of adjudications a month – from 31 to 65.
- 7.11 Minutes indicated little monitoring of data in the adjudication standardisation meeting, of which there had been only one in the first five months of 2010 (in the week before our arrival). Minutes of the previous meeting in December 2009 showed no analysis at all. Our own analysis suggested that the most common charge related to refusing a direct order. Managers provided anecdotal evidence that these were for refusals to carry out mandatory drug tests or to remain on normal location, resulting in relocating to the segregation unit. Although our own sampling of adjudication documentation supported this anecdotal evidence, there was no indication that this pattern had been formally recognised or that action had been taken to reduce these or other charges as a result.
- 7.12 Charges for abusive or threatening words or behaviour were also common. Our sampling indicated that some of these could have been dealt with through the incentives and earned privileges scheme.
- 7.13 Wing staff gave adjudication documentation to prisoners the night before a scheduled hearing, and checked that they understood the charge. Adjudications took place in a suitable

designated room in the segregation unit, and were conducted in a formal but relaxed manner. However, a large number of sampled charges showed insufficient investigation into charges by adjudicators. In one such case, the adjudicator found the charge proven despite the submission of a letter from the prisoner's solicitor outlining several legitimate reasons for dismissal of the charge. The prisoner had changed his plea from not guilty to guilty in frustration at a third adjournment for the presence of the reporting officer. We also observed an adjudication where the adjudicator refused to let a prisoner charged with refusing to comply with an order to undertake a strip search explain that he eventually did comply. This should have been taken into account as mitigation.

- 7.14 Adjudication punishments appeared harsh – 87 of the 262 prisoners adjudicated on in the previous six months had received cellular confinement. This was a big increase from our last full announced inspection in 2005, when 15 prisoners had received punishments of cellular confinement over a 10-month period.
- 7.15 The two sets of adjudication standardisation minutes we saw indicated that where managers perceived a problem in a particular area, the response was to increase the local tariff for the associated charge, without investigating other possible action to address the issue. This had happened in December 2009, for example, when managers reported an increase in prisoners smoking in prohibited areas. Even then, many punishments were higher than locally published tariff guidelines, with no explanation recorded by adjudicators.

The use of force

- 7.16 The use of force was not high, with 58 incidents in the previous six months. Few were serious, and most were recorded because of the blanket policy of handcuffing all prisoners relocating to the segregation unit, regardless of their compliance. The head of residence collated and monitored some limited data monthly, but this was insufficient to identify emerging patterns and trends.
- 7.17 The quality of use of force documentation was generally good. It clearly demonstrated that staff only used force where necessary, and that most staff were aware of and emphasised de-escalation. A senior manager routinely scrutinised all completed documentation. All planned removals were video-recorded and also scrutinised by a senior manager. There was no special/unfurnished accommodation in the prison.

Segregation unit

- 7.18 The segregation unit was mostly clean and a decent environment, although we saw graffiti in some cells. Use of the unit was high, with 244 prisoners relocated there in the previous six months – almost a third were pending adjudication, and records indicated little reason for many to be there. For example, two prisoners had been relocated following a cell search during which a mobile telephone and charger had been found, although they were compliant and records showed no reason why they could not have returned to their cells. There were also several incidents where staff had defused and de-escalated potentially volatile situations well, only for the prisoner(s) to then be escorted to the segregation unit.
- 7.19 There was little evidence of strategic oversight of the unit, with no analysis of data for emerging trends. The first segregation monitoring and review group (SMARG) meeting had taken place only two months previously, and the most senior manager attending had been a senior officer.

- 7.20 Review boards were held biweekly for all prisoners remaining in the segregation unit, but targets were generic and, with a few exceptions, there was little evidence of efforts to support and reintegrate actively the 36 prisoners who had been located there for their own protection. Most were simply transferred to other establishments – 39 prisoners had transferred out from the unit in the previous six months.
- 7.21 All prisoners were routinely strip-searched when relocating to the unit. The regime was limited. Prisoners received daily access to telephone calls and showers, but daily exercise lasted only half an hour on average. There was no manager in the unit, which was staffed by three officers, and each of the staff described a different regime entitlement for prisoners. Prisoners also reported variations in their daily regime.

Recommendations

- 7.22 Data on adjudications should be routinely analysed, such as by wing, charge, ethnicity or reporting officer, to identify emerging patterns and trends, and such trends should be investigated and appropriate action identified to address them, where necessary.
- 7.23 The incentives and earned privileges scheme rather than adjudications should be used for relatively low level rule infringements.
- 7.24 Adjudicators should evidence thorough investigation of all charges, whatever the prisoner's plea.
- 7.25 The punishment imposed following a finding of guilt in an adjudication should be proportionate to the seriousness of the charge.
- 7.26 Handcuffs should only be used when escorting prisoners to the segregation unit if an active risk assessment supports their use.
- 7.27 Data related to the use of force, such as ethnicity, location, reasons for use and staff involved, should be monitored for emerging patterns and trends, and appropriate action taken to address identified issues.
- 7.28 Prisoners should only be relocated to the segregation unit pending adjudication when their continued location on their wing poses a threat to the safety of staff or other prisoners.
- 7.29 A multidisciplinary staff group, including senior managers, should routinely monitor the use of segregation.
- 7.30 Care plans should be raised for all prisoners relocating to the segregation unit for their own protection, with a specific emphasis on reintegrating such prisoners back on to mainstream location.
- 7.31 Prisoners should only be strip-searched on relocation to the segregation unit following an active risk assessment. All strip searches should be logged with the reasons for it recorded.
- 7.32 All prisoners in the segregation unit should receive one hour in the open air every day.

Housekeeping point

- 7.33 Where a punishment falls outside the locally published tariff, the adjudicator should record the reasons for doing so.

Incentives and earned privileges

Expected outcomes:

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

- 7.34 The incentives and earned privileges scheme operated consistently and fairly across all wings, partly due to good governance arrangements. Although the local policy provided clear guidance, not all prisoners received this information.
- 7.35 The incentives and earned privileges (IEP) policy provided clear guidance for staff and prisoners on the operation of the scheme. However, prisoners reported difficulty in obtaining information about the scheme, in particular the criteria for progression. The induction booklet provided little information and referred prisoners to the information they received from staff on their initial interview. However, staff told us that they would refer prisoners to the induction booklet for related information.
- 7.36 Although prisoners complained of difficulties in progressing, more than 60% of the population were on the enhanced level, with the proportion rising since the start of 2010. Few prisoners were demoted to basic, and most returned to standard after the initial review period of seven days. The basic regime was not overly punitive, allowing prisoners to have daily access to showers, telephones and restricted association.
- 7.37 Our sampling of review boards indicated that decisions to upgrade or downgrade were based on clear patterns of behaviour. Prisoners were not automatically downgraded after receiving the three IEP warnings in a 28-day period required to trigger the board, and wing managers considered mitigation and context. Prisoners could appeal against warnings and review board decisions, and we saw examples where the prisoner's appeal had been upheld.
- 7.38 There was good monitoring of the scheme by senior managers. Comprehensive data was analysed each month for emerging trends, and good quality assurance ensured consistent and fair application of the scheme across all wings.

Recommendation

- 7.39 New arrivals should receive written information on the operation of the incentives and earned privileges (IEP) scheme, including the criteria for progression.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 Food for prisoners was generally good, and they were adequately consulted about the menu. Religious and special dietary requirements were catered for. The areas where food was stored, prepared and served were clean and hygienic. Breakfast packs were issued the evening before they were eaten, and meals were served too early.
- 8.2 In our survey, 43% of respondents said that the food was good, significantly more than the comparator of 29%. However, black and minority ethnic and Muslim prisoners were more critical than white and non-Muslim prisoners. A number told us they found the food to be bland or poorly cooked, but generally adequate. The prison's own food questionnaire in April 2010 also showed that 78% of prisoners thought the quality of the food was fair to good.
- 8.3 Prisoners were consulted on food through the food questionnaire, food group meetings (attended by wing representatives), and food complaints boxes in the communal dining areas on A–D wings. Minutes from the food group meetings showed that suggestions from prisoners were acted on, and that there was constructive discussion between the catering staff and prisoners. The complaints box did not encourage prisoners to write positive feedback or suggestions for future menus.
- 8.4 The catering team comprised six paid staff: two managers and four chefs. Twenty-six prisoners worked in the kitchen, all of whom had completed a basic one-hour introduction to food safety awareness. Approximately five prisoners had completed the foundation course in food safety awareness.
- 8.5 The menus changed every four to five months, and there was a monthly culturally themed menu, which was popular among prisoners. The catering manager gave close attention to the nutritional value of the food, which was prepared with a minimum of added salt, sugar and fat. Religious and special dietary requirements were catered for. The halal food option was clearly marked on the menus. Four Muslim prisoners worked in the kitchen. During Ramadan, some kitchen staff had been paid overtime to prepare and serve food late in the evening to fasting prisoners, and Ramadan wing representatives had been recruited to assist with the distribution of food. Two prisoners received kosher food. Three prisoners were on vegan diets, and the catering team had won an award for the quality of its vegan meals. Health care requests for special diets were acted on.
- 8.6 Prisoners received two hot meals a day except for Sundays. Breakfast packs were issued the evening before they were eaten. Meals were served too early: lunch was served between 11.45am and 12.15pm and the evening meal between 4.45pm and 5.30pm.
- 8.7 Areas where food was stored, prepared and served were clean and hygienic. Colour-coded utensils were used to distinguish halal food and help prevent cross-contamination, and the Muslim chaplain provided routine training on halal and cross-contamination issues. Prisoners

and staff wore appropriate clothing. Prisoners could dine in association, except for those on E wing. The serveries were well supervised during meal times.

Recommendations

- 8.8 Breakfast should be served on the morning it is to be eaten.
- 8.9 Lunch should not be served before noon and the evening meal not before 5pm.
- 8.10 Prisoners on E wing should be allowed to dine in association.

Prison shop

Expected outcomes:

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

- 8.11 The prison shop stocked a sufficient variety of products, but prices were higher than local supermarkets. Prisoners were consulted on the range of goods stocked.
- 8.12 The shop stocked a reasonable range of goods within the limitation of the ceiling on numbers imposed by the national contract with DHL. Fresh fruit, Afro-Caribbean skin and hair products, and religious items were available. However, in our survey significantly fewer black and minority ethnic respondents than white (29% against 51%), and Muslims, 10% against 48%, said that that the shop sold a wide enough range of good to meet their needs. Prices of goods in the shop were higher than those in local supermarkets.
- 8.13 A canteen meeting had been held two months before our inspection, attended by representatives from each wing and a senior officer. Minutes from the meetings showed that issues raised by prisoners were taken up with DHL, but suggested that meetings were only held once every five months and therefore of little effective benefit.

Recommendations

- 8.14 The prices of items stocked in the shop should be comparable to those of a local store.
- 8.15 The canteen meetings should be held regularly and specifically address the negative reports from black and minority ethnic and Muslim prisoners.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 The prison had an up-to-date resettlement policy, which had been informed by a rudimentary needs analysis. It was not linked to the area reducing reoffending strategy, which was out of date. The policy did not adequately identify and address the needs of minority groups. There was a lack of interventions, particularly offending behaviour programmes.
- 9.2 The prison had an up-to-date resettlement policy, which incorporated a helpful map covering all seven resettlement pathways. The policy did not indicate how the prison contributed or supported the regional reducing reoffending strategy, which was itself out of date and did not appear to have been revised since 2006, despite a recommendation in our last report. There was no area resettlement strategy or action plan.
- 9.3 The policy referred to a needs analysis, which was based on information obtained from P-Nomis, the health needs assessment and a prisoner resettlement survey in February 2010. It contained basic information about the population and their resettlement needs. It had crudely identified from the survey a percentage of prisoners who might require assistance under the pathway headings, but did not cross-reference this with other sources of information and was not sufficiently detailed. An average of approximately 15.5 prisoners a month were released from Coldingley.
- 9.4 Both the needs analysis and the resettlement policy failed to identify the different needs of groups of prisoners, such as life sentenced and prisoners on indeterminate sentence for public protection (IPP), and the policy did not adequately address diversity issues or clearly articulate how the needs of minority groups would be met.
- 9.5 The deputy governor was head of reducing reoffending, and the head of learning and skills chaired a well-attended monthly resettlement committee meeting responsible for developing policy and reviewing progress under the different pathways. The resettlement policy identified a lead and champion for each pathway. The pathway lead was responsible for managing the pathway action plan and monitoring delivery of services. Action plans under most pathways were regularly updated, and demonstrated steady progress.

Recommendations

- 9.6 There should be an up to date regional reducing reoffending strategy, based on a comprehensive needs analysis, which is aligned with Coldingley's strategy to enable prisoners to complete sentence plan targets at relevant prisons.
- 9.7 Coldingley's resettlement strategy should be regularly reviewed to ensure it addresses the needs of all prisoners, including minority groups.

Offender management and planning

Expected outcomes:

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

9.8 The offender management unit was well managed. Sentence plans for in-scope prisoners were variable but they were good for out-of-scope prisoners. Attendance of key workers and personal officers at sentence planning meetings was not consistent. Offender supervisors did some particularly good work. All prisoners not in scope had an OASys assessment and sentence plan. All determinate-sentenced prisoners had at least an annual recategorisation review, and decisions were fair and well documented. There were insufficient resources for public protection work, the purpose and function of the risk management meeting were not clear, and prisoners were discussed too close to their potential release date. Risk management plans were not always comprehensive or linked to the sentence plan. The increased numbers of life-sentenced and IPP prisoners were managed by trained staff and parole reports were up to date, but there were no regular meetings for indeterminate-sentenced prisoners and no lifer family days.

Sentence planning and offender management

- 9.9 The offender management unit (OMU) was efficiently managed. The head of the OMU reported to the deputy governor, who was head of reducing offending. The unit consisted of the probation team, three senior officers, a deputy head of offender management supervising seven offender supervisors and two case administrators, a public protection manager, indeterminate-sentenced prisoners manager, an executive officer custody with six case administrators.
- 9.10 The probation team consisted of a senior probation officer and two probation officers, with a third due to start. Probation staff now worked in the same office as offender supervisors. The probation team managed lifers and, as a step towards further integration with the OMU, was also about to work with prisoners on indeterminate sentences for public protection (IPPs). The probation team plan for 2010-11 included the aim of full integration into the OMU, but there was no overarching written strategy or vision about the future shape of the unit.
- 9.11 At the end of April 2010, there were 197 prisoners who came under offender management phases two and three. There were 25 prolific or priority offenders (PPOs), 61 IPPs and 162 prisoners assessed as presenting a high or very high risk of harm to others. Some prisoners were in more than one group.
- 9.12 An OMU policy issued in May 2010 replicated national policy and described local arrangements. It defined the role of the personal officer for in-scope cases, stating that they should see the prisoner weekly, monitor targets and liaise with the offender supervisor. We saw evidence of this happening.
- 9.13 New arrivals were referred to interventions before their sentence planning board had taken place. The early intervention protocol in the OMU policy addressed this by ensuring that the offender supervisor was aware of any referrals and consulted the offender manager before the intervention started. It was too early to assess whether the protocol was working.

- 9.14 We inspected 14 cases, eight in scope for offender management and six out of scope. All the in-scope cases had an allocated offender manager, and seven of the eight prisoners had an offender supervisor allocated to them within two days of their arrival. The offender supervisors produced useful summaries of the prisoner's case and their time in custody, including time spent in previous prisons. Occasionally staff identified issues that had been missed or overlooked. Information was exchanged with the offender manager.
- 9.15 The deputy head of offender management quality assured 10% of cases each month, including a check on whether there had been proper contact between the offender supervisor, the prisoner and offender manager. However, he did not use a written checklist, which might have led to inconsistency.
- 9.16 In IPP and PPO cases, a group interventions email was sent to all intervention providers to ensure they prioritised these prisoners for programmes and courses. In the majority of cases it was not clear why a prisoner had been transferred to Coldingley, although we inspected three cases where it was noted that the prisoner had been transferred to complete the RAPt course.
- 9.17 Key workers and personal officers rarely attended sentence planning meetings, and offender managers contributed mainly by video link or telephone. The offender supervisor was responsible for circulating the minutes of the sentence planning meeting, but this was not happening. Offender supervisors recorded what happened at the sentence planning review in the offender profile, which was on a local shared drive. This document was a running record of contact and a diary of events. The entries for the sentence planning review meetings varied in quality, length and content. It was not clear in every case if the prisoner had been actively and meaningfully involved in the discussion about the objectives or what contribution they had made. However, once the offender manager had reproduced the objectives in OASys (offender assessment system) assessments, the offender supervisor printed a copy of the plan and saw the prisoner to discuss it and sign a copy. A signed copy was faxed to the offender manager.
- 9.18 In our survey, 85% of respondents, against the comparator of 64%, said they had a sentence plan. In half of the eight in scope cases we sampled, sentence plans were not completed on time. The quality of sentence plans for in-scope cases was mixed. A third did not have objectives that were outcome focused or sequenced logically. The level of contact with staff in the prison was not defined, and the roles and responsibilities of those delivering the interventions were not clear. Objectives did not always address the likelihood of reoffending or managing risk of harm to others or, where relevant, child safeguarding. In one case, the sentence plan referred to objectives related to a previous period when the prisoner was in the community. In another case, the sentence plan was blank. In all six out-of-scope cases, an assessment of the likelihood of reoffending had been completed on time and was of sufficient quality. Offender supervisors completed a sentence plan OASys for out-of-scope cases, which was passed to the personal officer to ensure that the objectives were implemented. The sentence plans we saw contained outcome-focused objectives to address the likelihood of reoffending and manage the risk of harm. There was evidence that prisoners were actively and meaningfully involved in the process. The sentence plan was reviewed in the majority of out-of-scope cases. Personal officers did not always record information clearly, if at all (see recommendation 2.34).
- 9.19 Our case sample indicated evidence that prison staff had taken action to preserve employment, housing and family ties for out-of-scope prisoners, but this was less so for those in scope, who were generally serving longer or indeterminate sentences.
- 9.20 In the majority of cases, we did not find any evidence in the OMU files for out-of-scope prisoners of an assessment of potential diversity issues or individual needs. Over half of the in-

scope prisoners who completed our offender management survey were from a minority ethnic group. In all cases, there was evidence of an assessment of potential suicide risk and other vulnerabilities: the OMU senior officer screened in-scope prisoners and alerted relevant staff as necessary. In the three cases where such risks were identified, actions to minimise their impact had been taken or included in planning documents.

- 9.21 The quality of recording by offender supervisors was clear and timely. The electronic offender profile cross-referenced emails and other documents on the prisoner's OMU file. Files were well organised and information about prisoners was appropriately stored. The majority of files contained all relevant documents.
- 9.22 In half the in-scope and a third of out-of-scope cases, interventions were not delivered in line with objectives defined in the sentence plan. In the majority of cases, sentence plan objectives had been partly achieved and offender management contributed to their achievement. In two-thirds of cases, victim awareness work had been undertaken with the prisoner. In our offender management survey, 61% of respondents said that they had completed this work, compared with the overall comparator of 34%. In just over half of the cases we inspected, there was evidence that the prisoner had demonstrated increased victim awareness.
- 9.23 In three out of eight cases, the offender manager's contact with the prisoner did not meet national standards or promote the achievement of the sentence plan objectives. Four prisoners had had three or more offender managers. In three cases, the change of offender manager had had a negative affect on the prison's ability to deliver the sentence plan. In the majority of the cases, there was good communication between the offender manager and the offender supervisor. Offender managers were notified promptly of any transfers between establishments.
- 9.24 There was evidence of some excellent work by offender supervisors. In the cases we inspected, offender supervisors demonstrated more commitment to the prisoner, motivated and supported him and reinforced positive behaviour than offender managers and personal officers. This finding was confirmed in our offender management survey, in which all the respondents said that they met their offender supervisor every month, and just over two-thirds felt they had been supportive.

Categorisation

- 9.25 All determinate-sentenced prisoners had their category reviewed at least annually, and those with less than two-and-a-half years to serve were reviewed every six months. There were 60 boards on average a month. The process and records were well organised.
- 9.26 We reviewed paperwork from a random sample of 12 recent boards. The boards had considered information appropriately from OASys, security, education, work, outside probation, CARATs, RAPT, wing files and solicitors. The decisions appeared fair and were clearly explained to the prisoner.
- 9.27 Few prisoners, approximately one or two a month, were recategorised to category B. We reviewed the paperwork for two recent cases and found that the decisions were fair and objective, and that prisoners were informed of the appeal procedures.
- 9.28 There was little use of release on temporary licence (ROTL). The prison's view was that if prisoners were suitable for ROTL they were probably suitable for category D conditions.

Public protection

- 9.29 The public protection manager was a senior officer in the OMU. His duties included the identification of prisoner such as MAPPAs (multi-agency public protection arrangements) level two and three cases and attending MAPPAs meetings. He was the violent and sexual offenders register (VISOR) lead and chaired the risk management meeting when the head of offender management was not available. The single post was not sufficient to cover the work involved, and there were no adequate arrangements to cover the public protection manager's absence.
- 9.30 A public protection policy, issued in May 2010, covered work related to MAPPAs, sex offenders, harassment and safeguarding children. There was a monthly multidisciplinary risk management meeting, which included discussion of prisoners due for release in four months who were subject to management at MAPPAs levels two and three. However, MAPPAs guidance 2009 stated that prisons should confirm release dates, where possible, six months before release. A risk management meeting at the six months stage would help local MAPPAs management of cases in the community before a prisoner's release.
- 9.31 The number of staff who had attended the meeting had reduced during February, March and April 2010. Psychology and safer custody staff and the police coordinator had given their apologies for all three meetings. The discussions about individual prisoners did not focus on identifying specific actions to manage or minimise their risk of serious harm (RoSH) either in the prison or on release. Although the public protection policy described the type of case that could be discussed at the risk management meeting, the purpose of the meeting, or its aims, were not clear. There were potentially over 40 prisoners due to be discussed at the June 2010 meeting. It was difficult to see how the meeting could do justice to discussing such a high number of cases.
- 9.32 Reports prepared by prison staff were supplied to MAPPAs meetings. Actions allocated to the prison were carried out, and in one case we reviewed the offender supervisor had cross-referenced their contribution to MAPPAs with their running record on the prisoner. The reports we saw submitted to MAPPAs were full but were not structured, and their content differed. The public protection manual MAPPAs information-sharing form was not being used.
- 9.33 In all 14 cases we inspected, an OASys risk of harm screening document had been completed on time, and the majority were accurate. The full analysis of risk of harm was of sufficient quality in all six out-of-scope cases, but only two of eight in scope. Generally, the analysis accurately reflected the risk of harm to children, general public, known adults, staff and prisoners, but this was less so with in-scope cases. In eight out of 13 cases the risk of harm assessment did not draw sufficiently on available sources of information (such as a full psychiatric report in one case). There was less evidence that the risk of harm assessment was reviewed thoroughly.
- 9.34 In two cases, decisions taken by MAPPAs meetings had been clearly recorded, followed through and acted on, and reviewed appropriately. In one case, the use of child safeguarding procedures and the recording of decisions, actions and reviews were not sufficient. There was effective structured management involvement in three of six cases classified as high RoSH. There was less effective management involvement in two child safeguarding cases. In the majority of cases, staff working in the prison promoted victim safety.
- 9.35 Risk management plans were completed on time using the required format for all out-of-scope cases and the majority of in scope. Fewer than half were comprehensive. In at least two in-scope cases, the risk management plan had not been updated since the prisoner had been sentenced to custody. In the majority of cases, there was no connection between the risk

management plan and the sentence plan. Risk of harm issues were effectively communicated to those involved in the case.

Indeterminate-sentenced prisoners

- 9.36 At the time of the inspection, there were 51 life-sentenced and 59 IPP prisoners. A senior officer was the indeterminate-sentenced prisoner (ISP) manager and reported to the head of offender management. The ISP manager liaised with sending establishments about their allocation and planning for transfer to Coldingley, and had occasionally visited life-sentenced prisoners at their previous establishments to explain what was on offer at the prison. There was significantly less planning for IPP prisoners, who were allocated by the sending establishment and who often arrived with needs for interventions that were not available at Coldingley.
- 9.37 Although the probation department had been understaffed for some time, parole reports were up to date. Because of the backlog of work at the Parole Board, many prisoners had had their parole hearings delayed, some for six to 12 months. This added to the workload for staff dealing with lifers because reports became out of date and addenda had to be prepared.
- 9.38 The ISP manager, all offender supervisors and one probation officer had received the managing indeterminate sentences and risk (MISAR) training, and the newly appointed probation staff were due to complete the course.
- 9.39 There had been no lifer days for prisoners' families. Indeterminate-sentenced prisoners had been able to attend one meeting with the ISP manager and OMU team since the beginning of 2010. Minutes of the meeting were not made available to prisoners for some time, and no action points had been recorded. In May 2010, 81 prisoners had attended an indeterminate-sentenced prisoner event, which gave them an opportunity to meet relevant staff, and representatives from the public protection casework section and an open prison. Although the event appeared to be a useful opportunity for prisoners to ask questions and voice their concerns, managers had not sought prisoner feedback to enable them to evaluate the event.

Recommendations

- 9.40 **Sentence planning meetings should be attended by all relevant staff, including personal officers, and involve the prisoner. Minutes should be thorough and distributed to relevant staff.**
- 9.41 **There should be clear arrangements to cover the absence of the public protection manager.**
- 9.42 **The purpose of the risk management meetings should be to focus on the assessment and management of risk of serious harm in the prison and preparation for the prisoner's release. Attendance at meetings should be improved.**
- 9.43 **Indeterminate-sentenced prisoner consultation meetings should be held at least quarterly, and minutes published with time bounded action points.**

Housekeeping points

- 9.44 There should be a checklist for the monthly quality assurance of offender management unit (OMU) files.
- 9.45 Risk management meetings should take place six months before a prisoner's release.
- 9.46 Reports to MAPPA (multi-agency public protection arrangements) meetings should be completed using the MAPPA information-sharing form.
- 9.47 Objectives in sentence plans should be cross-referenced with actions in risk management plans to ensure a focus on minimising the risk of harm to others.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 9.48 Accommodation advice was available from Shelter and trained prisoner orderlies, although the orderlies had restricted access to telephones, which limited their service. There was no pre-release course and inadequate engagement with employers. There was a reasonable careers advice and guidance service, but links between prison staff, Tribal and Jobcentre Plus required improvement. There was good discharge planning by the health care department, and the care programme approach was used for prisoners with enduring mental health problems. Jobcentre Plus provided information and advice on benefits and prisoners were assisted in opening a bank account, but there was limited advice and assistance on debt.

Accommodation

- 9.49 Advice and assistance in finding accommodation on release was provided by Shelter and prisoner orderlies. A worker from Shelter came into the prison one day a week. He provided training and support for the two full-time housing orderlies and dealt with the more complex cases. The housing orderlies had a detailed job description. One had been in post for some time and had built up a good level of knowledge and contacts with housing providers.
- 9.50 The orderlies attended the induction course to explain their service and to offer new arrivals the opportunity of an appointment to discuss their accommodation needs. Prisoners could also access the service by application or dropping into the accommodation office or the recently opened information centre. However, the orderlies did not have access to a telephone in their office and had to use the PIN telephones on the residential wings to make calls. This was time consuming and hampered their ability to contact housing providers.

- 9.51 According to the prison's target for 2009-10, approximately 90% of prisoners were released with settled accommodation. The orderlies and the housing files indicated they had some success in obtaining hostel places for some prisoners. However, the resettlement manager did not collect or analyse information on how many prisoners who had sought assistance in obtaining accommodation had been helped, and it was difficult to assess the effectiveness of the service.

Education, training and employment

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

- 9.52 Tribal and Jobcentre Plus provided a satisfactory careers advice and guidance service to prisoners at induction and throughout their sentences. Support was provided for writing CVs and job applications. A prison member of staff provided support for jobs through the Olympic employment initiative for prisoners released into the London boroughs. There were insufficient links between Tribal, Jobcentre Plus and the prison employment staff to maximise employment opportunities for prisoners. The range of vocational training opportunities was limited and did not fully meet the employment needs of prisoners. There was no pre-release course. Employer engagement was inadequate.

Mental and physical health

- 9.53 Discharge planning was good with early identification of prisoners before their release and good links with the community when required. All prisoners were seen at a pre-release clinic and given copies of a letter to their GP outlining any care and treatment provided. They were also given up to five days medication when required. Methadone was routinely given before discharge, and arrangements made for its continuation on release. These procedures were risk based and staff were aware of the associated problems.
- 9.54 The care programme approach was used for prisoners with enduring mental health problems. There were good links with community teams for the exchange of information to assist continuity of care. Palliative care, although rarely required, was supported with the cooperation of local support services. There was no end of life care pathway.

Finance, benefit and debt

- 9.55 Work on this pathway was underdeveloped. The pathway lead had recently changed and we were unable to locate an up-to-date action plan. The prison recognised that provision in this area required improvement and planned for at least two staff to receive training from Nacro to provide additional finance and debt advice.
- 9.56 Jobcentre Plus workers provided advice and guidance on benefits, and the housing orderlies helped with the closing down of housing agreements to prevent accrual of rent arrears and with clearing outstanding rent arrears. The Unlock scheme helped prisoners to open a bank account on release under an arrangement with a high street bank. The learning and skills department provided an accredited personal budgeting and money management course.

Recommendations

- 9.57 The prison and Shelter should collect and monitor information to enable an assessment of the effectiveness of the accommodation service, and to identify areas for improvement.

- 9.58 A pre-release course should be introduced.
- 9.59 An end-of-life care pathway should be developed.

Housekeeping points

- 9.60 Housing orderlies should have continuous access to a telephone in their office or another private area.
- 9.61 Links between Tribal, Jobcentre Plus and prison employment staff should be improved.
- 9.62 An action plan for finance, benefit and debt work should be developed, implemented and monitored.

Drugs and alcohol

- 9.63 The drug and alcohol strategies were not based on analysis of needs and the strategic action plan was not time bound. Attendance at drug strategy meetings was sporadic. Joint work between CARATs, the RAPt programme and health care/IDTS was effective. Prisoner resettlement involving secondary rehabilitation was hampered by some social service departments' rules on assessments. The RAPt programme was excellently run, with high levels of positive prisoner outcomes. In a six-month period, 60 prisoners had 'failed to supply' for compact-based drug testing (CBDT). The CBDT suite was not sufficiently clean and tidy.
- 9.64 The drug strategy meeting was held monthly, with sporadic attendance from department heads. There were separate drug and alcohol strategies. Although a drug and alcohol needs questionnaire had been circulated to prisoners, the data had not been analysed and it was unclear how this had informed the strategies or action plan. The strategic action plan was also not time-bound.
- 9.65 The counselling, assessment, referral, advice and throughcare (CARAT) service was staffed by 4.5 full-time worker equivalents, including a manager who carried a half caseload, and two half-time CARAT officers. The civilian staff were employed by RAPt (Rehabilitation of Prisoner trust (RAPt)). The team had an active caseload of 170 prisoners. An additional 107 cases were suspended, and a further 124 prisoners had been triaged with no interventions currently required.
- 9.66 Regular case conferences and clinical reviews were jointly attended by CARAT, integrated drug treatment system (IDTS) and health care staff, demonstrating good levels of communication between the teams. CARAT staff delivered group modules from the IDTS 28-day psychosocial programme, according to prisoners' assessed needs.
- 9.67 Although the CARAT team was not funded to work with primary alcohol users, funding had been secured from the local drug and alcohol action team to develop a brief peer-led alcohol interventions programme for these prisoners.
- 9.68 Peer supporters were recruited from graduates of the RAPt rehabilitation programme to engage other prisoners in motivational enhancement work. The CARAT team also ran two drop-in sessions a week on the wings. The learning and skills department provided separate drug awareness and alcohol awareness education.

- 9.69 The majority of prisoners were released to London boroughs, and there were good links with drug intervention programmes in these areas. However, access to funding for secondary rehabilitation treatment on release was difficult. We were told that some social services departments insisted that prisoners were released into the community before they could be assessed for community rehabilitation funding. This stipulation was inappropriate and could increase the risks of relapse and overdose.
- 9.70 The RAPt rehabilitation programme was housed on E wing. The targets for 2009-10 were for 100 starts and 65 completions. The starts target had been achieved and the completions target had been exceeded by three. There were a further 27 prisoners on a waiting list. The therapeutic atmosphere of the unit was particularly positive, reflected in excellent staff-prisoner relationships and prisoner attitudes. Prisoners engaging with the RAPt programme told us that it was a very beneficial, life-changing experience that had been instrumental in helping them to determine to live a drug- and crime-free life.
- 9.71 There were 364 compact-based drug testing (CBDT) compacts in place, with 170 tests a month. Tests were conducted by the male CARAT officer, plus one other officer as available. In the six months to May 2010, the CBDT positive rate was quoted as 1.17%. As with MDT, however, there was a very high refusal rate of 60, which diminished the programme's effectiveness, but also probably indicated higher levels of drug misuse (see also recommendation 3.80). The CBDT suite was adequately equipped, but needed cleaning.

Recommendations

- 9.72 There should be a comprehensive annual needs analysis of the population to inform the drug and alcohol strategies and future service provision, and ensure that current provision matches need.
- 9.73 The prison should work with social services departments in its catchment area to ensure that social workers assess prisoners' suitability for community-based drug and alcohol residential rehabilitation programmes before their release, to minimise the risks of relapse and overdose on release.

Housekeeping points

- 9.74 The drug strategy committee should meet regularly and be attended by heads of relevant departments and service providers.
- 9.75 The drug and alcohol strategic action plans should be updated and contain detailed, time-bound performance measures.
- 9.76 Compact-based drug testing (CBDT) facilities should be kept clean and tidy to create a respectful testing environment.

Good practice

- 9.77 *The excellent RAPt rehabilitation programme was well managed and delivered high quality treatment to participating prisoners.*

Children and families of offenders

- 9.78 The visits area needed some refurbishment and there were some delays in starting visits. There had been no recent visitors' survey. The visitors' centre was inadequate. Family visits were popular and valued. Approximately 30 prisoners had completed a parenting course that led to a recognised qualification.
- 9.79 Visits could be booked over the telephone on weekday mornings and also online. Visits were held for two hours on every afternoon except Tuesday, when there were no visits, and additionally on Wednesday and Sunday mornings. Only enhanced prisoners had visits on Wednesdays, when they could have three hours in the morning and two hours in the afternoon. Legal visitors had a 2.5 hour slot on Monday and Thursday mornings. Prisoners on the basic level of the incentives and earned privileges (IEP) scheme were entitled to two visits a month; those on standard level had three visits and those on enhanced could have four. Most prisoners were on the enhanced level and very few were on basic (see paragraph 7.36). In our survey, 39% of respondents, significantly more than the comparator of 31%, said they had received visits in the previous week.
- 9.80 An unstaffed visitors' centre was housed in a temporary building in the car park some distance from the main gate and visits room, and was little used. It contained toilet facilities, including a baby changing area, and some useful information, such as taxi numbers and explanation of searching procedures. The prison had applied for planning permission for a new facility next to the main gate. This was urgently needed to provide visitors with a convenient waiting area (see main recommendation HP50). In the meantime, many waited at the main gate, causing crowding, and contributing to delays. Some prisoners and visitors also told us that visits could be delayed for considerable periods; this appeared to be because prisoners were not brought to the visits area promptly as a result of a lack of escorting staff. In our survey, only 49% of respondents, against a comparator of 57%, said they and their visitors were usually treated well by visits staff.
- 9.81 The capacity of the visits hall was 32 prisoners, which was generally adequate for the demand. There was a small children's play area and prisoners and visitors were encouraged to supervise their children themselves. The atmosphere was good and staff were careful to maintain a discreet presence. A food bar provided sandwiches, drinks and a range of snacks. The chairs were comfortable but the visits room urgently needed redecoration: in particular, the carpet was in a very poor state and needed replacing. The walls were largely bare and there were few advice and information notices and leaflets, and no advice on how to inform the prison authorities of concerns about prisoners. There were no toilets for prisoners, who were required to terminate their visits if they needed to go. There had been no recent formal consultation with prisoners' friends and families, and there were no comments or feedback forms in the visits area. A visitors' survey carried out in December 2008 had not been analysed.
- 9.82 The prison had organised two well-run family days, and both visitors and prisoners had provided excellent feedback. However, only 10-15 prisoners had been able to attend these. There were plans for only two a year in future, which was insufficient. An accredited parenting course, 'effective parenting', which involved one session a week for eight to 10 weeks, covered rights, responsibilities and relationships. At the time of the inspection, four courses had been run and about 30 people had completed them. Prisoners undertaking the creative writing course could record stories for their children under the Storybook Dads scheme. However, at the time of the inspection, only three prisoners had been able to record a CD for their children.

Recommendations

- 9.83 Visits should start promptly.
- 9.84 The visits room should be redecorated and recarpeted, and have a wide range of regularly updated notices and information leaflets.
- 9.85 Prisoners should be able to use the toilet during visits without terminating their visits.
- 9.86 A visitors' survey should be completed, analysed and acted upon as appropriate.
- 9.87 The number of family days should be increased to ensure that as many prisoners as possible can benefit.
- 9.88 Storybook Dads should be extended to enable more prisoners to access the service.

Housekeeping point

- 9.89 Feedback forms should be freely available in the visits room to enable visitors to comment on their experience and make suggestions.

Attitudes, thinking and behaviour

- 9.90 The RAPt programme was the only accredited offending behaviour programme, although a healthy relationships programme was planned. The absence of offending behaviour work caused frustration for prisoners who required interventions.
- 9.91 The head of the offender management led this pathway, and the pathway champion was the senior probation officer. There were limited interventions; education courses, drug misuse programmes, employment in the prison and staff pro-social modelling were the main approaches to influence prisoners' attitudes, thinking and behaviour.
- 9.92 Apart from the RAPt programme (see paragraph 9.70), there were no accredited offending behaviour programmes at the time of our inspection. This was a major gap in provision as many prisoners had sentence planning targets that could not be met in the prison (see main recommendation HP51). In our survey, only 56% of respondents, against a comparator of 69%, said they could meet some or all of their targets at Coldingley. It was also difficult for prisoners to get a transfer to a prison offering suitable courses. Many prisoners told us of their concern and frustration about this. There were advanced plans to introduce a healthy relationships programme, but this had been delayed by problems in training staff. The chaplaincy had run a Sycamore Tree victim awareness course and further courses were planned.
- 9.93 There was only one psychologist, whose time was fully occupied with parole reports, and until recently only one probation officer. As a result, there was little capacity to provide one-to-one work for prisoners assessed as unsuitable for group work.
- 9.94 The KeepOut crime diversion scheme, in which prisoners facilitated events aimed at diverting young people at risk of offending, was a positive initiative and provided training and work for a

few prisoners. Five prisoners were employed working for the scheme, and others were involved as volunteers.

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendations

To the governor

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- 10.1 Senior managers should periodically review the regime to ensure the proportionality of security arrangements and that restrictions are equivalent to other category C prisons. (HP46, see paragraph 7.5)
 - 10.2 Prisoners should have 24-hour access to toilet facilities. (HP47, see paragraph HP14)
 - 10.3 Managers should investigate negative perceptions among black and minority ethnic prisoners and Muslims and act upon the findings. (HP48, see paragraph HP20)
 - 10.4 There should be more accredited vocational training to support prisoner employment needs, including higher level qualifications for specialised work. (HP49, see paragraph HP29)
 - 10.5 The planned new visitors' centre should be built as soon as possible. (HP50, see paragraph HP44)
 - 10.6 Prisoners should be able to access appropriate accredited offending behaviour programmes at HMP Coldingley or should be expeditiously moved to other establishments where this can occur. (HP51, see paragraph HP45)

Recommendations

To NOMS

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- 10.7 The prices of items stocked in the shop should be comparable to those of a local store. (8.14, see paragraph 8.12)
 - 10.8 There should be an up to date regional reducing reoffending strategy, based on a comprehensive needs analysis, which is aligned with Coldingley's strategy to enable prisoners to complete sentence plan targets at relevant prisons. (9.6, see paragraph 9.2)

Recommendation

To NOMS and Escort Contractor

Courts, escorts and transfers

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- 10.9 Prisoners should be given toilet stops at least every two and a half hours, with additional stops when necessary. (1.5, see paragraph 1.3)

Courts, escorts and transfers

- 10.10 Reception should be open throughout the day, and arriving prisoners should not be left waiting in vehicles because of staff meal breaks. (1.6, see paragraph 1.4)

First days in custody

- 10.11 New arrivals should be searched in private. (1.16, see paragraph 1.8)
- 10.12 Prisoners should be able to use the reception toilet in private. (1.17, see paragraph 1.9)
- 10.13 Reception orderlies should be trained as Insiders. (1.18, see paragraph 1.9)
- 10.14 New arrivals should be checked at least twice during their first night, and these checks should be documented. (1.19, see paragraph 1.13)

Residential units

- 10.15 Cells designed for single use should not be doubled. (2.16, see paragraph 2.2)
- 10.16 The metal cages outside cell windows on A–D wings should be removed or replaced and kept in a good state of repair. (2.17, see paragraph 2.2)
- 10.17 Residential units should be sufficiently quiet in the evenings and at night to allow rest and sleep. Staff should consistently challenge prisoners who play loud music. (2.18, see paragraph 2.6)
- 10.18 Telephones should be enclosed in booths wherever possible to allow for maximum privacy. (2.19, see paragraph 2.7)
- 10.19 There should be a toilet recess on all spurs. (2.20, see paragraph 2.14)
- 10.20 There should be sufficient showers for the population. (2.21, see paragraph 2.15)
- 10.21 The toilet recesses and showers on A–D wings should be refurbished and well maintained. (2.22, see paragraph 2.15)

Staff-prisoner relationships

- 10.22 Managers should investigate why Muslim prisoners are so negative about relationships with staff and act accordingly. (2.28, see paragraph 2.27)
- 10.23 Staff should address prisoners using their title or first name. (2.29, see paragraph 2.27)

Personal officers

- 10.24 Personal officers should speak to prisoners weekly about their needs, provide support and help them to achieve their resettlement targets, and managers should routinely and rigorously check that this is recorded in history sheets. (2.34, see paragraph 2.31)

Bullying and violence reduction

- 10.25 There should be a survey of prisoners' experiences and perceptions of bullying and violence. (3.15, see paragraph 3.8)
- 10.26 The safer custody coordinator should analyse data for any trends in indicators of violence. (3.16, see paragraph 3.8)
- 10.27 Staff should be trained in the violence reduction strategy, and interventions developed to challenge violent and antisocial behaviour. (3.17, see paragraph 3.12)

Self-harm and suicide

- 10.28 At-risk prisoners should not be held on landings where there is controlled access to night sanitation. (3.32, see paragraph 3.24)
- 10.29 Night staff should carry ligature knives and receive refresher first aid training, and sufficient first aid trained staff should be on duty at night. (3.33, see paragraph 3.29)
- 10.30 There should be improved telephone access to the Samaritans for all prisoners during lock-up times, and ways to contact the Samaritans should be advertised. (3.34, see paragraph 3.31)

Applications and complaints

- 10.31 Staff should answer complaints and applications promptly and politely. (3.43, see paragraph 3.41)
- 10.32 Prisoners' complaints should not be investigated by the person who is the subject of the complaint. (3.44, see paragraph 3.41)
- 10.33 The monthly complaints analysis should monitor complaints by age, ethnicity, nationality and religion. (3.45, see paragraph 3.42)

Legal rights

- 10.34 The legal service officers should be trained to provide an appropriate service to all prisoners and immigration detainees. (3.52, see paragraph 3.51)

Substance use

- 10.35 Medication administration procedures should ensure the prevention of medication diversion. (3.77, see paragraph 3.69)

- 10.36 The methadone medication administration area should allow for prisoners' privacy while at the hatch. (3.78, see paragraph 3.70)
- 10.37 Prescribing regimes for substance-dependant prisoners should be flexible, based on individual need and adhere to national guidance. (3.79, see paragraph 3.71)
- 10.38 Sanctions imposed on prisoners who refuse to comply with mandatory drug testing (MDT) should ensure a suitable level of deterrent. (3.80, see paragraph 3.72)
- 10.39 MDT facilities should be refurbished or relocated to create an adequate testing and waiting environment, and should be appropriately staffed to ensure all testing is carried out appropriately, within identified timescales and without gaps in provision. (3.81, see paragraph 3.73)

Diversity

- 10.40 There should be a comprehensive diversity strategy covering all strands of diversity. (4.6, see paragraph 4.2)
- 10.41 All managers with diversity responsibilities should have sufficient allocated time for the task. (4.7, see paragraph 4.2)
- 10.42 Managers should identify and implement ways to engage all staff and prisoners in diversity work, including regular consultation with minority groups within the prisoner population. (4.8, see paragraph 4.2)
- 10.43 Monitoring should take place across all areas of diversity. It should be examined by the DREAT for patterns and trends, and action should be taken to address any evidence of imbalance. (4.9, see paragraph 4.5)
- 10.44 Staff should receive training in all aspects of diversity. (4.10, see paragraph 4.5)

Diversity: race equality

- 10.45 Managers should promote the use of diversity incident report forms by prisoners when they believe they have experienced discriminatory treatment. (4.23, see paragraph 4.20)

Diversity: foreign nationals

- 10.46 All foreign national prisoners should receive the offer of a free telephone call each month to keep in touch with family abroad. (4.36, see paragraph 4.32)
- 10.47 Reception staff should notify the foreign national coordinator when a prisoner with limited English arrives, and he should ensure that interpretation is used as appropriate. (4.37, see paragraph 4.34)

Diversity: disability and older prisoners

- 10.48 The adapted cells on E wing should have adequate-sized handbasins. (4.47, see paragraph 4.41)

- 10.49 The lift on E wing should be kept in working order. (4.48, see paragraph 4.41)
- 10.50 Staff should be able to locate and access personal emergency and evacuation plans (PEEPs) easily. (4.49, see paragraph 4.43)
- 10.51 Retired prisoners should not be charged for their television. (4.50, see paragraph 4.46)

Health services

- 10.52 The health care room in reception should provide adequate facilities for the initial screening of prisoners in privacy, have handwashing facilities, and only be accessible to health care staff. (5.6, see paragraph 5.5)
- 10.53 All health care professional staff should have access to clinical supervision. (5.16, see paragraph 5.10)
- 10.54 The pharmacist should visit the prison at least once a week to check the systems in operation, and provide counselling sessions, pharmacist-led clinics, clinical audit and medication reviews. (5.17, see paragraph 5.11)
- 10.55 Records of weekly checks of resuscitation equipment should be maintained and held with the equipment, and records of daily checks of automated emergency defibrillator batteries should be maintained. (5.18, see paragraph 5.12)
- 10.56 Prisoners should have access to health care information and health promotion material in a range of languages. (5.24, see paragraphs 5.4 and 5.20)
- 10.57 All new arrivals should have the opportunity for secondary health care screening within 72 hours of their reception screening. (5.25, see paragraph 5.20)
- 10.58 There should be action to reduce the waiting time for a routine appointment to see a GP. (5.26, see paragraph 5.23)
- 10.59 Written policies for special sick and out-of-hours provision should be put in place as soon as the review is completed. (5.36, see paragraph 5.32)
- 10.60 The medicines management group should formally agree standard procedures to cover the current arrangements for pharmacy service provision and delivery of medication to prisoners. (5.37, see paragraph 5.32)
- 10.61 Faxed prescriptions should be subject to rigorous audit, and the pharmacist should make regular visits to the prison to compare a random sample of dispensed faxes against the original prescription and the patient medication record. (5.38, see paragraph 5.34)
- 10.62 All controlled drugs should be recorded in a controlled drugs register, which should be obtained as soon as possible. (5.39, see paragraph 5.35)
- 10.63 There should be daycare services for prisoners with mental health problems who have difficulty coping on the wings. (5.48, see paragraph 5.47)
- 10.64 Mental health awareness training should be provided for all prison staff. (5.49, see paragraph 5.47)

Learning and skills and work activities

- 10.65 Strategic management, quality improvement and self-assessment processes should be further developed. (6.24, see paragraph 6.3)
- 10.66 Data on participation in education and skills should be analysed to identify the participation and achievement trends of different groups, and action taken to close any gaps. (6.25, see paragraph 6.3)
- 10.67 Punctuality and attendance at activity sessions should be improved. (6.26, see paragraphs 6.4 and 6.18)
- 10.68 Prisoners' non-accredited learning should be recognised and recorded. (6.27, see paragraph 6.9)
- 10.69 Participation in education should be improved. (6.28, see paragraph 6.18)
- 10.70 Individual learning plans should be used more rigorously to set challenging targets, including the development of non-accredited skills, be sufficiently detailed and reflect individual prisoner needs. (6.29, see paragraph 6.20)
- 10.71 There should be more links with external organisations to promote learning and work opportunities. (6.30, see paragraph 6.21)
- 10.72 The library should be open at the weekend. (6.31, see paragraph 6.22)

Physical education and health promotion

- 10.73 The outdoor sports field should be made fit for use by prisoners. (6.38, see paragraph 6.33)
- 10.74 The showers in the PE area should be refurbished. (6.39, see paragraph 6.37)

Time out of cell

- 10.75 Prisoners should spend at least 10 hours a day out of their cells. (6.43, see paragraph 6.41)

Security and rules

- 10.76 The security team should formally analyse common patterns in information received, and implement a comprehensive system of tracking and monitoring follow-up actions from security information reports. (7.8, see paragraph 7.3)

Discipline

- 10.77 Data on adjudications should be routinely analysed, such as by wing, charge, ethnicity or reporting officer, to identify emerging patterns and trends, and such trends should be investigated and appropriate action identified to address them, where necessary. (7.22, see paragraph 7.11)

- 10.78 The incentives and earned privileges scheme rather than adjudications should be used for relatively low level rule infringements. (7.23, see paragraph 7.12)
- 10.79 Adjudicators should evidence thorough investigation of all charges, whatever the prisoner's plea. (7.24, see paragraph 7.13)
- 10.80 The punishment imposed following a finding of guilt in an adjudication should be proportionate to the seriousness of the charge. (7.25, see paragraph 7.14)
- 10.81 Handcuffs should only be used when escorting prisoners to the segregation unit if an active risk assessment supports their use. (7.26, see paragraph 7.16)
- 10.82 Data related to the use of force, such as ethnicity, location, reasons for use and staff involved, should be monitored for emerging patterns and trends, and appropriate action taken to address identified issues. (7.27, see paragraph 7.16)
- 10.83 Prisoners should only be relocated to the segregation unit pending adjudication when their continued location on their wing poses a threat to the safety of staff or other prisoners. (7.28, see paragraph 7.18)
- 10.84 A multidisciplinary staff group, including senior managers, should routinely monitor the use of segregation. (7.29, see paragraph 7.19)
- 10.85 Care plans should be raised for all prisoners relocating to the segregation unit for their own protection, with a specific emphasis on reintegrating such prisoners back on to mainstream location. (7.30, see paragraph 7.20)
- 10.86 Prisoners should only be strip-searched on relocation to the segregation unit following an active risk assessment. All strip searches should be logged with the reasons for it recorded. (7.31, see paragraph 7.21)
- 10.87 All prisoners in the segregation unit should receive one hour in the open air every day. (7.32, see paragraph 7.21)

Incentives and earned privileges

- 10.88 New arrivals should receive written information on the operation of the incentives and earned privileges (IEP) scheme, including the criteria for progression. (7.39, see paragraph 7.35)

Catering

- 10.89 Breakfast should be served on the morning it is to be eaten. (8.8, see paragraph 8.6)
- 10.90 Lunch should not be served before noon and the evening meal not before 5pm. (8.9, see paragraph 8.6)
- 10.91 Prisoners on E wing should be allowed to dine in association. (8.10, see paragraph 8.7)

Prison shop

- 10.92 The canteen meetings should be held regularly and specifically address the negative reports from black and minority ethnic and Muslim prisoners. (8.15, see paragraph 8.13)

Strategic management of resettlement

- 10.93 Coldingley's resettlement strategy should be regularly reviewed to ensure it addresses the needs of all prisoners, including minority groups. (9.7, see paragraph 9.4)

Offender management and planning

- 10.94 Sentence planning meetings should be attended by all relevant staff, including personal officers, and involve the prisoner. Minutes should be thorough and distributed to relevant staff. (9.40, see paragraph HP36)
- 10.95 There should be clear arrangements to cover the absence of the public protection manager. (9.41, see paragraph 9.29)
- 10.96 The purpose of the risk management meetings should be to focus on the assessment and management of risk of serious harm in the prison and preparation for the prisoner's release. Attendance at meetings should be improved. (9.42, see paragraph 9.31)
- 10.97 Indeterminate-sentenced prisoner consultation meetings should be held at least quarterly, and minutes published with time bounded action points. (9.43, see paragraph 9.39)

Resettlement pathways

- 10.98 The prison and Shelter should collect and monitor information to enable an assessment of the effectiveness of the accommodation service, and to identify areas for improvement. (9.57, see paragraph 9.51)
- 10.99 A pre-release course should be introduced. (9.58, see paragraph 9.52)
- 10.100 An end-of-life care pathway should be developed. (9.59, see paragraph 9.54)
- 10.101 There should be a comprehensive annual needs analysis of the population to inform the drug and alcohol strategies and future service provision, and ensure that current provision matches need. (9.72, see paragraph 9.64)
- 10.102 The prison should work with social services departments in its catchment area to ensure that social workers assess prisoners' suitability for community-based drug and alcohol residential rehabilitation programmes before their release, to minimise the risks of relapse and overdose on release. (9.73, see paragraph 9.69)
- 10.103 Visits should start promptly. (9.83, see paragraph 9.80)
- 10.104 The visits room should be redecorated and recarpeted, and have a wide range of regularly updated notices and information leaflets. (9.84, see paragraph 9.81)
- 10.105 Prisoners should be able to use the toilet during visits without terminating their visits. (9.85, see paragraph 9.81)
- 10.106 A visitors' survey should be completed, analysed and acted upon as appropriate. (9.86, see paragraph 9.81)

- 10.107 The number of family days should be increased to ensure that as many prisoners as possible can benefit. (9.87, see paragraph 9.82)
- 10.108 Storybook Dads should be extended to enable more prisoners to access the service. (9.88, see paragraph 9.82)

Housekeeping points

First days in custody

- 10.109 The disabled-access toilet in reception should not be restricted to staff use. (1.20, see paragraph 1.9)

Residential units

- 10.110 The decency and offensive display policy should be applied consistently. (2.23, see paragraph 2.5)
- 10.111 Washing machines should be in working order. (2.24, see paragraph 2.9)

Personal officers

- 10.112 There should be effective cover arrangements for personal officers. (2.35, see paragraph 2.31)

Bullying and violence reduction

- 10.113 Key members of the safer custody team should attend meetings consistently. (3.18, see paragraph 3.2)
- 10.114 Support should be provided for the safer custody coordinator. (3.19, see paragraph 3.5)

Self-harm and suicide

- 10.115 Case managers should consistently chair assessment, care in custody and teamwork (ACCT) reviews for which they are responsible. (3.35, see paragraph 3.25)
- 10.116 Accurate records should be kept of staff who need ACCT refresher training. (3.36, see paragraph 3.28)
- 10.117 The safer custody team leader should meet Listeners periodically to discuss the progress of scheme. (3.37, see paragraph 3.30)

Applications and complaints

- 10.118 All wings should have an applications box. (3.46, see paragraph 3.39)

10.119 Officers should record the date that applications are responded to in wing log books. (3.47, see paragraph 3.39)

10.120 Complaints and applications forms and envelopes should be stored beside the relevant boxes. (3.48, see paragraph 3.40)

Legal rights

10.121 Photographs of the legal services officers should be displayed on all wings. (3.53, see paragraph 3.50)

10.122 Members of the legal services team should be able to access the internet. (3.54, see paragraph 3.51)

Faith and religious activity

10.123 The chaplaincy information leaflet should be updated. (3.63, see paragraph 3.58)

10.124 Residential staff should routinely inform the chaplaincy at the earliest opportunity of prisoners who have experienced bereavement. (3.64, see paragraph 3.62)

Substance use

10.125 Prisoners should be required to be properly dressed when attending daily medication administration. (3.82, see paragraph 3.70)

Diversity

10.126 The prisoner diversity consultation arrangements should be reviewed every six months to ensure sufficient breadth and depth of consultation. (4.11, see paragraph 4.3)

10.127 Diversity and race equality action team (DREAT) meetings should discuss issues in depth. (4.12, see paragraph 4.4)

Health services

10.128 Old reference books should be discarded and only the most recent copy should be kept to ensure that information is up to date. (5.40, see paragraph 5.27)

10.129 All medicine refrigerators should be kept between 2° and 8° Celsius, the minimum and maximum refrigerator temperatures should be monitored and recorded daily, and when necessary should be adjusted accordingly. (5.41, see paragraph 5.27)

Time out of cell

10.130 There should be seating in the exercise yard. (6.44, see paragraph 6.42)

Discipline

- 10.131 Where a punishment falls outside the locally published tariff, the adjudicator should record the reasons for doing so. (7.33, see paragraph 7.15)

Offender management and planning

- 10.132 There should be a checklist for the monthly quality assurance of offender management unit (OMU) files. (9.44, see paragraph 9.15)
- 10.133 Risk management meetings should take place six months before a prisoner's release. (9.45, see paragraph 9.30)
- 10.134 Reports to MAPPA (multi-agency public protection arrangements) meetings should be completed using the MAPPA information-sharing form. (9.46, see paragraph 9.32)
- 10.135 Objectives in sentence plans should be cross-referenced with actions in risk management plans to ensure a focus on minimising the risk of harm to others. (9.47, see paragraph 9.35)

Resettlement pathways

- 10.136 Housing orderlies should have continuous access to a telephone in their office or another private area. (9.60, see paragraph 9.50)
- 10.137 Links between Tribal, Jobcentre Plus and prison employment staff should be improved. (9.61, see paragraph 9.52)
- 10.138 An action plan for finance, benefit and debt work should be developed, implemented and monitored. (9.62, see paragraph 9.55)
- 10.139 The drug strategy committee should meet regularly and be attended by heads of relevant departments and service providers. (9.74, see paragraph 9.64)
- 10.140 The drug and alcohol strategic action plans should be updated and contain detailed, time-bound performance measures. (9.75, see paragraph 9.64)
- 10.141 Compact-based drug testing (CBDT) facilities should be kept clean and tidy to create a respectful testing environment. (9.76, see paragraph 9.71)
- 10.142 Feedback forms should be freely available in the visits room to enable visitors to comment on their experience and make suggestions. (9.89, see paragraph 9.81)

Examples of good practice

- 10.143 Well-received training had been delivered on transgender issues and was due to be repeated. (4.54, see paragraph 4.53)

10.144 The employment of a prisoner representative as the Patients Advisory and Liaison Service (PALS) orderly was an innovative way to include prisoners in the management and delivery of their health care. (5.19, see paragraph 5.14)

10.145 The excellent RAPt rehabilitation programme was well managed and delivered high quality treatment to participating prisoners. (9.77, see paragraph 9.70)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Paul Fenning	Inspector
Martin Kettle	Inspector
Martin Owens	Inspector
Lucy Young	Inspector
Michael Skidmore	Researcher

Specialist inspectors

Mick Bowen	Health services inspector
Helen Carter	Health services inspector
Paul Roberts	Drugs inspector
Eilean Robson	Pharmacist
Martin Wall	Dentist
Christine Windle	Dentist
Bob Cowdrey	Ofsted team leader
Nigel Scarff	HMI Probation team leader
Keith Humphries	HMI 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	21 and over	%
Sentenced	503	99.6
Detainees	2	.40
Total	505	100

Sentence	21 and over	%
12 months to less than 2 years	6	1.18
2 years to less than 4 years	106	20.99
4 years to less than 10 years	254	50.29
10 years and over (not life)	29	5.74
ISPP	59	11.68
Life	51	10.09
Total	505	99.97

Age	Number of prisoners	%
21 years to 29 years	203	40.19
30 years to 39 years	152	30.09
40 years to 49 years	110	21.78
50 years to 59 years	28	5.54
60 years to 69 years	10	1.98
70 plus years	2	.39
Total	505	99.97

Nationality	21 and over	%
British	488	96.63
Foreign nationals	17	3.36
Total	505	99.99

Security category	21 and over	%
Cat C	492	97.42
Cat D	13	2.57
Total	505	99.99

Ethnicity	21 and over	%
<i>White:</i>	304	60.19
British		
Irish	5	.99
Other white	17	3.36
<i>Mixed:</i>		
White and black Caribbean	20	3.96
White and black African	1	.19
White and Asian	2	.39
Other mixed	3	.59
<i>Asian or Asian British:</i>	7	1.38
Indian	6	1.18
Pakistani	1	.19
Bangladeshi	9	1.78

<i>Black or Black British:</i>		
Caribbean	80	15.84
African	17	3.36
Other black	27	5.34
<i>Chinese or other ethnic group</i>		
Chinese	1	.19
Other ethnic group	3	.59
<i>Not stated:</i>	2	.39
Total	505	99.91

Religion	21 and over	%
Church of England	130	25.74
Roman Catholic	92	18.21
Other Christian denominations	21	4.15
Muslim	87	17.22
Buddhist	15	2.97
Jewish	5	.99
Other	10	1.98
No religion	145	28.71
Total	505	99.97

Sentenced prisoners only

Length of stay	21 and over	
	Number	%
Less than 1 month	47	9.3
1 month to 3 months	83	16.43
3 months to 6 months	113	22.37
6 months to 1 year	136	26.93
1 year to 2 years	102	20.19
2 years to 4 years	12	2.37
4 years or more	12	2.37
Total	505	99.96

Main offence	21 and over	%
Violence against the person	124	24.6
Sexual offences	5	1
Burglary	76	15
Robbery	100	19.8
Theft and handling	7	1.4
Fraud and forgery	4	.8
Drugs offences	55	10.9
Other offences	43	8.5
Civil offences		
Offence not recorded/holding warrant	91	18
Total	505	100

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 13 May 2010, the prisoner population at HMP Coldingley was 510. The sample size was 187. Overall, this represented 37% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Four respondents refused to complete a questionnaire.

Methodology

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

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

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

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

Response rates

In total, 171 respondents completed and returned their questionnaires. This represented 34% of the prison population. The response rate was 91%. In addition to the four respondents who refused to complete a questionnaire, eight questionnaires were not returned and four 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 2010 against comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 36 trainer prisons since April 2003.
- The current survey responses in 2010 against the responses of prisoners surveyed at HMP Coldingley 2005.
- A comparison within the 2010 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2010 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2010 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

In addition to the main prisoner survey, an offender management survey was distributed to a small sample of prisoners, randomly selected from the total population of prisoners who fall in scope for offender management. The following analyses have been conducted:

- The current survey responses against comparator figures for all (in-scope) prisoners surveyed in category C trainer prisons. This comparator is based on all responses from offender management surveys carried out in eight category C trainer prisons.
- The current survey responses against comparator figures for all (in-scope) prisoners surveyed across all prisons. This comparator is based on all responses from surveys carried out in 39 prisons of varying functional type.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, 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. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example, 'not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated from 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.

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	2 (1%)
	<i>21 - 29</i>	71 (42%)
	<i>30 - 39</i>	49 (29%)
	<i>40 - 49</i>	36 (21%)
	<i>50 - 59</i>	8 (5%)
	<i>60 - 69</i>	4 (2%)
	<i>70 and over</i>	0 (0%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	162 (95%)
	<i>Yes - on recall</i>	8 (5%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	1 (1%)
Q1.4	How long is your sentence?	
	Not sentenced	1 (1%)
	<i>Less than six months</i>	0 (0%)
	<i>Six months to less than one year</i>	0 (0%)
	<i>One year to less than two years</i>	4 (2%)
	<i>Two years to less than four years</i>	30 (18%)
	<i>Four years to less than 10 years</i>	88 (52%)
	<i>10 years or more</i>	12 (7%)
	<i>IPP (indeterminate sentence for public protection)</i>	19 (11%)
	<i>Life</i>	15 (9%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	Not sentenced	1 (1%)
	<i>Six months or less</i>	44 (30%)
	<i>More than six months</i>	100 (69%)
Q1.6	How long have you been in this prison?	
	<i>Less than one month</i>	6 (4%)
	<i>One to less than three months</i>	7 (4%)
	<i>Three to less than six months</i>	23 (14%)
	<i>Six to less than 12 months</i>	35 (21%)
	<i>12 months to less than two years</i>	50 (30%)
	<i>Two to less than four years</i>	32 (19%)
	<i>Four years or more</i>	14 (8%)
Q1.7	Are you a foreign national (i.e. do not hold UK citizenship)?	
	<i>Yes</i>	9 (5%)
	<i>No</i>	157 (95%)

Q1.8 Is English your first language?
 Yes 154 (95%)
 No 8 (5%)

Q1.9 What is your ethnic origin?

<i>White - British</i>	102 (60%)	<i>Asian or Asian British - Bangladeshi</i>	1 (1%)
<i>White - Irish</i>	6 (4%)	<i>Asian or Asian British - other...</i>	2 (1%)
<i>White - other</i>	4 (2%)	<i>Mixed heritage - white and black Caribbean</i>	11 (7%)
<i>Black or black British - Caribbean</i>	19 (11%)	<i>Mixed heritage - white and black African</i>	2 (1%)
<i>Black or black British - African</i>	10 (6%)	<i>Mixed heritage - white and Asian</i>	1 (1%)
<i>Black or black British - other ..</i>	5 (3%)	<i>Mixed heritage - other</i>	2 (1%)
<i>Asian or Asian British - Indian</i>	1 (1%)	<i>Chinese</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i>	2 (1%)	<i>Other ethnic group</i>	1 (1%)

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?
 Yes 14 (9%)
 No 145 (91%)

Q1.11 What is your religion?

<i>None</i>	44 (26%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	48 (29%)	<i>Jewish</i>	1 (1%)
<i>Catholic</i>	34 (20%)	<i>Muslim</i>	21 (13%)
<i>Protestant</i>	1 (1%)	<i>Sikh</i>	1 (1%)
<i>Other Christian denomination</i> .	9 (5%)	<i>Other</i>	3 (2%)
<i>Buddhist</i>	6 (4%)		

Q1.12 How would you describe your sexual orientation?

<i>Heterosexual/straight</i>	165 (99%)
<i>Homosexual/gay</i>	0 (0%)
<i>Bisexual</i>	1 (1%)
<i>Other</i>	1 (1%)

Q1.13 Do you consider yourself to have a disability?
 Yes 19 (11%)
 No 147 (89%)

Q1.14 How many times have you been in prison before?

<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
46 (27%)	23 (14%)	61 (36%)	38 (23%)

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

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
5 (3%)	128 (76%)	35 (21%)

Q1.16	Do you have any children under the age of 18?	
	Yes	96 (57%)
	No	73 (43%)

Section 2: Courts, transfers and escorts

Q2.1	We want to know about the most recent journey you have made either to or from court or between prisons. How was:							
		<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
	The cleanliness of the van?	4 (2%)	91 (54%)	28 (16%)	33 (19%)	8 (5%)	5 (3%)	1 (1%)
	Your personal safety during the journey?	9 (6%)	86 (55%)	29 (19%)	25 (16%)	4 (3%)	2 (1%)	1 (1%)
	The comfort of the van?	2 (1%)	25 (15%)	24 (14%)	66 (40%)	46 (28%)	2 (1%)	1 (1%)
	The attention paid to your health needs?	3 (2%)	49 (31%)	53 (34%)	30 (19%)	14 (9%)	3 (2%)	5 (3%)
	The frequency of toilet breaks?	0 (0%)	14 (9%)	35 (22%)	39 (24%)	50 (31%)	4 (2%)	20 (12%)

Q2.2	How long did you spend in the van?					
		<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
		22 (13%)	76 (45%)	55 (33%)	11 (7%)	5 (3%)

Q2.3	How did you feel you were treated by the escort staff?						
		<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
		25 (15%)	90 (53%)	42 (25%)	8 (5%)	3 (2%)	2 (1%)

Q2.4	When you first arrived here:			
		<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
	Did you know where you were going when you left court or when transferred from another prison?	158 (93%)	12 (7%)	0 (0%)
	Before you arrived here did you receive any written information about what would happen to you?	21 (13%)	139 (85%)	3 (2%)
	When you first arrived here did your property arrive at the same time as you?	143 (88%)	19 (12%)	0 (0%)

Section 3: Reception, first night and induction

Q3.1	In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)		
	<i>Didn't ask about any of these.....</i>	39 (25%)	<i>Money worries.....</i> 18 (11%)
	<i>Loss of property.....</i>	21 (13%)	<i>Feeling depressed or suicidal..</i> 59 (37%)
	<i>Housing problems.....</i>	24 (15%)	<i>Health problems.....</i> 97 (61%)
	<i>Contacting employers</i>	15 (9%)	<i>Needing protection from other prisoners</i> 19 (12%)

Contacting family.....	70 (44%)	Accessing phone numbers.....	38 (24%)
Ensuring dependants were being looked after	17 (11%)	Other.....	8 (5%)

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

Didn't have any problems	48 (33%)	Money worries.....	22 (15%)
Loss of property.....	35 (24%)	Feeling depressed or suicidal..	13 (9%)
Housing problems.....	27 (19%)	Health problems.....	27 (19%)
Contacting employers	7 (5%)	Needing protection from other prisoners	4 (3%)
Contacting family.....	25 (17%)	Accessing phone numbers.....	33 (23%)
Ensuring dependants were looked after	10 (7%)	Other.....	4 (3%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	153 (90%)	14 (8%)	3 (2%)
When you were searched, was this carried out in a respectful way?	125 (78%)	31 (19%)	5 (3%)

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

Very well	Well	Neither	Badly	Very badly	Don't remember
19 (11%)	75 (44%)	49 (29%)	22 (13%)	4 (2%)	2 (1%)

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

Information about what was going to happen to you	63 (39%)
Information about what support was available for people feeling depressed or suicidal	57 (36%)
Information about how to make routine requests	46 (29%)
Information about your entitlement to visits.....	56 (35%)
Information about health services	81 (51%)
Information about the chaplaincy	61 (38%)
Not offered anything	55 (34%)

Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)

A smokers/non-smokers pack.....	99 (61%)
The opportunity to have a shower.....	62 (38%)
The opportunity to make a free telephone call.....	87 (53%)
Something to eat.....	122 (75%)
Did not receive anything	14 (9%)

Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)

Chaplain or religious leader	58 (35%)
Someone from health services	121 (74%)
A Listener/Samaritans.....	15 (9%)

	Did not meet any of these people.....	30 (18%)
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes	11 (7%)
	No.....	154 (93%)
Q3.9	Did you feel safe on your first night here?	
	Yes	139 (84%)
	No.....	18 (11%)
	Don't remember.....	9 (5%)
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course.....	5 (3%)
	Within the first week	75 (45%)
	More than a week	85 (51%)
	Don't remember.....	1 (1%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course.....	5 (3%)
	Yes	120 (74%)
	No.....	31 (19%)
	Don't remember.....	6 (4%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	23 (14%)	60 (36%)	29 (17%)	33 (20%)	10 (6%)	11 (7%)
	Attend legal visits?	15 (10%)	62 (42%)	28 (19%)	10 (7%)	3 (2%)	31 (21%)
	Obtain bail information?	2 (2%)	11 (8%)	29 (22%)	12 (9%)	7 (5%)	70 (53%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters						23 (14%)
	Yes						81 (50%)
	No.....						57 (35%)
Q4.3	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>N/A</i>		
	Are you normally offered enough clean, suitable clothes for the week?	65 (40%)	62 (39%)	4 (2%)	30 (19%)		

Are you normally able to have a shower every day?	166 (99%)	2 (1%)	0 (0%)	0 (0%)
Do you normally receive clean sheets every week?	112 (68%)	42 (25%)	2 (1%)	9 (5%)
Do you normally get cell cleaning materials every week?	128 (78%)	34 (21%)	2 (1%)	1 (1%)
Is your cell call bell normally answered within five minutes?	84 (51%)	51 (31%)	19 (12%)	11 (7%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	106 (65%)	55 (34%)	1 (1%)	1 (1%)
Can you normally get your stored property, if you need to?	38 (23%)	71 (43%)	36 (22%)	19 (12%)

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
5 (3%)	65 (39%)	48 (29%)	31 (19%)	16 (10%)

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

<i>Have not bought anything yet</i>	2 (1%)
Yes	73 (44%)
No.....	92 (55%)

Q4.6 Is it easy or difficult to get:

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form?	60 (36%)	85 (51%)	11 (7%)	5 (3%)	1 (1%)	4 (2%)
An application form?	60 (37%)	87 (54%)	8 (5%)	3 (2%)	2 (1%)	1 (1%)

Q4.7 Have you made an application?

Yes	152 (94%)
No.....	9 (6%)

Q4.8 Please answer the following questions concerning applications:

(If you have not made an application please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	9 (6%)	94 (58%)	58 (36%)
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	9 (6%)	82 (52%)	67 (42%)

Q4.9 Have you made a complaint?

Yes	93 (55%)
No.....	75 (45%)

Q4.10 Please answer the following questions concerning complaints:

(If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	75 (45%)	22 (13%)	68 (41%)
Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	75 (45%)	18 (11%)	72 (44%)
Were you given information about how to make an appeal?	46 (30%)	46 (30%)	60 (39%)

Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?

Not made a complaint	75 (45%)
Yes.....	27 (16%)
No.....	63 (38%)

Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

<i>Don't know who they are</i>	Very easy	Easy	Neither	Difficult	Very difficult
21 (13%)	11 (7%)	52 (33%)	53 (33%)	20 (13%)	3 (2%)

Q4.13 What level of the IEP scheme are you on now?

Don't know what the IEP scheme is	0 (0%)
<i>Enhanced</i>	101 (60%)
<i>Standard</i>	66 (39%)
<i>Basic</i>	1 (1%)
<i>Don't know</i>	1 (1%)

Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?

Don't know what the IEP scheme is	0 (0%)
Yes	91 (55%)
No	64 (39%)
<i>Don't know</i>	11 (7%)

Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?

Don't know what the IEP scheme is	0 (0%)
Yes	72 (44%)
No.....	77 (47%)
<i>Don't know</i>	14 (9%)

Q4.16 Please answer the following questions about this prison:

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	12 (7%)	158 (93%)
In the last six months have you spent a night in the segregation/care and separation unit?	27 (16%)	138 (84%)

Q4.17	Please answer the following questions about your religious beliefs:			
		Yes	No	<i>Don't know/N/A</i>
	Do you feel your religious beliefs are respected?	82 (49%)	32 (19%)	53 (32%)
	Are you able to speak to a religious leader of your faith in private if you want to?	93 (58%)	12 (7%)	56 (35%)
Q4.18	Can you speak to a Listener at any time if you want to?			
	Yes	No	<i>Don't know</i>	
	98 (58%)	2 (1%)	70 (41%)	
Q4.19	Please answer the following questions about staff in this prison:			
		Yes	No	
	Is there a member of staff you can turn to for help if you have a problem?	119 (72%)	46 (28%)	
	Do most staff treat you with respect?	112 (68%)	53 (32%)	

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?		
	Yes	49 (29%)	
	No	121 (71%)	
Q5.2	Do you feel unsafe in this prison at the moment?		
	Yes	24 (14%)	
	No	145 (86%)	
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)		
	Never felt unsafe	121 (75%)	
	<i>Everywhere</i>	5 (3%)	
	<i>Segregation unit</i>	10 (6%)	
	<i>Association areas</i>	9 (6%)	
	<i>Reception area</i>	2 (1%)	
	<i>At the gym</i>	4 (2%)	
	<i>In an exercise yard</i>	10 (6%)	
	<i>At work</i>	8 (5%)	
	<i>During movement</i>	17 (10%)	
	<i>At education</i>	6 (4%)	
	<i>At meal times</i>	10 (6%)	
	<i>At health services</i>	2 (1%)	
	<i>Visits area</i>	4 (2%)	
	<i>In wing showers</i>	13 (8%)	
	<i>In gym showers</i>	4 (2%)	
	<i>In corridors/stairwells</i>	9 (6%)	
	<i>On your landing/wing</i>	15 (9%)	
	<i>In your cell</i>	7 (4%)	
	<i>At religious services</i>	1 (1%)	
Q5.4	Have you been victimised by another prisoner or group of prisoners here?		
	Yes	26 (15%)	
	No	142 (85%)	If No, go to question 5.6
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)		
	<i>Insulting remarks (about you or your family or friends)</i>	14 (8%)	
	<i>Because of your sexuality</i>	1 (1%)	

<i>Physical abuse (being hit, kicked or assaulted).....</i>	9 (5%)	<i>Because you have a disability....</i>	3 (2%)
<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your religion/religious beliefs.....</i>	2 (1%)
<i>Because of your race or ethnic origin.....</i>	6 (4%)	<i>Because of your age.....</i>	1 (1%)
<i>Because of drugs.....</i>	3 (2%)	<i>Being from a different part of the country than others.....</i>	5 (3%)
<i>Having your canteen/property taken.....</i>	5 (3%)	<i>Because of your offence/crime...</i>	4 (2%)
<i>Because you were new here.....</i>	3 (2%)	<i>Because of gang related issues.</i>	4 (2%)

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes.....	57 (34%)	If No, go to question 5.8
No.....	112 (66%)	

Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends).....</i>	18 (11%)	<i>Because you have a disability.</i>	4 (2%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	0 (0%)	<i>Because of your religion/religious beliefs.....</i>	10 (6%)
<i>Sexual abuse.....</i>	2 (1%)	<i>Because of your age.....</i>	2 (1%)
<i>Because of your race or ethnic origin.....</i>	15 (9%)	<i>Being from a different part of the country than others.....</i>	3 (2%)
<i>Because of drugs.....</i>	9 (5%)	<i>Because of your offence/crime</i>	9 (5%)
<i>Because you were new here...</i>	6 (4%)	<i>Because of gang related issues.....</i>	6 (4%)
<i>Because of your sexuality.....</i>	1 (1%)		

Q5.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised	100 (61%)
Yes.....	27 (16%)
No.....	37 (23%)

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

Yes.....	23 (14%)
No.....	143 (86%)

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes.....	41 (25%)
No.....	123 (75%)

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
26 (16%)	22 (13%)	15 (9%)	9 (5%)	12 (7%)	80 (49%)

Section 6: Health services

Q6.1 How easy or difficult is it to see the following people?

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	7 (4%)	7 (4%)	50 (30%)	28 (17%)	49 (29%)	26 (16%)
The nurse	4 (2%)	16 (10%)	88 (55%)	26 (16%)	19 (12%)	8 (5%)
The dentist	14 (9%)	1 (1%)	18 (11%)	20 (12%)	56 (34%)	54 (33%)
The optician	50 (32%)	1 (1%)	22 (14%)	25 (16%)	33 (21%)	25 (16%)

Q6.2 Are you able to see a pharmacist?

Yes	65 (47%)
No	72 (53%)

Q6.3 What do you think of the quality of the health service from the following people?

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	13 (8%)	14 (9%)	59 (36%)	38 (23%)	27 (16%)	13 (8%)
The nurse	5 (3%)	26 (16%)	72 (45%)	27 (17%)	23 (14%)	8 (5%)
The dentist	39 (24%)	16 (10%)	42 (26%)	26 (16%)	20 (13%)	17 (11%)
The optician	62 (41%)	6 (4%)	30 (20%)	34 (22%)	13 (9%)	7 (5%)

Q6.4 What do you think of the overall quality of the health services here?

<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
5 (3%)	11 (7%)	60 (36%)	41 (25%)	32 (19%)	17 (10%)

Q6.5 Are you currently taking medication?

Yes	59 (35%)
No	108 (65%)

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?

<i>Not taking medication</i>	108 (65%)
Yes	45 (27%)
No	13 (8%)

Q6.7 Do you feel you have any emotional well-being/mental health issues?

Yes	34 (21%)
No	131 (79%)

Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)

<i>Do not have any issues/not receiving any help</i>	138 (85%)
<i>Doctor</i>	14 (9%)
<i>Nurse</i>	6 (4%)
<i>Psychiatrist</i>	8 (5%)
<i>Mental health in-reach team</i>	13 (8%)
<i>Counsellor</i>	6 (4%)
<i>Other</i>	4 (2%)

Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	56 (34%)	108 (66%)	
	Alcohol	26 (19%)	113 (81%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes		14 (8%)	
	No		151 (92%)	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes		68 (41%)	
	No		3 (2%)	
	Did not/do not have a drug or alcohol problem		95 (57%)	
Q6.12	Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem, while in this prison?			
	Yes		66 (40%)	
	No		4 (2%)	
	Did not/do not have a drug or alcohol problem		96 (58%)	
Q6.13	Was the intervention or help you received, while in this prison, helpful?			
	Yes		59 (36%)	
	No		5 (3%)	
	Did not have a problem/have not received help		100 (61%)	
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	Don't know
	Drugs	6 (4%)	136 (83%)	22 (13%)
	Alcohol	3 (2%)	137 (88%)	15 (10%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes		27 (16%)	
	No		6 (4%)	
	N/A		131 (80%)	

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)	
	Prison job	116 (69%)
	Vocational or skills training	27 (16%)
	Education (including basic skills)	44 (26%)
	Offending behaviour programmes	24 (14%)
	Not involved in any of these	19 (11%)

Q7.2 If you have been involved in any of the following, while in this prison, do you think it will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	13 (9%)	69 (50%)	53 (38%)	3 (2%)
Vocational or skills training	21 (21%)	49 (49%)	21 (21%)	10 (10%)
Education (including basic skills)	16 (14%)	66 (58%)	24 (21%)	7 (6%)
Offending behaviour programmes	21 (20%)	51 (49%)	27 (26%)	5 (5%)

Q7.3 How often do you go to the library?

Don't want to go	11 (7%)
<i>Never</i>	12 (7%)
<i>Less than once a week</i>	44 (27%)
<i>About once a week</i>	59 (36%)
<i>More than once a week</i>	34 (20%)
<i>Don't know</i>	6 (4%)

Q7.4 On average how many times do you go to the gym each week?

<i>Don't want to go</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
15 (9%)	8 (5%)	7 (4%)	86 (52%)	46 (28%)	2 (1%)	2 (1%)

Q7.5 On average how many times do you go outside for exercise each week?

<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
20 (12%)	21 (13%)	59 (36%)	37 (23%)	20 (12%)	6 (4%)

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)

<i>Less than two hours</i>	11 (7%)
<i>Two to less than four hours</i>	10 (6%)
<i>Four to less than six hours</i>	23 (14%)
<i>Six to less than eight hours</i>	62 (38%)
<i>Eight to less than 10 hours</i>	33 (20%)
<i>10 hours or more</i>	18 (11%)
<i>Don't know</i>	8 (5%)

Q7.7 On average, how many times do you have association each week?

<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
2 (1%)	1 (1%)	3 (2%)	23 (14%)	136 (81%)	2 (1%)

Q7.8 How often do staff normally speak to you during association time?

Do not go on association	5 (3%)
<i>Never</i>	33 (20%)
<i>Rarely</i>	42 (25%)
<i>Some of the time</i>	63 (38%)
<i>Most of the time</i>	16 (10%)
<i>All of the time</i>	9 (5%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>	14	(9%)			
	<i>In the first week</i>	73	(45%)			
	<i>More than a week</i>	54	(33%)			
	<i>Don't remember</i>	22	(13%)			
Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer/ still have not met him/ her</i>					
	<i>Very helpful</i>					
	<i>Helpful</i>					
	<i>Neither</i>					
	<i>Not very helpful</i>					
	<i>Not at all helpful</i>					
	14 (8%)	31 (19%)	52 (31%)	27 (16%)	34 (20%)	9 (5%)
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>	1	(1%)			
	<i>Yes</i>	139	(84%)			
	<i>No</i>	25	(15%)			
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>	26	(16%)			
	<i>Very involved</i>	36	(22%)			
	<i>Involved</i>	47	(29%)			
	<i>Neither</i>	17	(10%)			
	<i>Not very involved</i>	20	(12%)			
	<i>Not at all involved</i>	17	(10%)			
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	<i>Do not have a sentence plan/OASys</i>	26	(16%)			
	<i>Yes</i>	76	(47%)			
	<i>No</i>	59	(37%)			
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	<i>Do not have a sentence plan/OASys</i>	26	(16%)			
	<i>Yes</i>	49	(30%)			
	<i>No</i>	90	(55%)			
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?					
	<i>Not sentenced</i>	1	(1%)			
	<i>Yes</i>	56	(35%)			
	<i>No</i>	105	(65%)			
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	<i>Yes</i>	30	(19%)			
	<i>No</i>	132	(81%)			

- Q8.9 Have you had any problems with sending or receiving mail?**
 Yes 69 (41%)
 No 88 (52%)
 Don't know..... 11 (7%)
- Q8.10 Have you had any problems getting access to the telephones?**
 Yes 48 (29%)
 No 115 (68%)
 Don't know..... 5 (3%)
- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet 3 (2%)
 Yes 47 (28%)
 No 107 (64%)
 Don't remember..... 11 (7%)
- Q8.12 How many visits did you receive in the last week?**
- | <i>Not been in a week</i> | <i>0</i> | <i>1 to 2</i> | <i>3 to 4</i> | <i>5 or more</i> |
|---------------------------|----------|---------------|---------------|------------------|
| 3 (2%) | 88 (59%) | 58 (39%) | 0 (0%) | 0 (0%) |
- Q8.13 How are you and your family/friends usually treated by visits staff?**
Not had any visits 20 (12%)
 Very well 21 (13%)
 Well 50 (30%)
 Neither 37 (23%)
 Badly 17 (10%)
 Very badly 5 (3%)
 Don't know..... 14 (9%)
- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**
 Yes 66 (40%)
 No 99 (60%)
- Q8.15 Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)**
- | | |
|--|--|
| Don't know who to contact .. 60 (43%) | <i>Help with your finances in preparation for release</i> 31 (22%) |
| <i>Maintaining good relationships</i> 32 (23%) | <i>Claiming benefits on release</i> ... 50 (35%) |
| <i>Avoiding bad relationships</i> 21 (15%) | <i>Arranging a place at college/continuing education on release</i> 36 (26%) |
| <i>Finding a job on release</i> 44 (31%) | <i>Continuity of health services on release</i> 32 (23%) |
| <i>Finding accommodation on release</i> 59 (42%) | <i>Opening a bank account</i> 48 (34%) |

Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)

<i>No problems</i>	66 (42%)	<i>Help with your finances in preparation for release</i>	38 (24%)
<i>Maintaining good relationships</i>	10 (6%)	<i>Claiming benefits on release</i> ...	35 (22%)
<i>Avoiding bad relationships</i>	12 (8%)	<i>Arranging a place at college/continuing education on release</i>	24 (15%)
<i>Finding a job on release</i>	65 (42%)	<i>Continuity of health services on release</i>	16 (10%)
<i>Finding accommodation on release</i>	64 (41%)	<i>Opening a bank account</i>	34 (22%)

Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	1 (1%)
<i>Yes</i>	87 (54%)
<i>No</i>	72 (45%)



Prisoner survey responses HMP Coldingley 2010

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

Key to tables

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Number of completed questionnaires returned		171	3964	171	93
SECTION 1: General information					
2	Are you under 21 years of age?	1%	1%	1%	0%
3a	Are you sentenced?	99%	100%	99%	100%
3b	Are you on recall?	5%	9%	5%	0%
4a	Is your sentence less than 12 months?	0%	6%	0%	1%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	11%	4%	11%	0%
5	Do you have six months or less to serve?	30%	37%	30%	14%
6	Have you been in this prison less than a month?	4%	7%	4%	
7	Are you a foreign national?	6%	13%	6%	7%
8	Is English your first language?	95%	89%	95%	95%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	34%	27%	34%	35%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	9%	5%	9%	
11	Are you Muslim?	13%	11%	13%	
12	Are you homosexual/gay or bisexual?	1%	4%	1%	
13	Do you consider yourself to have a disability?	12%	14%	12%	
14	Is this your first time in prison?	27%	33%	27%	29%
15	Have you been in more than five prisons this time?	21%	13%	21%	
16	Do you have any children under the age of 18?	57%	55%	57%	60%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	56%	53%	56%	48%
1b	Was your personal safety during the journey good/very good?	61%	62%	61%	60%
1c	Was the comfort of the van good/very good?	16%	19%	16%	18%
1d	Was the attention paid to your health needs good/very good?	33%	32%	33%	33%
1e	Was the frequency of toilet breaks good/very good?	9%	13%	9%	12%
2	Did you spend more than four hours in the van?	7%	9%	7%	7%
3	Were you treated well/very well by the escort staff?	68%	67%	68%	70%
4a	Did you know where you were going when you left court or when transferred from another prison?	93%	82%	93%	92%
4b	Before you arrived here did you receive any written information about what would happen to you?	13%	18%	13%	19%
4c	When you first arrived here did your property arrive at the same time as you?	88%	88%	88%	93%

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SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	13%	15%	13%	
1c	Housing problems?	15%	21%	15%	
1d	Problems contacting employers?	10%	11%	10%	
1e	Problems contacting family?	44%	46%	44%	
1f	Problems ensuring dependants were looked after?	11%	12%	11%	
1g	Money problems?	11%	17%	11%	
1h	Problems of feeling depressed/suicidal?	37%	49%	37%	
1i	Health problems?	61%	61%	61%	
1j	Problems in needing protection from other prisoners?	12%	18%	12%	
1k	Problems accessing phone numbers?	24%	38%	24%	
2	When you first arrived:				
2a	Did you have any problems?	67%	59%	67%	40%
2b	Did you have any problems with loss of property?	24%	14%	24%	10%
2c	Did you have any housing problems?	19%	16%	19%	13%
2d	Did you have any problems contacting employers?	5%	4%	5%	1%
2e	Did you have any problems contacting family?	17%	21%	17%	17%
2f	Did you have any problems ensuring dependants were being looked after?	7%	5%	7%	1%
2g	Did you have any money worries?	15%	16%	15%	16%
2h	Did you have any problems with feeling depressed or suicidal?	9%	14%	9%	2%
2i	Did you have any health problems?	19%	19%	19%	9%
2j	Did you have any problems with needing protection from other prisoners?	3%	5%	3%	0%
2k	Did you have problems accessing phone numbers?	23%	20%	23%	
3a	Were you seen by a member of health services in reception?	90%	89%	90%	77%
3b	When you were searched in reception, was this carried out in a respectful way?	78%	76%	78%	72%
4	Were you treated well/very well in reception?	55%	71%	55%	69%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	39%	52%	39%	47%
5b	Information about what support was available for people feeling depressed or suicidal?	36%	46%	36%	36%
5c	Information about how to make routine requests?	29%	41%	29%	35%
5d	Information about your entitlement to visits?	35%	46%	35%	47%
5e	Information about health services?	51%	62%	51%	
5f	Information about the chaplaincy?	38%	55%	38%	
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	61%	81%	61%	56%
6b	The opportunity to have a shower?	38%	41%	38%	57%
6c	The opportunity to make a free telephone call?	53%	49%	53%	45%
6d	Something to eat?	75%	78%	75%	67%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	35%	48%	35%	50%
7b	Someone from health services?	74%	75%	74%	69%

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7c	A Listener/Samaritans?	9%	29%	9%	27%
8	Did you have access to the prison shop/canteen within the first 24 hours?	7%	23%	7%	22%
9	Did you feel safe on your first night here?	84%	83%	84%	90%
10	Have you been on an induction course?	97%	92%	97%	98%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	77%	64%	77%	73%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	50%	50%	50%	
1b	Attend legal visits?	52%	55%	52%	
1c	Obtain bail information?	10%	19%	10%	
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	50%	41%	50%	33%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	40%	61%	40%	51%
3b	Are you normally able to have a shower every day?	99%	94%	99%	99%
3c	Do you normally receive clean sheets every week?	68%	82%	68%	79%
3d	Do you normally get cell cleaning materials every week?	78%	75%	78%	74%
3e	Is your cell call bell normally answered within five minutes?	51%	41%	51%	35%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	65%	70%	65%	62%
3g	Can you normally get your stored property, if you need to?	23%	30%	23%	21%
4	Is the food in this prison good/very good?	43%	29%	43%	44%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	46%	44%	46%
6a	Is it easy/very easy to get a complaints form?	87%	86%	87%	85%
6b	Is it easy/very easy to get an application form?	91%	90%	91%	90%
7	Have you made an application?	94%	87%	94%	86%
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	62%	59%	62%	77%
8b	Do you feel applications are dealt with promptly (within seven days)?	55%	52%	55%	75%
9	Have you made a complaint?	55%	55%	55%	59%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	25%	35%	25%	32%
10b	Do you feel complaints are dealt with promptly (within seven days)?	20%	40%	20%	42%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	30%	24%	30%	24%
10c	Were you given information about how to make an appeal?	30%	31%	30%	32%
12	Is it easy/very easy to see the Independent Monitoring Board?	39%	38%	39%	37%
13	Are you on the enhanced (top) level of the IEP scheme?	60%	59%	60%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	55%	58%	55%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	51%	44%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	5%	7%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	16%	10%	16%	
13a	Do you feel your religious beliefs are respected?	49%	55%	49%	56%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	58%	59%	58%	59%

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14	Are you able to speak to a Listener at any time if you want to?	58%	62%	58%	71%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	72%	73%	72%	76%
15b	Do most staff, in this prison, treat you with respect?	68%	74%	68%	74%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	29%	31%	29%	20%
2	Do you feel unsafe in this prison at the moment?	14%	14%	14%	
4	Have you been victimised by another prisoner?	15%	20%	15%	8%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	8%	10%	8%	3%
5b	Hit, kicked or assaulted you?	5%	5%	5%	2%
5c	Sexually abused you?	1%	1%	1%	1%
5d	Victimised you because of your race or ethnic origin?	4%	4%	4%	3%
5e	Victimised you because of drugs?	2%	3%	2%	0%
5f	Taken your canteen/property?	3%	3%	3%	0%
5g	Victimised you because you were new here?	2%	4%	2%	1%
5h	Victimised you because of your sexuality?	1%	1%	1%	
5i	Victimised you because you have a disability?	2%	2%	2%	
5j	Victimised you because of your religion/religious beliefs?	1%	3%	1%	
5k	Victimised you because of your age?	1%	2%	1%	
5l	Victimised you because you were from a different part of the country?	3%	5%	3%	1%
5m	Victimised you because of your offence/crime?	2%	3%	2%	
5n	Victimised you because of gang related issues?	2%	4%	2%	
6	Have you been victimised by a member of staff?	34%	22%	34%	18%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	11%	10%	11%	10%
7b	Hit, kicked or assaulted you?	0%	3%	0%	0%
7c	Sexually abused you?	1%	1%	1%	0%
7d	Victimised you because of your race or ethnic origin?	9%	5%	9%	6%
7e	Victimised you because of drugs?	5%	3%	5%	3%
7f	Victimised you because you were new here?	4%	5%	4%	5%
7g	Victimised you because of your sexuality?	1%	1%	1%	
7h	Victimised you because you have a disability?	2%	2%	2%	
7i	Victimised you because of your religion/religious beliefs?	6%	3%	6%	
7j	Victimised you because of your age?	1%	2%	1%	
7k	Victimised you because you were from a different part of the country?	2%	4%	2%	1%
7l	Victimised you because of your offence/crime?	5%	4%	5%	
7m	Victimised you because of gang related issues?	4%	2%	4%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	42%	38%	42%	24%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	14%	22%	14%	16%
10	Have you ever felt threatened or intimidated by a member of staff in here?	25%	18%	25%	16%

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11	Is it easy/very easy to get illegal drugs in this prison?	29%	34%	29%	32%
SECTION 6: Health care					
1a	Is it easy/very easy to see the doctor?	34%	41%	34%	
1b	Is it easy/very easy to see the nurse?	65%	66%	65%	
1c	Is it easy/very easy to see the dentist?	12%	15%	12%	
1d	Is it easy/very easy to see the optician?	15%	19%	15%	
2	Are you able to see a pharmacist?	47%	52%	47%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	48%	53%	48%	36%
3b	The nurse?	63%	66%	63%	94%
3c	The dentist?	48%	45%	48%	67%
3d	The optician?	40%	47%	40%	77%
4	The overall quality of health services?	44%	47%	44%	68%
5	Are you currently taking medication?	35%	43%	35%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	78%	88%	78%	
7	Do you feel you have any emotional well-being/mental health issues?	21%	25%	21%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	26%	34%	26%	
8b	A doctor?	45%	32%	45%	
8c	A nurse?	19%	18%	19%	
8d	A psychiatrist?	26%	17%	26%	
8e	The mental health in-reach team?	42%	30%	42%	
8f	A counsellor?	16%	11%	16%	
9a	Did you have a drug problem when you came into this prison?	34%	18%	34%	2%
9b	Did you have an alcohol problem when you came into this prison?	19%	11%	19%	0%
10a	Have you developed a drug problem since you have been in this prison?	9%	11%	9%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	96%	87%	96%	
12	Have you received any help or intervention while in this prison?	94%	75%	94%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	92%	73%	92%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	17%	22%	17%	15%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	12%	16%	12%	12%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	82%	58%	82%	50%

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SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	70%	63%	70%	
1b	Vocational or skills training?	16%	19%	16%	
1c	Education (including basic skills)?	26%	31%	26%	
1d	Offending behaviour programmes?	15%	18%	15%	
2ai	Have you had a job while in this prison?	91%	84%	91%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	55%	52%	55%	
2bi	Have you been involved in vocational or skills training while in this prison?	79%	71%	79%	
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	61%	74%	61%	
2ci	Have you been involved in education while in this prison?	86%	77%	86%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	68%	74%	68%	
2di	Have you been involved in offending behaviour programmes while in this prison?	80%	69%	80%	
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	62%	67%	62%	
3	Do you go to the library at least once a week?	56%	46%	56%	48%
4	On average, do you go to the gym at least twice a week?	81%	53%	81%	71%
5	On average, do you go outside for exercise three or more times a week?	35%	52%	35%	32%
6	On average, do you spend ten or more hours out of your cell on a weekday?	11%	16%	11%	26%
7	On average, do you go on association more than five times each week?	82%	76%	82%	75%
8	Do staff normally speak to you most of the time/all of the time during association?	15%	19%	15%	12%
SECTION 8: Resettlement					
1	Do you have a personal officer?	91%	73%	91%	90%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	54%	63%	54%	63%
For those who are sentenced:					
3	Do you have a sentence plan?	85%	64%	85%	64%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	61%	60%	61%	76%
5	Can you achieve some/all of your sentence plan targets in this prison?	56%	69%	56%	
6	Are there plans for you to achieve some/all your targets in another prison?	35%	37%	35%	
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	35%	32%	35%	
8	Do you feel that any member of staff has helped you to prepare for release?	19%	18%	19%	
9	Have you had any problems with sending or receiving mail?	41%	37%	41%	26%
10	Have you had any problems getting access to the telephones?	29%	19%	29%	16%
11	Did you have a visit in the first week that you were here?	28%	24%	28%	33%
12	Did you receive one or more visits in the last week?	39%	31%	39%	
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	49%	57%	49%	

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14	Have you been helped to maintain contact with family/friends while in this prison?	40%	39%	40%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	23%	17%	23%	
15c	Avoiding bad relationships?	15%	12%	15%	
15d	Finding a job on release?	31%	43%	31%	51%
15e	Finding accommodation on release?	42%	44%	42%	55%
15f	With money/finances on release?	22%	31%	22%	39%
15g	Claiming benefits on release?	36%	44%	36%	45%
15h	Arranging a place at college/continuing education on release?	26%	31%	26%	37%
15i	Accessing health services on release?	23%	34%	23%	45%
15j	Opening a bank account on release?	34%	28%	34%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	7%	13%	7%	
16c	Avoiding bad relationships?	8%	14%	8%	
16d	Finding a job?	42%	45%	42%	
16e	Finding accommodation?	41%	39%	41%	
16f	Money/finances?	24%	37%	24%	
16g	Claiming benefits?	22%	30%	22%	
16h	Arranging a place at college/continuing education?	16%	23%	16%	
16i	Accessing health services?	10%	19%	10%	
16j	Opening a bank account?	22%	33%	22%	
	For those who are sentenced:				
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	55%	57%	55%	62%



Prisoner offender management survey responses HMP Coldingley 2010

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

Key to tables

		HMP Coldingley	Functional type comparator	HMP Coldingley	Overall comparator
	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		20	151	20	713
SECTION 1: General information					
1	Are you under 21 years of age?	0%	1%	0%	12%
2	Are you a foreign national?	0%	9%	0%	9%
3	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	55%	23%	55%	24%
4	Do you consider yourself to have a disability?	11%	17%	11%	17%
5	Is this prison in your home probation area?	5%	17%	5%	24%
6	Are you on recall?	15%	11%	15%	17%
7	Were you sentenced to less than two years?	0%	9%	0%	11%
8	Do you have six months or less to serve?	31%	29%	31%	29%
SECTION 2: Reception and induction					
9	Did you have any of the following problems when you first arrived here?:				
9a	Housing problems?	26%	25%	26%	23%
9b	Problems contacting employers?	5%	6%	5%	8%
9c	Problems contacting family?	16%	15%	16%	15%
9d	Problems of feeling depressed/suicidal?	5%	22%	5%	20%
9e	None of the above problems?	63%	58%	63%	58%
For those who have been on an induction course:					
10	Did you go on an induction within the first week?	50%	86%	50%	78%
11	If you have been on an induction, did it cover everything you needed to know about the prison?	59%	67%	59%	66%
For those who have received a basic skills assessment:					
12	Did you receive this within the first week?	25%	61%	25%	44%
13	After arrival into this prison did you have an interview with staff to ask if you needed help (e.g. for housing problems, contacting family, feeling depressed or suicidal)?	39%	67%	39%	57%
SECTION 3: Sentence planning					
14	Do you have a sentence plan?	90%	81%	90%	71%
For those who have a sentence plan:					
15	Were you involved in the development of your sentence plan?	77%	67%	77%	75%
16	Has your sentence plan taken into account your individual needs?	59%	64%	59%	64%
17	Can you achieve all or some of your sentence plan targets in this prison?	53%	77%	53%	73%
18	Are there plans for you to achieve some/all your targets in another prison?	56%	32%	56%	34%
19	Are there plans for you to achieve some/all your targets while on licence in the community?	71%	44%	71%	44%
20	Have you had any meetings to discuss your sentence plan while in custody?	94%	78%	94%	83%

Key to tables

		HMP Coidingley	Functional type comparator	HMP Coidingley	Overall comparator
	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				
21	If you have had sentence planning meetings did any of the following attend?:				
21a	Offender supervisor?	94%	76%	94%	62%
21b	Prison staff from other departments?	13%	40%	13%	32%
21c	Offender manager?	75%	62%	75%	54%
21d	Anyone from other agencies?	6%	14%	6%	19%
22	Were these meetings useful to you?	63%	67%	63%	68%
SECTION 4: Offender manager					
23	Do you have a named offender manager in the probation service?	94%	92%	94%	89%
For those who have an offender manager:					
24	Has your offender manager been in contact with you since you have been in custody?	100%	82%	100%	80%
25	If you have had contact from your offender manager, what type of contact was it?:				
25a	Contact by letter?	63%	56%	63%	48%
25b	Contact by phone?	75%	28%	75%	26%
25c	A visit to the prison?	63%	72%	63%	70%
26	Has your offender manager changed since you have been in custody?	44%	41%	44%	43%
For those who have a sentence plan:					
27	Has your offender manager discussed your sentence plan with you?	88%	69%	88%	73%
28	Do you think you have been supported by your offender manager while in prison?	44%	37%	44%	43%
SECTION 5: Offender supervisor					
29	Do you have an offender supervisor within this prison?	100%	76%	100%	71%
For those who have an offender supervisor:					
30	Do you meet with your offender supervisor every month?	100%	75%	100%	75%
31	Do you think you have been supported by your offender supervisor while in prison?	68%	49%	68%	53%
SECTION 6: Your time in custody					
32	Have any of the following made it more difficult to take full part in the activities in custody?:				
32a	No issues?	63%	62%	63%	70%
32b	Difficulties with religion?	13%	11%	13%	8%
32b	Difficulties with race?	0%	10%	0%	5%
32c	Difficulties with a disability?	6%	11%	6%	9%
32d	Difficulties with language?	0%	7%	0%	3%
32e	Difficulties with reading/writing skills?	6%	18%	6%	10%
32f	Difficulties with other issues?	13%	13%	13%	9%
33	While in custody have you been helped with any of the following:				
33a	Housing?	6%	11%	6%	11%
33b	Educaion /training /employment?	50%	57%	50%	57%
33c	Money and debt?	17%	10%	17%	8%

Key to tables

		HMP Coidingley	Functional type comparator	HMP Coidingley	Overall comparator
	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				
33d	Relationships (e.g. family/partner)?	22%	12%	22%	14%
33e	Lifestyle (e.g. friendships)?	11%	14%	11%	14%
33f	Drug use?	56%	39%	56%	37%
33g	Alcohol use?	39%	32%	39%	27%
33h	Emotional well-being?	22%	20%	22%	23%
33i	Thinking skills?	44%	44%	44%	39%
33j	Attitude to offending?	39%	35%	39%	33%
33k	Health?	44%	37%	44%	35%
33l	Not had any help?	6%	10%	6%	15%
34	Has anyone done any work with you on basic skills?	67%	66%	67%	54%
35	Has anyone done any work with you on victim awareness?	61%	39%	61%	34%
36	Has any member of staff helped you to address your offending behaviour while in custody?	61%	42%	61%	39%
SECTION 7: Resettlement					
37	Has any member of staff helped to prepare for your release while in custody?	17%	14%	17%	16%
38	Do you think you will have a problem with the following on release from custody?:				
38a	Problems maintaining/avoiding good relationships?	6%	23%	6%	19%
38b	Problems finding a job?	69%	62%	69%	63%
38c	Finding accommodation?	69%	52%	69%	45%
38d	Problems with money / finances?	44%	37%	44%	38%
38e	Problems claiming benefits?	25%	42%	25%	34%
38f	Problems arranging a place at college / continuing education?	19%	23%	19%	23%
38g	Problems contacting external drug or alcohol agencies?	0%	13%	0%	10%
38h	Problems accessing healthcare services?	6%	19%	6%	14%
38i	Problems opening a bank account?	19%	24%	19%	28%
38j	None of the above problems?	13%	23%	13%	21%
39	Have you done anything, or has anything happened to you during custody that you think will make you less likely to offend in future?	75%	71%	75%	66%



Key question responses (ethnicity and religion) HMP Coldingley 2010

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		57	112	21	147
1.3	Are you sentenced?	98%	100%	100%	99%
1.7	Are you a foreign national?	7%	4%	10%	4%
1.8	Is English your first language?	87%	99%	80%	97%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			100%	24%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	10%	0%	9%
1.11	Are you Muslim?	38%	0%		
1.12	Do you consider yourself to have a disability?	13%	11%	10%	12%
1.13	Is this your first time in prison?	29%	26%	35%	26%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	27%	36%	33%	33%
2.3	Were you treated well/very well by the escort staff?	68%	68%	71%	67%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	86%	96%	86%	95%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	37%	48%	42%	45%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	21%	44%	21%	39%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	52%	65%	53%	62%
3.2a	Did you have any problems when you first arrived?	75%	63%	78%	65%
3.3a	Were you seen by a member of health care staff in reception?	84%	93%	85%	90%
3.3b	When you were searched in reception, was this carried out in a respectful way?	75%	78%	78%	77%
3.4	Were you treated well/very well in reception?	49%	59%	52%	56%
3.7b	Did you have access to someone from health care within the first 24 hours?	65%	77%	65%	75%
3.9	Did you feel safe on your first night here?	75%	88%	76%	85%
3.10	Have you been on an induction course?	98%	96%	100%	97%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	46%	53%	52%	50%

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.3a	Are you normally offered enough clean, suitable clothes for the week?	36%	43%	33%	41%
4.3b	Are you normally able to have a shower every day?	100%	98%	100%	99%
4.3e	Is your cell call bell normally answered within five minutes?	43%	54%	45%	51%
4.4	Is the food in this prison good/very good?	31%	50%	29%	45%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	29%	51%	10%	48%
4.6a	Is it easy/very easy to get a complaints form?	84%	90%	85%	88%
4.6b	Is it easy/very easy to get an application form?	89%	92%	86%	92%
4.9	Have you made a complaint?	54%	56%	67%	54%
4.13	Are you on the enhanced (top) level of the IEP scheme?	59%	60%	43%	62%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	45%	60%	29%	59%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	45%	55%	43%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	11%	5%	19%	5%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	22%	13%	33%	14%
4.17a	Do you feel your religious beliefs are respected?	51%	48%	45%	49%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	61%	56%	84%	54%
4.18	Are you able to speak to a Listener at any time if you want to?	49%	62%	48%	59%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	61%	77%	55%	74%
4.19b	Do most staff, in this prison, treat you with respect?	52%	76%	35%	72%
5.1	Have you ever felt unsafe in this prison?	44%	21%	43%	27%
5.2	Do you feel unsafe in this prison at the moment?	25%	8%	25%	12%
5.4	Have you been victimised by another prisoner?	14%	16%	15%	15%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	4%	5%	4%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	2%	0%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%	0%	1%

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
5.6	Have you been victimised by a member of staff?	53%	24%	71%	28%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	25%	1%	33%	6%
5.7h	Have you been victimised because you have a disability? (By staff)	4%	2%	5%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	14%	2%	29%	3%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	13%	15%	0%	16%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	43%	17%	50%	22%
5.11	Is it easy/very easy to get illegal drugs in this prison?	22%	33%	22%	31%
6.1a	Is it easy/very easy to see the doctor?	23%	40%	35%	35%
6.1b	Is it easy/ very easy to see the nurse?	57%	68%	63%	66%
6.2	Are you able to see a pharmacist?	31%	56%	38%	49%
6.5	Are you currently taking medication?	22%	42%	14%	39%
6.7	Do you feel you have any emotional well-being/mental health issues?	22%	20%	20%	20%
7.1a	Are you currently working in the prison?	70%	69%	75%	69%
7.1b	Are you currently undertaking vocational or skills training?	20%	15%	10%	17%
7.1c	Are you currently in education (including basic skills)?	34%	23%	25%	26%
7.1d	Are you currently taking part in an offending behaviour programme?	11%	17%	20%	14%
7.3	Do you go to the library at least once a week?	47%	60%	67%	54%
7.4	On average, do you go to the gym at least twice a week?	88%	77%	91%	79%
7.5	On average, do you go outside for exercise three or more times a week?	24%	40%	37%	35%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	7%	13%	5%	12%
7.7	On average, do you go on association more than five times each week?	75%	85%	76%	82%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	12%	17%	29%	13%
8.1	Do you have a personal officer?	95%	90%	91%	91%
8.9	Have you had any problems sending or receiving mail?	44%	39%	52%	40%
8.10	Have you had any problems getting access to the telephones?	34%	26%	38%	27%



Key questions (disability analysis) HMP Coldingley 2010

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

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		19	147
1.3	Are you sentenced?	100%	99%
1.7	Are you a foreign national?	5%	5%
1.8	Is English your first language?	89%	96%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	37%	33%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	28%	6%
1.11	Are you Muslim?	11%	13%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	32%	27%
2.1d	Was the attention paid to your health needs good/very good?	22%	35%
2.3	Were you treated well/very well by the escort staff?	32%	73%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	90%	93%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	58%	43%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	47%	36%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	74%	60%
3.2a	Did you have any problems when you first arrived?	78%	65%
3.3a	Were you seen by a member of health care staff in reception?	84%	90%
3.3b	When you were searched in reception, was this carried out in a respectful way?	65%	80%
3.4	Were you treated well/very well in reception?	47%	57%
3.7b	Did you have access to someone from health care within the first 24 hours?	82%	73%
3.9	Did you feel safe on your first night here?	59%	88%
3.10	Have you been on an induction course?	100%	97%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	41%	51%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	41%	41%
4.3b	Are you normally able to have a shower every day?	94%	99%

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3e	Is your cell call bell normally answered within five minutes?	69%	49%
4.4	Is the food in this prison good/very good?	38%	44%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	35%	46%
4.6a	Is it easy/very easy to get a complaints form?	88%	88%
4.6b	Is it easy/very easy to get an application form?	94%	91%
4.9	Have you made a complaint?	68%	53%
4.13	Are you on the enhanced (top) level of the IEP scheme?	42%	62%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	44%	57%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	32%	47%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	7%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	6%	18%
4.17a	Do you feel your religious beliefs are respected?	53%	49%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	58%	56%
4.18	Are you able to speak to a Listener at any time, if you want to?	63%	56%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	73%
4.19b	Do most staff, in this prison, treat you with respect?	74%	69%
5.1	Have you ever felt unsafe in this prison?	42%	26%
5.2	Do you feel unsafe in this prison at the moment?	11%	13%
5.4	Have you been victimised by another prisoner?	16%	15%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	4%
5.5i	Victimised you because you have a disability?	5%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
5.6	Have you been victimised by a member of staff?	42%	30%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	10%
5.7h	Victimised you because you have a disability?	11%	1%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	6%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	28%	13%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	35%	29%
6.1a	Is it easy/very easy to see the doctor?	32%	35%
6.1b	Is it easy/ very easy to see the nurse?	61%	65%
6.2	Are you able to see a pharmacist?	38%	50%
6.5	Are you currently taking medication?	58%	32%
6.7	Do you feel you have any emotional well-being/mental health issues?	47%	16%
7.1a	Are you currently working in the prison?	53%	71%
7.1b	Are you currently undertaking vocational or skills training?	21%	15%
7.1c	Are you currently in education (including basic skills)?	26%	27%
7.1d	Are you currently taking part in an offending behaviour programme?	11%	15%
7.3	Do you go to the library at least once a week?	47%	58%
7.4	On average, do you go to the gym at least twice a week?	63%	83%
7.5	On average, do you go outside for exercise three or more times a week?	24%	37%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	0%	11%
7.7	On average, do you go on association more than five times each week?	63%	84%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	16%	15%
8.1	Do you have a personal officer?	83%	92%
8.9	Have you had any problems sending or receiving mail?	47%	40%
8.10	Have you had any problems getting access to the telephones?	37%	28%