

Report on an announced inspection of

HMP Dartmoor

11–15 February 2008

by HM Chief Inspector of Prisons

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Introduction

In spite of its forbidding reputation and environment, Dartmoor is a lower security category C training prison. The 2001 inspection found a prison that had not got to grips with its new role, or indeed with the demands of a 21st century prison service, and which had an 'outdated culture of over-control'. Subsequent inspections, however, charted significant progress, with the last inspection in 2006 describing it as 'an effective part of a modern prison service', with good and improving resettlement opportunities for prisoners.

It is very disappointing that this inspection found that this progress had not been maintained, and indeed that the prison had slipped back noticeably – though it was still considerably better than it had been in 2001.

Dartmoor was not an unsafe prison, but it was of considerable concern that the use of force had doubled since the last inspection, and in some cases appeared to have been used inappropriately. We were particularly concerned about the management and oversight of the use of force, which appeared to be extremely weak; indeed we came across one particularly serious incident which should have, and had not, been investigated internally. Though there was little evidence of self-harm or bullying, procedures to manage both were not sufficiently robust.

Throughout the prison, there was evidence of institutional disrespect: cells that were poorly furnished, areas that were dirty, an offensive display policy that was unenforced, and evidence that staff felt able to leave, and lock up prisoners, early. We did not find evidence of the negative staff culture of 2001, but nor did we find that staff on all wings were actively working with and challenging prisoners. On the largest main wing, A, in particular, relationships were less good, and drugs more available, than should have been the case. Equally, however, on all wings and in all areas of prisoner care, we found staff who were engaged, committed and often overworked. Managers were not sufficiently aware of this, nor were they actively checking that agreed procedures were effective and in place.

For a training prison, the quantity and quality of activities at Dartmoor were insufficient. Around a third of prisoners were unemployed and for the remainder there was too much mundane and unskilled contract work. There was too little linkage between the initial assessment of prisoners' skills and needs and the activities to which they were assigned. Punctuality was poor, there were slippages in the core day, and the prison was over-reporting the amount of time prisoners actually spent in activity and out of their cells.

Dartmoor's resettlement unit (RSU) had been a very positive development, replacing the forbidding segregation unit and signalling a focus on rehabilitative work. Unfortunately, it had lost its way, and too many of its prisoners were simply marking time, waiting for the assessments which would be a gateway to work outside the prison. Moreover, its existence had allowed the rest of the prison to assume that resettlement work was adequately being covered. Offender management had only just been put in place, and an up-to-date resettlement strategy drafted. Provision along the resettlement pathways was underdeveloped, and some of the existing services under threat. Support for families – many of them living at some distance – was poor, except for the excellent work being done by Storybook Dads. The vulnerable prisoner wings, holding a large proportion of sex offenders in denial, had been renamed the assessment and allocation unit (AAU). However, there was insufficient motivational work going on there, and too few opportunities to move prisoners on to appropriate courses. The drugs programmes were, however, working well.

It is always disappointing to report on a prison which has not been able to maintain promising progress. Dartmoor had significantly slipped back from the prison we inspected in 2006. It will require renewed and much more robust management to reverse this trend, to support and encourage committed staff, and to ensure that Dartmoor once more fulfils its role as an effective training prison.

Anne Owers
HM Chief Inspector of Prisons

April 2008

Fact page

Task of the establishment

Category C training prison for adult males.

Area organisation

South West

Number held

14 January 2008: 631

Certified normal accommodation

618

Operational capacity

646

Last inspection

13-14 February 2006: unannounced short follow-up

Brief history

Built in 1809, Dartmoor was a national resource category B training prison until November 2000. It has since been re-roled as a category C training prison. Following a performance test, Dartmoor currently operates under its own service level agreement, which expires in April 2009.

Description of residential units

A wing	-	136 places
B wing	-	voluntary drug testing unit; 118 places
C wing	-	accommodation is mothballed; the ground floor is used to deliver the induction programme
D wing	-	first night induction; 132 places
Resettlement unit	-	45 places
F and G wings	-	vulnerable prisoner unit; 197 places

Healthy prison summary

Introduction

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

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

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

- performing well against this healthy prison test.

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

- performing reasonably well against this healthy prison test.

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

- not performing sufficiently well against this healthy prison test.

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

- performing poorly against this healthy prison test.

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

Safety

HP3 Reception, first night and induction arrangements were mixed, but adequate. Procedures for anti-bullying and suicide prevention were often applied inconsistently and needed more robust management. Standards in the segregation unit were reasonable, but the use of force had doubled since our last visit and its governance

was inadequate. There was some risk aversion in the management of security, which needlessly impacted on the regime. Mandatory drug testing rates were similar to other category C prisons, and drug detoxification procedures were developing. Vulnerable prisoners were managed safely. Dartmoor was not performing sufficiently well against this healthy prison test.

- HP4 Arrangements with escort contractors appeared well managed. The reception area was poorly designed and shabby, but relationships between staff and prisoners were good, initial risk assessments were competent, and new arrivals were processed without undue delay.
- HP5 New arrivals were initially located on D5 landing, or G2 for vulnerable prisoners, and in-depth risk assessments were carried out following comprehensive first night interviews. Prisoners were given useful written information about what they could expect and how they could access services. In our survey, prisoners were positive about the support in their first 24 hours in the prison. Night handover and observation arrangements were effective, although better on D5 than G2.
- HP6 Induction arrangements met the needs of prisoners. A five-day rolling induction programme was provided in part by prisoner Insiders (peer supporters). While this arrangement appeared to work satisfactorily, we were not assured about its management or the thoroughness of staff supervision. First night/induction assessment documents were drawn up for new arrivals, but were completed inconsistently, and linked ineffectively with sentence management and resettlement services.
- HP7 Anti-bullying and suicide prevention were managed through the monthly safer custody committee. The quality of data collected on anti-bullying was inconsistent, and the anti-bullying report was basic. Trend analysis was generally weak. The anti-bullying strategy was satisfactory, but lacked development objectives, and there was little evidence that senior managers were driving this forward. The quality of anti-bullying logs varied, and generally these were not evaluated. Over a third of all logs had been opened on G wing, the only wing where procedures appeared embedded. Work with bullies and victims was underdeveloped. However, there was little evidence that prisoners felt intimidated or unsafe at Dartmoor.
- HP8 In 2007, 134 assessment, care in custody and teamwork (ACCT) self-harm monitoring documents had been opened, although only one was open during our inspection. The suicide prevention policy lacked development objectives, and the reporting and analysis of incidents were weak. The quality of ACCT documentation was variable, care maps were often vague, and there was little evidence of meaningful staff engagement with prisoners. ACCT reviews normally had no multidisciplinary input, and quality assurance arrangements were underdeveloped. The suicide prevention coordinator had only eight hours per week for this role, and there were only four trained prisoner Listeners.
- HP9 There was a well-staffed security department, and a well-attended security committee, which considered relevant management information. The prison was developing good and effective working relationships with the police intelligence officer. However, some security activity impacted needlessly on elements of the regime and was beyond the needs of a category C training establishment.

- HP10 The segregation unit had a basic regime. The education department visited prisoners weekly. Relationships between staff and prisoners appeared satisfactory, and wing history records were well maintained. However, there was no effective reintegration planning, and the targets set for prisoners were crude. Adjudications were well managed and tariffs were published, although the number of adjudications (about 1,000 in 2007) was high.
- HP11 We had serious concerns about the use of force and its governance. Over 70 incidents had been recorded in the previous six months, 45 of them involving control and restraint. This was high, and double the number recorded at the last inspection. One senior manager was directly involved in five of these incidents and there was no analysis of usage. Managers later attributed some of this rise to the relocation of the segregation unit, but no comparative statistics were provided. The special cell had been used on five occasions in the previous six months, and typically for very short periods. Governance arrangements and the scrutiny of use of force incidents were inadequate. We noted a number of incidents where force appeared to be used inappropriately, including one where a member of staff had twice punched a prisoner. However, there had been no action on, or enquiry into, these.
- HP12 The random mandatory drug testing rate was 10.36% across the establishment, although data was not analysed by wing. In fact, the rate on A wing was nearer 17%, and much lower on the vulnerable prisoner unit. In our survey, significantly more respondents than the comparator¹ for category C prisons said that it was easy to get drugs. Suspicion testing was inconsistent, with only a 29% positive rate. Only limited detoxification was available, but the clinically enhanced programme of the integrated drug treatment system (IDTS) had recently been introduced.
- HP13 Vulnerable prisoners were held on F and G wings, termed the assessment and allocation unit (AAU). Prisoners here said that they felt safe and that staff were generally helpful. Staff appeared aware of potential bullying and risks. Although vulnerable prisoner access to the regime was equivalent to that of mainstream prisoners, the AAU was not able to provide the means for sex offenders to address their offending, or enable allocations to establishments where they could.

Respect

- HP14 Insufficient attention was paid to the environment of the prison. Some cells were dirty and poorly equipped, prisoners' clothing was inadequate, and the offensive display policy was not followed. Staff-prisoner relationships were mixed, and staff were not proactive in their dealings with prisoners, or in ensuring that the core day was properly adhered to. Diversity procedures were reasonable, but many black and minority ethnic prisoners felt culturally isolated, and support for foreign national prisoners was underdeveloped. The management of complaints, including racist incident complaints, was inadequate. Prisoners were negative about the food. Healthcare provision was good. The prison was not performing sufficiently well against this healthy prison test.

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

- HP15 Standards of cleanliness varied between the wings, and many communal areas and cells were below acceptable standards. Double occupancy cells on A, B and D wings were too small, and the poor screening of toilets was unacceptable. Toilets in the cells on F and G wings, which were not shared, were unscreened and could be seen from the observation port. Showers on all wings were not properly screened. Furniture was missing from many cells, and the prison was failing to enforce its offensive display policy – many cells were covered in soft pornography. There were insufficient telephones to meet the needs of prisoners.
- HP16 There were many complaints from staff and prisoners about access to prison-issue kit. Only prisoners on enhanced regime could wear their own clothes, but the procedures to facilitate this were a disincentive. The arrangements for prisoners to receive items of property were needlessly restrictive.
- HP17 The incentives and earned privileges (IEP) scheme was explained to prisoners on induction and applied consistently across the wings. Prisoners on basic regime were treated reasonably well and monitored, although this was observational and showed little active staff engagement. Additional incentives for enhanced level prisoners were limited, and the scheme had only a marginal impact as a motivational tool.
- HP18 Staff-prisoner relationships were mixed. Although most prisoners said that most staff treated them with respect, the response was significantly worse on A wing. Some prisoners were in general positive about staff, but others said they were distant and unhelpful. We saw some positive interactions during association, but we also observed staff spending a considerable amount of time in their offices. On A wing in particular, there appeared to be little proactive engagement with prisoners, or their environment. There was evidence of early lock-ups outside the core day. Staff rarely used prisoners' preferred names and sometimes barked instructions across the wings. The increased use of force by staff and managers also affected relationships (see paragraph HP11).
- HP19 The personal officer scheme had recently been relaunched. Few prisoners could name their personal officer or expressed confidence in the scheme. In our survey, significantly fewer prisoners than the comparator said that they had met their personal officer within the first week or that they thought their personal officer was helpful. The scheme was better on the resettlement unit (RSU) and the AAU. The quality of personal officer entries in prisoner wing files was mixed, and few indicated meaningful engagement with prisoners.
- HP20 Prisoners had very negative views about the food, particularly black and minority ethnic prisoners. We found that the quality of food varied, and we heard repeated complaints that the lack of portion control led to shortages. We also heard numerous complaints from prisoners that staff took food meant for prisoners. Some meals were served too early – the midday meal was served from 11.30am.
- HP21 The prison shop was run by Aramark. A good range of items was available and prisoners appeared content with the service. Shop consultation arrangements had recently started.
- HP22 The disability policy had been updated in 2007 and a new disability liaison officer had recently been appointed. There were arrangements to identify new arrivals with physical disabilities, but screening for learning disabilities was poor. Prisoner volunteers assisted prisoners with disabilities on some wings, but they were not

trained or paid. The adaptation of cells for disabled use was very limited. Retirement pay was too low. There were no consultation arrangements for older prisoners or prisoners with disabilities.

- HP23 Management of race equality through the race equality action team was satisfactory, but consultation with black and minority ethnic prisoners was underdeveloped. There were not enough prisoner race representatives and their role was not fully understood by other prisoners. Black and minority ethnic prisoners constituted 11% of the population, but there were few opportunities for them to meet for peer support. Many told us they felt culturally isolated because the prison did not understand their needs. Prisoners also reported a lack of confidence in the race complaints procedures, and we saw some poor quality replies and responses.
- HP24 There was a comprehensive foreign nationals policy, but few aspects had been implemented. There was no nominated coordinator or foreign national prisoner representatives. Translation services were underused. However, immigration casework was well managed by the foreign nationals clerk, who had also organised monthly Border and Immigration Agency (now UKBA) surgeries.
- HP25 Applications were generally well managed and correctly logged, and prisoners had confidence in the system. They had less confidence in the complaints system, and in our survey prisoners were more negative about their fair and prompt handling than at comparator prisons. Although most responses to complaints that we saw were respectful and relevant, some were less satisfactory and quality assurance was weak.
- HP26 There was a good and well-regarded chaplaincy team. Chaplains carried out their statutory duties, and saw all new arrivals within their first 24 hours. The multi-faith room was adequate, and services and activities provided by the chaplaincy were well promoted.
- HP27 The provision of health services was good, although prisoners surveyed were less positive about the care they received from doctors and the dentist than at comparator prisons. This may in part be explained by the strict, though appropriate, prescribing regime, and the waiting list to see the dentist. Health staff in general were well trained and motivated, and there was a good mix of skills. Chronic disease management was well structured under lead nurses, and supported by external specialists. Some weaknesses in mental health were being addressed.

Purposeful activity

- HP28 The overall provision of learning and skills was just satisfactory. Provision for literacy and numeracy was adequate, but there were insufficient opportunities in other areas, including English for speakers of other languages. There was insufficient vocational training. Attendance at activity was poorly managed. About a third of the population was not engaged in purposeful activity. The prison over-reported the amount of time prisoners spent out of cell, and there was considerable slippage of daily routine, much of it for the benefit of staff. Dartmoor was not performing sufficiently well against this healthy prison test.

- HP29 The prison reported 25.7 prisoner activity hours per week, which was not impressive. Our observations indicated that typically 180 prisoners were retained on the wings with nothing purposeful to do.
- HP30 Strategic planning of learning and skills aimed to assist the resettlement of prisoners, but quality improvement arrangements were underdeveloped and management information was not used to drive improvement and decision making. Provision, retention and achievement in literacy and numeracy were satisfactory, but achievement in English for speakers of other languages (ESOL) was low. Education and training offered about 135 full-time equivalent places daily, of which 80 were in education, but many places were left vacant due to poor planning. There were some effective social, life skills and personal development programmes, but some ran infrequently. Similarly, attendance was not well managed. The quality of teaching was generally satisfactory, and there was some good basic skills outreach work for prisoners not in education. Recording on individual learning plans was, however, poor.
- HP31 Library services were well staffed, normally open for about 29 hours per week, and used by about 64% of prisoners. Braille, easy reader, talking books and foreign language texts were available. For security reasons, only eight prisoners at a time were allowed in the library, which restricted access.
- HP32 There were 85 places for prisoners to engage in accredited work or training programmes, and a further 24 on accredited information and communications technology courses. This was insufficient for a category C training prison with more than 600 prisoners. The range of training in the curriculum appeared broad, but not all programmes ran at all times. Training facilities were good, and achievement of qualifications was generally satisfactory, but variable in construction industry training. There were about 200 places in non-accredited work in the prison, but these were mainly low skill cleaning or contract service jobs.
- HP33 Access to the gym was good, and most prisoners could attend four or five recreational sessions per week. All prisoners were assessed on induction, and there were links between the gym and the prison's drug interventions work. The gym was, however, too small, and outdoor facilities were unusable.
- HP34 The prison reported an average time out of cell figure of 10.3 hours a day, although this was not the experience of many prisoners. Many prisoners were locked up until mid-morning following main movement, and similarly in the afternoon. This daily occurrence was not factored in to the unlock data. Prisoners on the RSU were, however, unlocked all day. Regime slippage was routine. We observed staff queuing to leave 25 minutes early, and were told of early and unauthorised lock-downs on at least one other occasion that week. Exercise was included in the daily routines, but many prisoners complained that it was often cancelled, particularly on A wing. Evening association was available on each wing daily, with only occasional cancellations.

Resettlement

- HP35 Resettlement work was developing, though existing policies were weak. Offender management had only just begun. All prisoners, including those not in scope, had

some form of sentence management. A substantial number of prisoners arrived without an offender assessment system (OASys) assessment. Lifer management was adequate. The performance of the resettlement unit (RSU) was inadequate. Work on a number of the resettlement pathways required further development, although there was good work in relation to drugs, children and families, and thinking and behaviour. The prison was not performing sufficiently well against this healthy prison test.

- HP36 The reducing reoffending policy document only described current provision and had no strategy to develop resettlement services. There was a draft strategy document, which was better and based on the assessed needs of the population. Governance structures, in particular the restructuring of the reducing reoffending committee, were an improvement.
- HP37 The resettlement unit (RSU) was a long way short of fulfilling its potential, and was underperforming. The environment and the quality of relationships between staff and prisoners were good, but the assessment process was far too long and many prisoners spent their time doing not very much.
- HP38 The offender management unit (OMU) had been created belatedly during the last 12 months, and some key staff were very new to their roles. Implementation appeared to have been a challenge, and more training and communication with staff were needed. The commitment to the offender management model was impressive, and there was an attempt to case manage every prisoner. Support from partner agencies was less evident. For example, nearly 60% of prisoners arrived without offender assessment system (OASys) assessments. All prisoners were allocated a named supervisor. Offender supervisors were present on the wings, but awareness among prisoners was mixed. Sentence planning boards had been introduced, but needed further development.
- HP39 There were about 20 life-sentenced prisoners. They complained to us about lack of progression and lack of communication. The prison had not held lifer days, and meetings with lifers were rare. There had been a few escorted town visits, and some life-sentenced prisoners had progressed to open conditions in the previous year.
- HP40 There were services across the range of resettlement pathways, although provision was underdeveloped and not strategic. An accommodation worker did some good work, but this was insufficient to meet needs, and a significant number of prisoners were discharged without accommodation. There was very limited provision to meet prisoners' finance, benefit and debt needs.
- HP41 There were some linkages between training provision and local skills needs, but they were insufficient. Job skills courses were only available to some in the RSU. Information, advice and guidance was generally good.
- HP42 Mental and physical health resettlement work was limited to discharging some prisoners with a letter to their GP and a supply of medication. Prisoners were not normally seen by health staff before discharge.
- HP43 There was a reasonable drug strategy, although it lacked targets and was not based on a needs analysis. Counselling, assessment, referral, advice and throughcare (CARAT) provision was multidisciplinary and carried a caseload of 197, although there was little one-to-one work. There was a reasonable range of short groupwork programmes, including relapse prevention and harm minimisation, and pre-release

sessions with all prisoners. The prison had delivered P-ASRO (prison addressing substance related offending) since 2002, and there was a well-integrated 12-step programme. The prison had an alcohol strategy, and a dedicated alcohol worker offered one-to-one work and a groupwork programme.

- HP44 The main problem for prisoners in maintaining links with their children and families was the remoteness of the prison from home areas – we were told that 60% came from out of the area (although we were not given full statistics). Public transport links for family visitors were poor, and the prison did not provide transport to the nearest train station or offer a free telephone call for those who did not receive visits. Family days were available, but only to enhanced level prisoners. The prison's work with the Story Book Dad initiative was exemplary.
- HP45 There was a reasonable range of accredited offending behaviour programmes, including drugs work, enhanced thinking skills (ETS), controlling anger and learning to manage it (CALM) and the motivational programme for sex offenders. However, motivational work for sex offenders on the AAU was insufficient (see paragraph HP13).

Main recommendations

- HP46 There should be greater management oversight of use of force, and analysis of incidents, in order to reduce its use and increase de-escalation.
- HP47 All alleged assaults by staff on prisoners should be immediately investigated and acted upon by managers.
- HP48 Basic hygiene requirements should be improved.
- HP49 The prison should take steps to assess the specific needs of black and minority ethnic prisoners, and ensure that they can be met.
- HP50 All prisoners should be engaged in purposeful activity.
- HP51 The role and function of the resettlement unit should be clarified, in the light of its contribution to the resettlement strategy for Dartmoor as a whole.
- HP52 Provision across the range of resettlement pathways should be properly evaluated and resourced appropriately, based on the identified needs of the prisoner population.
- HP53 There should be improved opportunities for prisoners to engage in accredited training and work activities leading to industry-recognised qualifications.
- HP54 Managers should ensure that staff engage positively with prisoners on all wings, and that the core day is adhered to.

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 Escort staff were respectful to prisoners and had good relations with reception staff, who made good use of information received. The cleanliness of escorting vehicles was generally good. There had been problems with the late arrival of prisoners' property.
- 1.2 Relationships between prisoners and escort staff were good, and staff were polite and respectful. The cellular vehicles were clean and had sufficient space. The prison received prisoners mainly from the south west, but also from South Wales and London, although journeys over two hours were rare. In such cases, prisoners were given refreshments and access to toilets.
- 1.3 Relationships between escort and reception staff were appropriate. Documentation for new arrivals was complete and to a good standard, and prisoner escort records were properly completed and legible. Information about new arrivals was shared systematically, and reception staff used it appropriately to inform initial risk assessments.
- 1.4 Prisoners and reception staff reported that there had been problems with the late arrival of prisoners' property. This had not always arrived with the prisoner, and it was sometimes difficult to arrange for items to be forwarded from other establishments after the prisoner had arrived.

Recommendations

- 1.5 Prisoners' property should arrive with them on transfer.

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.

- 1.6 The reception area was dirty, shabby and poorly designed, one holding room was not fit for purpose, and there was a lack of space to interview prisoners in private. However, initial risk assessments were effective, and reception staff had good relationships with new arrivals. There were designated first night and induction units where new arrivals had comprehensive first night interviews with trained staff, although staff handover arrangements for vulnerable prisoners on G wing were less effective. Conditions in some first night cells were poor, and

new arrivals had no access to telephones on their first night. The induction programme met the needs of new arrivals, although completion of the induction/first night assessment document was inconsistent, and it did not link into the offender management unit or resettlement services. Prisoner Insiders supported new arrivals during induction, although their work and its outcomes were not monitored.

Reception

- 1.7 The prison received about 20 to 30 new arrivals a week. As most transfers in were prearranged, the prison was aware of the number of arrivals to expect. Reception was open from 7.30am to 5pm. Lock-out times were not enforced, and staff remained on duty to process new arrivals regardless of the time they arrived.
- 1.8 The reception area was shabby and poorly designed. It was dirty and unwelcoming, communal areas had peeling paint and ground-in dirt, and the prisoner showers were unscreened. The staff office used to process prisoners was in a partitioned area in the middle of the central corridor, which made the reception area feel cramped.
- 1.9 There was no dedicated space for reception officers to interview prisoners in private, although the separate room used for health screening was adequate. The room used to strip search prisoners was cramped, cold and poorly ventilated. In our survey, 67% of respondents said that searches were carried out in a sensitive and understanding way, which was below the comparator of 72%.
- 1.10 There were three main holding rooms. Two were of an adequate size, clean and brightly decorated and adequately furnished. They had televisions, a selection of reading material and displayed up-to-date information, although this was only in English. The third holding room was stark, dirty and had no facilities for prisoners to occupy their time. Staff told us that this room was only used to accommodate vulnerable prisoners when there were too many new arrivals in reception to place them safely in one of the other two holding rooms. Records of its use were not kept.
- 1.11 Despite these poor conditions, reception procedures and the attitudes of staff in this area were good. Officers were respectful and aware of the potential risks to new arrivals. They ensured that individual safety needs were addressed, and that relevant information was communicated to staff in the first night centres on D and G (vulnerable prisoner) wings.
- 1.12 New arrivals received a comprehensive information pack about what they could expect and how to access help, but this was only in English (see also paragraph 3.78).
- 1.13 Cell sharing risk assessments were carried out with the new arrival, who was asked about any special needs or problems he needed help with. Prisoners' property was treated with respect, and they were told how to access stored property from the residential units.

First night

- 1.14 All new mainstream prisoners were located in the first night and induction unit on the upper landing of D wing. Vulnerable prisoners were admitted to the second floor landing on G wing.
- 1.15 All new arrivals had comprehensive first night interviews that focused on an assessment of short- and medium-term needs. They were informed of the key procedures, such as suicide

prevention and access to health services, and given copies of the induction programme that covered their first two weeks on the unit. New arrivals' details were recorded in a specially designed first night and induction record booklet (see paragraph 1.21), and relevant information regarding their safety on their first night was passed on to staff.

- 1.16 On D wing, this information was passed on effectively to night staff through comprehensive notes in prisoner files and written entries in the wing observation book. Night staff received detailed handover information on new arrivals' required level of observation and identified areas of risk. During our night visit, we found that night staff on D wing were aware of the location of new prisoners and were focused on potential risks to their safety.
- 1.17 Arrangements on G wing were less effective. Although prisoners had detailed first night interviews that were recorded, this information was not carefully communicated to night staff. Night staff on this wing told us that they were unaware of the location of all new prisoners, and that they were not given information about the location and risk factors of all new arrivals as a routine, although they were informed about any required observations for prisoners considered at particular risk. Entries in the wing observation books we examined did not specify the location of all new prisoners, and wing files were not made available to night staff, as they were on D wing.
- 1.18 Conditions on the wings were mixed. Not all cells were clean or properly prepared to provide a comfortable environment. Information notices were not displayed on cell boards and some communal areas were dirty (see paragraph 2.5).
- 1.19 New arrivals' access to telephones was restricted. Although staff telephoned a prisoner's family to inform them of his location and current situation, prisoners were not permitted to use the telephones themselves on their first night.

Induction

- 1.20 There was a five-day rolling induction programme that took place over a two-week period. It was delivered consistently, and began on the morning after a prisoner arrived. Designated prison officers based on the induction units saw prisoners individually to explain the content of the induction pack issued the previous night.
- 1.21 Staff ensured that all new prisoners attended the programme. Individual needs were again assessed, and recorded on the first night and induction prisoner record booklet. These records had been designed to identify and assess prisoners' safety, induction, resettlement and sentence management needs. Although the document was a useful tool to assess need and plan interventions, its completion was inconsistent. Most sections on resettlement needs and sentence planning were not filled in, and there was no evidence of consistent or meaningful links with the offender management unit or resettlement services (see paragraph 8.15 and recommendation 8.21).
- 1.22 Short-term needs were identified and referrals were made to appropriate service providers, such as counselling, assessment, referral, advice and throughcare service (CARATs), housing, employment and benefits advisers. In our survey, 32% of respondents said that they had received help with housing problems, and 33% that they received support from staff in dealing with problems relating to alcohol when they arrived, which were significantly better than the comparators of 20% and 27% respectively.

- 1.23 All new arrivals attended a two-hour group session facilitated by prisoner Insiders. The session was based on a prison information DVD that covered relevant issues concerning the establishment's policies, procedures and rules. The sessions we attended were informative and delivered with enthusiasm. Prisoners were encouraged to ask questions and to discuss matters that they felt were important. Although prisoners told us that the Insiders were a useful source of information and support, and they were generally well regarded by staff, staff did not supervise their induction session and there was no formal monitoring of their work or outcomes.

Recommendations

- 1.24 The reception area should be refurbished to provide a safe, clean and welcoming environment, including appropriate areas for new arrivals to be interviewed in private and be searched.
- 1.25 All holding rooms should be equipped with televisions, reading material and up-to-date information notices.
- 1.26 Information about what prisoners can expect from their first days in custody should be available in a range of languages.
- 1.27 The handover arrangements for first night prisoners on G wing should follow those used on D wing.
- 1.28 Prisoners should be allowed a free telephone call on their day of arrival.
- 1.29 First night accommodation should be properly prepared, clean and provide a comfortable environment.
- 1.30 There should be formal supervision and management of the prisoner Insider scheme.

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 Standards of cleanliness in many areas were poor. Double cells were unfit for purpose, and many had no or only partial privacy screening, which was unacceptable. Privacy screening was also poor in the allocation and assessment unit. The policy on the display of offensive material was not enforced. There were insufficient telephones. The prisoner consultative committee had potential, but did not pursue action points. Rules on items of property that could be sent in were unnecessarily restrictive. Many prisoners in double cells had nowhere to store their property securely. Only enhanced level prisoners could wear their own clothes, and the rules on this were unreasonably restrictive. Prison-issue clothing was not always in good condition or appropriately sized. Prisoners had good access to showers, but these were not effectively screened.

Accommodation and facilities

- 2.2 There were six main residential wings – A, B, D, E, F and G; C wing had been mothballed for many years. A, B and D wings held mainstream prisoners. F and G wings were known as the assessment and allocation unit (AAU) and held vulnerable prisoners, mainly sex offenders. E wing was the resettlement unit (RSU).
- 2.3 A wing had four galleried landings; B, D and G wings were of similar design but had a fifth basement landing. E wing was originally the segregation unit and provided accommodation on two galleried landings, as did F wing. Space was limited on all wings.
- 2.4 A, B and D wings had some double cells, initially designed for single occupancy only. The in-cell toilet in these cells was screened by a curtain. These arrangements did not provide an acceptable level of privacy and made the cells unfit for purpose. In many cases, curtains were completely or partially missing, which was unacceptable. These cells were also too small and had insufficient furniture for shared occupancy. All other cells in the establishment were single occupancy. The in-cell toilets in F and G wings were not screened from the observation port.
- 2.5 The standards of cleanliness varied across the wings. Some cells were good, but many were unacceptably dirty. Most communal areas, including landing floors, were also below an acceptable standard, with ground-in dirt. The exception was E wing, which was impressively clean throughout.
- 2.6 Prisoners on the AAU and the RSU had courtesy keys to their cells. The cells in the RSU were also fitted with wooden furniture, which made them more comfortable. All cells were provided with kettles. Furniture was often missing or damaged in the cells on the mainstream wings.
- 2.7 The establishment had just revised its policy on the display of offensive material, which prohibited the display of both above and below the waist nudity. Staff had not enforced this rule, and we saw many cells displaying posters with above the waist nudity. These posters

- were not confined to designated areas, and in some cases covered most of the available wall space. Walls were also marred by remains of toothpaste used to fix posters. Rules preventing the covering of observation ports were fully enforced by staff.
- 2.8 Association equipment was limited to pool and table tennis, which was generally in reasonable condition. Notice boards on all units had recently been updated and contained relevant up to date information.
- 2.9 All incoming mail for prisoners was sorted and checked for enclosures in a central post room. Mail for prisoners on the AAU or subject to mail monitoring on the mainstream units was sent to another department for checking. We received few complaints about the mail arrangements.
- 2.10 None of the wings had sufficient telephones for an acceptable ratio of one to 20 prisoners. A wing, for example, only had four telephones for up to 136 prisoners. All telephones were in a cubicle or had a privacy hood, except for a telephone on B1 landing. Prisoners could use the telephones during association and on midweek evenings and weekends.
- 2.11 In our survey, 47% of respondents said that their emergency cell bells were normally answered within five minutes, which was significantly better than the comparator of 42%. When we monitored staff responses to emergency cell bells, they were responded to promptly, but we had a number of complaints from prisoners about poor responses. An analysis of our survey findings indicated a particular problem on A wing, where only 28% of respondents said that their cell alarms were answered within five minutes.
- 2.12 A prisoner consultative committee had been formed in late 2007 and met monthly. Meetings were chaired by a governor grade, with prisoner representatives from each wing. Key staff from other departments also attended, as had a representative from Aramark at least once. Published minutes from these meetings confirmed that meaningful discussion took place, but there were no action points or identified individuals to take issues forward.
- 2.13 In our survey, 76% of respondents said that it was normally quiet enough for them to sleep in the cell at night, which was significantly better than the comparator of 70%. When we visited at night, we observed that the wings were generally quiet and orderly.
- ## Clothing and possessions
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- 2.14 Only enhanced-status prisoners could wear their own clothes, although the rules relating to this were restrictive and dissuaded eligible prisoners from doing so. Prisoners could only wear their own clothes during wing-based association. Underwear could be sent in, but all other clothes had to be bought through expensive catalogues.
- 2.15 There were no laundry facilities on the wings. Enhanced level prisoners on A wing could send their own clothes to the laundry once per week, and the establishment was to extend this facility to all enhanced level prisoners.
- 2.16 Prisoners complained about the quality of prison-issue clothing. In our survey, only 59% of respondents, against a comparator of 64%, said they were normally offered enough clean and suitable clothing each week. The finding for A wing was much worse, at just 28%. Prisoners showed us many examples of damaged and ill-fitting clothing that had been issued to them.
- 2.17 A published facility list clearly set out the items that could be held in possession and the permitted route for them to enter the establishment. The items that could be sent in were very

limited, and applied mostly to enhanced level prisoners only. All other items had to be purchased through catalogue orders.

- 2.18 Lockable lockers had been provided in cells since the last inspection, but some had been damaged and not been replaced. Some prisoners also lacked a key for their locker. These lockers were particularly important in double cells where prisoners needed to secure their property.

Hygiene

- 2.19 Toiletries were available for new arrivals, and each wing held a supply of replacements, although most prisoners had their own supplies on arrival and bought replacements from the prison shop.
- 2.20 Prisoners had access to showers during association. Those who were on the wings during the core weekday were unlocked for association after the wing cleaners had finished their work in the morning and afternoon. All wings were also scheduled evening association. Although association was occasionally cancelled, overall access to showers was good. In our survey, 96% of respondents, against the comparator of 92%, confirmed that they were normally able to shower every day. Most of the shower rooms on the wings had no privacy screening; those on the RSU had shower curtains, which provided partial screening only.
- 2.21 Cell cleaning materials could be easily accessed from wing cleaners. In our survey, 90% of respondents said they could normally get cell cleaning materials every week, significantly above the comparator of 75%.
- 2.22 Some prisoners told us that they could only exchange one bed sheet every week, and others complained about the quality of bed sheets returned to them. This poor service was confirmed in our survey, in which 78% of respondents, against a comparator of 85%, said they normally received clean sheets every week. Mattresses and pillows were in good condition and replaced as necessary. Prisoners on the enhanced level of the incentives scheme could buy their own duvet covers and pillowcase.

Recommendations

- 2.23 Cells designed for single use and without a separate closet for the in-cell toilet should not be used for double occupancy.
- 2.24 Effective privacy screening should be installed in all cells on the assessment and allocation unit.
- 2.25 The standards of cleanliness on the wings should be significantly improved and maintained at an acceptable level.
- 2.26 Damaged or missing items of cell furniture should be replaced.
- 2.27 The policy on the display of offensive material should be enforced, and prisoners' posters should be restricted to designated areas of their cells.
- 2.28 Additional telephones should be installed to meet an acceptable ratio of one telephone to 20 prisoners. The telephone on B1 landing should be fitted with a privacy hood.

- 2.29 Emergency cell bells should be answered without delay.
- 2.30 Standard prisoners should be able to wear their own clothes, and all eligible prisoners should be able to have clothes sent in and laundered in the prison, and to wear their own clothes during suitable off-wing activities.
- 2.31 Prisoners should be issued with enough clean, suitable and well-fitting clothing each week.
- 2.32 The restrictions on property being accepted through the post should be relaxed for all prisoners.
- 2.33 Prisoners in double occupancy cells should be provided with lockable lockers.
- 2.34 All showers should be effectively screened through the installation of individual cubicles.
- 2.35 Prisoners should receive two clean bed sheets each week.

Housekeeping points

- 2.36 Toothpaste stains on cell walls should be removed and cells repainted as necessary.
- 2.37 Minutes of the consultative meeting should include action points and an identified person to take matters forward.

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.

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| 2.38 | Staff-prisoner relationships were mixed, but insufficiently proactive, except on the resettlement and vulnerable prisoner wings. Prisoners had mixed views about the staff, but most believed that staff treated them with respect. The quality of interaction between staff and prisoners during association was satisfactory. |
|------|---|
- 2.39 In our survey, 79% of respondents said that staff treated them with respect, a positive finding that was close to the comparator of 76%. However, the responses of prisoners on A wing (64%) and, to a slightly lesser extent, on D wing were more negative than those on other wings. Although there was little evidence in our survey that prisoners believed staff were intimidatory, there were again more negative views about this on A and D wings.
 - 2.40 In discussion, prisoners expressed mixed views. Many were non-committal or generally positive, but others saw staff as lazy, standoffish and unreliable. These comments reflected the ambivalent findings in the last measuring the quality of prison life (MQPL) survey. Many prisoners said that staff spent too much time in their office, which we also observed during

much of the core day. However, we also observed positive engagement during evening association. Many prisoners were negative about managers and tended to blame them rather than the staff in general for their concerns. Managers of all levels were not often to be seen about the prison.

- 2.41 Our observations suggested that engagement between staff and prisoners was generally satisfactory and in parts of the prison, in particular the RSU, very good. Vulnerable prisoners were also more positive about the staff on their units. We were, however, concerned that the levels of use of force, the condition of some of the accommodation, and the frequent early lock-ups suggested institutional disrespect or poor management. Prisoners' preferred names were not generally used, and staff sometimes barked instructions to prisoners across landings.

Personal officers

Expected outcomes:

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

- 2.42 Despite management efforts to relaunch the personal officer scheme, it had little positive effect, but did appear to be more embedded on the vulnerable prisoner and resettlement units. Entries in wing history files were generally observational only, with little evidence of positive engagement by staff. Management checks had improved.
- 2.43 The personal officer scheme had been recently relaunched, and lists of personal officers and their prisoners were publicised in each wing. However, the scheme had not positively affected outcomes for prisoners. Most prisoners said they did not know who their personal officers were or had not met them. In our survey, only 22% of respondents, against the comparator of 32%, said that they had met their personal officer in the first week, and only 42%, against 47%, said they had found their personal officer helpful or very helpful. The response on A wing was much worse, at just 18%.
- 2.44 Entries in wing history files were variable. We saw some good entries, but also found others that had not been updated for several months; this was a particular problem on G5 landing. One history sheet had two consecutive entries: 'I don't know this man at all'; 'I still don't know this man that well but it appears that he has a problem getting out of bed for work'. The next entry raised him to enhanced status; he was then put on basic, and then raised to standard – all without any evidence in the file of behaviour that would support these moves, or of the fact that he had been adjudicated on for a drugs offence. Most wing history files, however, had regular entries that were observational, with no evidence of meaningful or positive engagement with the prisoner. Wing files on the vulnerable prisoner and resettlement units showed more evidence that personal officers had introduced themselves to prisoners than those on the mainstream wings.
- 2.45 Wing history files showed little evidence of management checks. Where these had taken place, they were superficial. However, the establishment had recently introduced computerised checks, which provided a more meaningful analysis of the quality of wing file entries.

Recommendations

- 2.46 The personal officer scheme should be developed further and better promoted, with improved management oversight and links to offender management.
- 2.47 Personal officers should introduce themselves to their charges at the earliest opportunity, engage with them regularly, and record evidence of this in wing history files.
- 2.48 The recently introduced computerised management checks of wing history file entries should be maintained, and managers should check these regularly.

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.

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- 3.1 Most prisoners said they felt safe at Dartmoor, although those on A wing felt less safe. Safer custody meetings were held monthly, but had limited information to analyse. In spite of the good work of the anti-bullying coordinator, anti-bullying work was not embedded in all parts of the prison, and the quality of engagement and monitoring was not consistent. Better management of the system was needed, together with further training for prison staff.
 - 3.2 The safer custody committee incorporated violence reduction, anti-bullying and self-harm and suicide prevention, which was appropriate. The committee met monthly, had representation from all key departments, and was chaired by the head of residence. Information analysed was, however, limited to very basic data on incidents of violence. Reports about other aspects of safer custody were only presented when the lead for that area attended the meetings. Information was not discussed or analysed over time or between meetings to evaluate trends or patterns. No quarterly evaluations or annual reports were prepared.
 - 3.3 The anti-bullying strategy was reasonably comprehensive, but did not include an action plan or developmental objectives. It was widely advertised across the prison on anti-bullying notice boards, and also covered in the induction programme.
 - 3.4 The anti-bullying coordinator was a senior officer. Although her role was to coordinate the strategy, in practice this did not extend beyond her wing. Implementation on the other wings was largely down to wing managers, although the coordinator offered advice and support.
 - 3.5 As there was only limited evaluation of violent incidents at the safer custody meetings, the identification of bullying or potential bullying was determined by a complaint from a prisoner or an officer. This meant that there were inconsistencies across the prison. In 2007, 27 anti-bullying logs had been opened of which 19 were at stage one and eight at stage two. Of these logs, 11 were on G wing, where the anti-bullying coordinator was based, which was equivalent to the total for both A and B wings during this period. Anti-bullying work appeared to be more embedded on G and F wings.
 - 3.6 The quality of anti-bullying investigations was generally reasonable and consistent across the prison, but once logs were opened the quality varied considerably. We saw good examples of case reviews and active staff involvement on G wing, but elsewhere some cases lacked reviews and staff comments were often routine. Most cases had management checks, but these rarely included any quality checks or comments. The safer custody manager did not review cases or undertake management or quality checks, even after cases had been closed.
 - 3.7 There was no formal work with either bullies or their victims. Identified victims were interviewed to ascertain their feelings and address any concerns, but little more was available. The

Amethyst project, run at the prison until 2007, had provided support for victims. Two of the workers still offered support and help on a one-to-one basis to vulnerable prisoners. However, a structured programme was no longer available. Although all anti-bullying logs included a referral form to this service, none had been completed during 2007 and no victims had been referred for such support.

- 3.8 We were told that senior and principal officers had undertaken basic training in investigation work, but most prison officers had received only awareness training in anti-bullying.
- 3.9 In our survey, while a similar figure to the comparator said that they had felt unsafe at Dartmoor (26% against 27%), there were significant variations between the wings; for example, the response on A wing was 52%. And although only 4% of respondents, against the 16% comparator, said that they felt unsafe currently, this ranged from zero for respondents on F and G wings to 9% on A wing.

Recommendations

- 3.10 Information on all violent incidents should be reported monthly to the safer custody meeting, and incorporate quarterly evaluations of patterns and trends.
- 3.11 An anti-bullying report should be prepared monthly, and include a quarterly analysis of pattern and trends.
- 3.12 The anti-bullying reports should include cross-wing evaluations to assess any differences between wings.
- 3.13 The anti-bullying strategy should include annual objectives that are reviewed at safer custody meetings.
- 3.14 The safer custody manager should check all anti-bullying logs to establish learning points and examples of good practice.
- 3.15 Anti-bullying logs should include a formal review after 14 days and every seven days thereafter.
- 3.16 Anti-bullying logs should include quality reviews as part of management checks.
- 3.17 There should be a programme for prisoners on stages two or three of the anti-bullying strategy.
- 3.18 There should be a programme of support for victims of bullying.
- 3.19 All staff should undertake anti-bullying training.

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 was an appropriate system to manage self-harm and suicide, but the quality of interventions varied across the establishment. Information was not well reviewed in the safer custody meetings, and management checks did not include assessment of quality.
- 3.21 The suicide prevention coordinator prepared monthly reports for the safer custody meetings. The reports contained a range of information, including the location of incidents, the type of incident, and a list of prisoners subject to assessment, care in custody and teamwork (ACCT) self-harm monitoring. The information was not evaluated on a quarterly or annual basis, and it was not, therefore, possible to establish any significant patterns. There was little analysis of information at the meetings.
- 3.22 The suicide prevention policy was comprehensive and covered key aspects of prevention and management, but contained no developmental objectives. The suicide prevention coordinator was allocated only eight hours a week facility time, although 134 ACCT documents had been opened in 2007, averaging 11 per month. At the time of the inspection, there was only one open case.
- 3.23 The ACCT policy was followed appropriately, but the quality of case management and staff engagement varied considerably across the establishment. During the inspection we reviewed the 11 most recent cases, including the one that was open. The assessments in these were generally reasonable, but care maps were often vague and non-specific about who was responsible for objectives. The specific role of officers was rarely identified, and personal officers were not involved routinely. Only two of the 11 cases reviewed made direct reference to the care map objectives, and none included details of any contact with the prisoner's family.
- 3.24 Reviews were undertaken on time and at appropriate intervals, but were rarely multidisciplinary. In two cases we reviewed, mental health staff were involved but did not attend reviews or make written contributions. Meetings usually included the prisoner and wing staff. Although subsequent review dates were always set at the end of meetings, these were not published (even to the safer custody meeting) so departments did not know when they were due, unless they were specifically involved. The prisoner on an ACCT at the time of the inspection was not aware of his next review, even though it was planned for the following day.
- 3.25 The quality of file comments also varied considerably. Although there were examples of staff engagement, many entries were observational and did not indicate active staff involvement. Despite this, the prisoner subject to ACCT said that staff regularly engaged with him, even though this was not clear from the documentation. Management checks were undertaken appropriately, but did not include quality checks. In October 2007 the prison had introduced a file check system to review all ACCT cases once they were closed to ensure that appropriate procedures had been followed. Although these reviews were undertaken, they had not yet been collated or assessed, and did not evaluate quality.
- 3.26 At the time of our inspection there were only four trained Listeners, although some prisoners were being trained for this role. Listeners said they were well supported, although demand for their services appeared to have declined recently. This had been identified by the safer custody group, but there was no clear explanation for this decline. There were two Listener suites – one on G wing for vulnerable prisoners, and one on D wing for main location prisoners. Prisoners could contact the Samaritans free of charge from the wing telephones or through the staff telephones when these were not available.

Recommendations

- 3.27 Self-harm and suicide prevention information should be analysed quarterly to establish patterns and trends.
- 3.28 There should be annual strategic objectives to ensure the development of self-harm and suicide prevention work.
- 3.29 Management checks of assessment, care in custody and teamwork (ACCT) cases should include both systemic and quality assessments, and be used to develop good practice.
- 3.30 Families of prisoners subject to ACCT should be informed, and given the opportunity to offer support, with the agreement of the prisoner.
- 3.31 The post-ACCT evaluation forms should be collated and evaluated to identify learning points, and should also include assessments of quality.
- 3.32 ACCT care maps should be SMART (specific, measurable, achievable, realistic and time bound), and should be reviewed in all ACCT reviews.
- 3.33 ACCT reviews should be multidisciplinary, and heads of appropriate department should be given advance notice of forthcoming ACCT reviews.

Diversity

Expected outcomes:

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

- 3.34 There was no diversity committee. Some departments had poor access for prisoners with limited mobility. There were arrangements to identify prisoners with physical disabilities, but not for those with learning disabilities. The level of retirement pay was unacceptably low. The regime contained no age-appropriate activities or specific elements to meet the needs of prisoners with disabilities. There had been no consultation with older prisoners or those with disabilities.
- 3.35 There was no effective meeting to discuss the wider aspects of diversity. The race equality action team focused on race issues, and the diversity and equal opportunities committee covered issues relating to staff. In the past three years, over 91% of staff had been trained in diversity.
- 3.36 There was a new diversity and equal opportunities liaison officer. This post was now full-time; the previous liaison officer had not received the allocated facility time, and we were assured that work profiles had been amended to address this.
- 3.37 Notice boards raising awareness of diversity were prominently displayed across the establishment. Policy statements and a recently revised disability discrimination policy document were in place. There was no policy document that covered gay prisoners. However,

we noted that an anti-bullying report had been submitted after a prisoner was heard making homophobic remarks.

- 3.38 The age and design of the establishment made access difficult in some areas for people with limited mobility. Many of the secure corridors linking the residential units and activity areas were undulating, and there was a particular problem with access to education. The only cell with an adaptation for disabled prisoners was on A wing, where the emergency cell call bell had been lowered. No cells had wide enough doors to accommodate wheelchairs. Prisoners with serious disabilities tended to be located on A wing or the vulnerable prisoner unit, which had showers with seats and grab rails, although none were effectively screened (see paragraph 2.20). There had been no independent review of the layout or facilities for prisoners with disabilities.
- 3.39 New arrivals were asked to complete a self-reporting form for physical disabilities, which appeared to work well. However, arrangements to screen for learning disabilities were poor. This screening was not included in the education induction assessment.
- 3.40 Prisoners with self-reported or visible physical disabilities were seen individually by staff. Special needs were identified, and the fire officer prepared a personal emergency evacuation plan. However, when we requested the evacuation plans for prisoners with disabilities on A wing, staff could not immediately find them.
- 3.41 Prisoners with physical disabilities had a nominated volunteer prisoner helper. The help provided depended on the extent of the prisoner's disability, but usually included fetching meals, cleaning their cells and generally supporting them on the wing. None of the helpers had been trained for the role or received any additional payment.
- 3.42 There were 22 prisoners over retirement age at the time of inspection, the oldest being 80. Only three had formally retired; the rest were employed, many on wing-based tasks. Retirement pay was only £3.25 per week, which was unacceptably low. Not all retired prisoners had free in-cell television, which was available for those on the enhanced level.
- 3.43 Apart from a PE session for prisoners over 45, there was no special regime for older prisoners, and nothing for those with disabilities. There had been no consultation with these groups of prisoners. The library held a small selection of large print and audio books, and further items could be ordered.

Recommendations

- 3.44 A committee should be set up to discuss the wider diversity issues affecting prisoners.
- 3.45 There should be improved physical access to key departments and reasonable adaptations to meet the needs of prisoners with disabilities.
- 3.46 There should be effective arrangements to screen new arrivals for learning disabilities.
- 3.47 Prisoner helpers should be trained and receive payment for their role.
- 3.48 Retirement pay should be increased to the level of average prisoner pay in the establishment.

- 3.49 Older prisoners and those with disabilities should have access to a regime that fully meets their needs and provides a range of appropriate activities.
- 3.50 Consultative meetings should be held with older prisoners and those with disabilities.

Housekeeping point

- 3.51 Staff on A wing should be aware of the location of personal emergency evacuation plans for prisoners with disabilities.

Race equality

Expected outcomes:

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

- 3.52 The structures to promote race equality and governance through the race equality action team were satisfactory, although representation from external agencies was underdeveloped. There was a lack of consultation with black and minority ethnic prisoners, and limited cultural awareness. There were not enough prisoner race representatives on the wings, and their role and contact arrangements were not fully understood by prisoners. Prisoners lacked confidence in the race complaints procedures, and we had concerns about the quality of some replies to these complaints.

Race equality

- 3.53 A race equality policy document had been published. It clearly explained in simple language the role and responsibilities of all staff and prisoners in maintaining and promoting good race relations. Separate operational instructions issued to staff set out what was expected of them in terms of behaviour and commitment, and the protocols and management arrangements in this area.
- 3.54 Implementation of policy was monitored and managed by the race equality action team (REAT), which met monthly, chaired by the deputy governor. The team represented all areas of the prison, and included senior managers, residential staff, prisoners and the chaplaincy. Representation from community groups was inconsistent; a member of the Race Equality Council had attended only two meetings in 2007. There had been initial contact with a Plymouth-based race inclusion group (Fata He), and there was a draft proposal from the Devon prisons cluster (Dartmoor, Channings Wood and Exeter) to develop a sustainable community engagement model. At the time of our inspection, there were no plans to implement this proposal, and no evidence that the aims of this document were being pursued.
- 3.55 Ethnic monitoring took place using range-setting methodology. All areas were covered, including employment, prisoner location, use of force and segregation. Results were analysed, and action was taken and monitored at REAT meetings.
- 3.56 A trained senior officer had been appointed full-time race equality officer (REO) and was well supported through the REAT, with direct access to the deputy governor. This role was well advertised on notices throughout the prison and described in the induction programme

material. Despite this, some prisoners on induction and on A wing said that they were unsure how to contact the REO or who they could approach about their treatment.

- 3.57 An assistant race equality officer had been appointed, but had not been allocated time to support the REO effectively. As a result, all the day-to-day management of race equality fell to the single senior officer.
- 3.58 A large proportion of black and minority ethnic prisoners, particularly those from inner city communities, said they felt culturally isolated and that the prison lacked understanding of their specific needs. As at the last inspection, there were no black or minority ethnic staff employed at the prison. Prisoners felt that the geographical location of the prison, and the local monoculture, meant they were not listened to and were generally treated less well than white prisoners. They said that staff were sometimes dismissive of their suggestions and often misinterpreted some aspects of their behaviour as being difficult or demanding. The lack of cultural awareness was evident in a response to a prisoner's request for the Caribbean dish 'rice and peas' to be available; the response was that this was already adequately provided for, as prisoners had portions of rice during the week, and peas were often served as a vegetable with the main meal. Staff were not offered diversity training, and there had been no events to promote cultural awareness.
- 3.59 In our survey, only 59% of black and minority ethnic respondents said that staff treated them with respect, significantly worse than the 81% response from white prisoners, and 18%, against 2% of white respondents, said that they had been victimised by staff because of their race.

Managing racist incidents

- 3.60 Racist incident report forms were available in designated areas on all wings, along with locked boxes for prisoners to post completed forms confidentially. The forms were usually delivered to the REO within 24 hours of submission.
- 3.61 There had been 70 racist incident report forms submitted in 2007 and eight in January and February 2008. Reported incidents were investigated by the trained REO, and subsequent reports were submitted to the deputy governor for approval.
- 3.62 The quality of replies to complaints was inconsistent. Responses were not always respectful, not all complaints were fully investigated, and complainants did not always receive written replies. There were examples where the important issues had not been addressed, and there was too much focus on bureaucratic process rather than the incident itself. We saw four cases where the prisoner's complaint had been returned without investigation because he had used the wrong form. Prisoners were not referred to by their titles or preferred names, and communication between the complainant and the investigating officer was generally poor. Updates on progress were not given, and victim support plans were not used.

Race equality duty

- 3.63 There were methods to assess the impact of policies and practices on black and minority ethnic prisoners. There had been formal assessments of important areas such as disciplinary procedures, complaints, segregation and access to activities. Areas that required attention were identified, and added to an overarching race equality plan that was monitored by the REAT monthly.

- 3.64 There were no arrangements for frequent and effective consultation with black and minority ethnic prisoners. Prisoner race representatives had been appointed on four of the six wings, but not D and F wings – although black and minority ethnic prisoners on these wings could request to see a representative from another wing. Although the representatives saw new arrivals during their induction programme, their role was not fully understood by all prisoners and access to them was restricted. There were no specific opportunities for black and minority ethnic prisoners to meet together formally.

Recommendations

- 3.65 The assistant race equality officer should be allocated formal time to support the work of the race equality officer.
- 3.66 The prison should progress efforts to establish links with external black and minority ethnic and race equality groups.
- 3.67 All reports of racist incidents should be investigated thoroughly, and the investigator should maintain regular contact with the complainant.
- 3.68 Written replies should be made to all racist incidents complainants.
- 3.69 There should be support plans for victims of racism.
- 3.70 Prisoner race representatives should be appointed on all wings.
- 3.71 Groups of black and minority ethnic prisoners should be enabled to meet together to air their views.
- 3.72 Diversity training should be introduced for all staff.
- 3.73 There should be regular events to celebrate ethnic and cultural diversity.

Foreign national prisoners

Expected outcomes:

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

- 3.74 A comprehensive foreign nationals policy had been published, but most of its content had not been implemented. There was no nominated coordinator or governance arrangements, and translation services were underdeveloped. There was, however, good management of immigration casework.
- 3.75 At the time of inspection, 41 foreign national prisoners were held at Dartmoor, including two held solely under immigration powers.
- 3.76 A foreign nationals policy had been published in February 2008. It clearly set out protocols, procedures and entitlements for foreign national prisoners, and gave appropriate attention to the primary problems of family contact, immigration and language. It described the prison's

strategy for outcomes for prisoners, and how implementation would be managed. It also contained educative material for staff on the cultural differences between groups of foreign national prisoners and how this could affect their behaviour. However, we found that many of these protocols had not been implemented and management arrangements had not been developed. Residential staff were unaware of the document's content, and it was not found on any of the wings.

- 3.77 There was no foreign nationals coordinator or wing-based foreign national liaison officers, as described in the policy document. There was no multidisciplinary committee to ensure that the policy was being implemented. Apart from occasional reports from the REO at REAT meetings, there was no evidence that the needs of foreign national prisoners were addressed.
- 3.78 There was little information translated into foreign languages. Although a telephone interpreting service was available, staff, particularly those working in reception, were unaware of how to use it. Local policies and rules had not been translated, there were no records of staff who could speak foreign languages, and there was a lack of reading material in foreign languages in the library.
- 3.79 Despite this generally poor implementation of policy, there was an effective system to identify foreign national prisoners and seek to ensure management of their individual immigration cases. A trained administration officer in the offender management unit ensured that all foreign national prisoners were identified during reception. She saw all new foreign national prisoners during their induction, and held monthly question-and-answer group sessions. She had developed strong links with local immigration offices and independent legal advisers, and ensured that information concerning individual cases arrived into the prison on time.

Recommendations

- 3.80 The foreign nationals policy should be fully implemented.
- 3.81 A foreign nationals coordinator with sufficient time to carry out their duties should be appointed.
- 3.82 There should be a multidisciplinary foreign nationals committee to oversee the foreign nationals policy.
- 3.83 All staff should be aware of how to access interpretation services for prisoners.
- 3.84 Reading material in foreign languages should be provided in the prison library.
- 3.85 Local policies and prison rules should be published in foreign languages and made available to prisoners.

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.

- 3.86 The application process had improved and prisoners were more satisfied with this, but they viewed the complaints system less favourably. A large number of complaints had been received during the previous six months. Management oversight was ineffective.
- 3.87 Application and complaint forms were freely available on all wings, as were envelopes for confidential access complaints. There were complaints boxes for the Independent Monitoring Board on all wings, as well as posters advertising the Prisons and Probation Ombudsman.
- 3.88 Application forms with carbon copies to track progress had been introduced in October 2007, and prisoners were more satisfied with this system. Applications were collected and distributed daily, and wings maintained a log of applications, although this was not always completed to indicate when they were responded to.
- 3.89 Governors' applications logs were maintained on all wings and used appropriately. However, several applications appeared to be outstanding because they had not been signed off as completed.
- 3.90 The psychology department had undertaken a complaints survey, published in December 2007. This attracted a small number of respondents, but indicated a high level of dissatisfaction with the management of complaints.
- 3.91 The prison tracked the date of receipt of each complaint and when it was resolved or upheld, but we noted some discrepancies in recording dates of resolution. Complaints that related to bullying were copied to the anti-bullying coordinator. During the previous six months, over 700 complaints had been recorded, including confidential access. The main subjects were property and cash, regime activities, letters and visits, and pre-release/release issues. The vast majority of complaints were rejected, and only 11% were upheld at stage one.
- 3.92 We saw some evidence of complaints related to race relations that had not been handled well. Some complaints were not referred to the REO, and others which were, were not automatically cross-referenced as a racist incident complaint or were returned to the prisoner for not being written on the correct form (see paragraph 3.62).
- 3.93 Most responses to complaints were courteous and respectful, although there were some exceptions. There were no robust quality assurance management processes to ensure that the complaints system was effective.

Recommendation

- 3.94 Wing logs and governor applications logs should routinely record when applications are completed.
- 3.95 Complaints should be routinely sampled to ensure that responses are respectful and address issues appropriately.
- 3.96 Quality assurance processes should be introduced to ensure that complaints are managed and recorded within designated timescales.

Legal rights

Expected outcomes:

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

- 3.97 Arrangements for legal services were hampered by frequent staff redeployment to other duties. This created a delay in prisoners receiving legal mail. Responsibility for maintaining an appellants' register was unclear, and material relating to prisoners' appeals was not handed directly to them.
- 3.98 Two staff trained in legal services work received nominal facility time to manage legal services. Three more staff had been trained, but were not allocated any facility time. Although the legal services officers were expected to be available to prisoners on one day a week, they were frequently deployed to other duties. As a result, legal services had not been available for up to a month at a time. This had negative consequences for prisoners, as their legal mail relating to appeals was often held in the office for several weeks before it was distributed to them.
- 3.99 Some limited information on legal services was provided as part of the induction programme, and written notices were displayed on most wings, although these were primarily in English. Prisoners could make an application to see legal services staff. Logs maintained by legal services officers showed that the service was well used. They gave advice to prisoners on appeals, securing legal representation and getting representation in dealing with immigration issues, and had a range of leaflets from the Legal Services Commission as well as some reference manuals. They had developed some positive local links for prisoners facing deportation.
- 3.100 There was a reasonable range of legal information for prisoners in the library and this was updated regularly. The library had copies of key legislation, legal reference books, Prison Service orders and notices, and other texts. Most of these documents were in English only.
- 3.101 There were three interview rooms for legal visits in the visits area, and legal visits were usually scheduled on one day each week. The number of visits slots available appeared to meet the level of demand.
- 3.102 One staff member was temporarily maintaining an appellants' register, following a change in responsibility, and links to the legal services staff were underdeveloped. When mail relating to appeals was received, a copy was placed on the prisoner's record and a copy was sent to the legal officer with the expectation this would be passed to the prisoner. This was being done but was not timely.
- 3.103 In our survey, 43% of respondents against a comparator of 39% said that staff had opened their legal mail when they were not present. We noted several complaints from prisoners about this.

Recommendations

- 3.104 Staff allocated to undertake legal services work should not be deployed to other duties.

- 3.105 Prisoners should have access to their legal mail swiftly in the absence of legal services staff.
- 3.106 Information on legal services should be available in a range of languages.
- 3.107 There should be clear responsibility for maintaining an appellants' register and liaison with legal services staff.
- 3.108 Legal communications to prisoners should only be opened in their presence.

Substance use

Expected outcomes:

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

- 3.109 Clinical provision for substance misuse was appropriate, but limited. The introduction of the clinically enhanced programme was being well managed, but there was the potential for differential services. Positive mandatory drug testing rates varied between the wings, and were mostly for opiates.

Clinical management

- 3.110 Demand for clinical support for substance misuse was low, and there had been only four cases in the previous 12 months. In each case, the detoxification programme offered was lofexidine (a non-opiate based medication). Appropriate procedures and protocols were in place and, if needed, a prisoner could transfer to HMP Exeter or Bristol for more comprehensive support, although this had not occurred for over two years.
- 3.111 Dartmoor had been identified to support the clinically enhanced programme (CEP) as part of the national integrated drug treatment system (IDTS). The programme had been implemented in mid-January 2008 within the prison cluster arrangement with Exeter and Channings Wood. A clinical nurse lead was identified to work across the cluster, with a further three dedicated staff at Dartmoor. Three prisoners had so far transferred to the prison under this model, and at the time of the inspection one prisoner was on a methadone maintenance programme. There was a good range of appropriate procedures and protocols, and the prison had strict criteria for acceptance. Prisoners subject to IDTS and serving a sentence up to 12 months were accepted. They were expected to have already completed the 28-day psychosocial programme at the sending prison, as this was not available at Dartmoor. Prisoners on CEP were accommodated on D3 landing, where there were appropriate dispensing facilities. The prison planned to take up to 40 prisoners under this scheme.
- 3.112 The implementation of CEP had had only minimal impact on the prison regime so far and was regarded positively by staff. The GP reviewed CEP prisoners weekly, and an identified counselling, assessment, referral, advice and throughcare (CARAT) worker undertook appropriate support work. There was a good IT system to ensure information sharing between the CEP team and CARATs. However, as prisoners on CEP received methadone while those

not under this programme could only obtain lofexidine, there was the danger of a differential service. There was a need to offer a wider programme of support to those prisoners who required clinical support but were not on CEP.

- 3.113 There were good links between CARATs and healthcare, and there was a protocol for referring prisoners and information sharing. There were regular naltraxone (an opiate antagonist) clinics, and in the previous 12 months nine prisoners had been released on such a programme. At the time of the inspection, a further six were on a waiting list. Camprostate was also available on release, where appropriate, for prisoners with alcohol-related problems

Drug testing

- 3.114 The random mandatory drug testing (MDT) rate for the preceding six months was 10.36% across the whole establishment, but varied between wings. On A wing it was 17%, while on F and G wings it was only 3.7%. The drug strategy group did not collate figures on a monthly basis and, as a consequence, there was no strategic approach to manage this variation
- 3.115 Suspicion testing during this same six-month period produced a positive rate of only 29.2%. The number of tests varied considerably from 27 in October 2007 to zero in November 2007. A significant number of requests for suspicion testing had to be dropped due to delays in undertaking the tests. In the six weeks before the inspection, 10 tests had either been abandoned or had been so delayed that this had reduced the potential for identifying anything other than cannabis (which stays in the system for considerably longer than opiates). The MDT facilities were reasonable, and weekend testing targets were met.
- 3.116 In our survey, 41% of respondents, significantly above the comparator of 29%, said that it was easy or very easy to get illegal drugs at Dartmoor. Security arrangements appeared appropriate, although in the previous six months there had been only four drug finds – two of which were thrown in over the wall. The prison had two passive and two active drug dogs, and passive dogs were used during most visits. Visitors who were indicated by the dog were offered the option of a closed visit, even if there was no corroborating evidence to indicate that the prisoner was involved in drug misuse. Given that many visitors travelled considerable distances, this policy appeared inappropriately harsh (see recommendation 8.76). Screens in the visits hall were not secure enough to prevent illicit substances being passed over to prisoners (see paragraph 8.71).

Recommendations

- 3.117 Clinical provision for prisoners requiring detoxification should include methadone and/or buprenorphine as an alternative to lofexidine.
- 3.118 Mandatory drug testing figures should be analysed monthly by wing to evaluate patterns of use and demand.
- 3.119 Suspicion tests should be undertaken within three days of submission of security information.

Vulnerable prisoners

- 3.120 Vulnerable prisoners said they were treated with respect and generally felt safe, and their relationships with staff were positive. Their access to work and education was reasonable, although not as broad as prisoners on the main wings. Some prisoners were located on F and G wings to escape debts or bullying on the main wings, and there were few efforts to relocate them back to the main prison.
- 3.121 Vulnerable prisoners represented over a quarter of the prison population. Most were located on F and G wings and had asked for protection because of the nature of their offence. Approximately 30 other prisoners were also located on these wings after requesting protection as a consequence of drug debts, being a poor coper or threats on the main wings. Prisoners who elected to transfer from the main wings were risk assessed to ensure they did not pose a risk to other prisoners. Once a prisoner had transferred to these wings, it appeared that there were no efforts to reintegrate them on to the main wings.
- 3.122 The prisoners we spoke with on these wings reported positive relationships with staff. They described the wings as calm, and were satisfied overall with their location. They also said that movements through the prison were well managed by staff, and that they were not routinely subject to taunting from other prisoners. However, many were sex offenders in denial and there was little evidence that staff were trying to challenge or motivate them.
- 3.123 Vulnerable prisoners' access to employment was reasonable, although they did not have the full range of working opportunities. Access to education was good, and there was a high level of access to the gym. However, prisoners said that staff from F and G wings were more likely than others to be redeployed when there was a staffing shortfall.

Recommendations

- 3.124 Vulnerable prisoners should be regularly assessed to ensure their suitability and safety to return to the main prison, and should be given appropriate support to reintegrate.
- 3.125 Staff shortages should be covered on an equitable basis by staff from all wings.

Section 4: Health services

Expected outcomes:

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

- 4.1 Devon Primary Care Trust (PCT) was responsible for the commissioning of health services. A health needs audit was in progress, and future health provision was subject to tendering. Health services were developing well, primary care was very good, and there was excellent chronic disease management. A wide range of external health professionals visited regularly. Dental waiting lists were long, but extra clinics had been introduced. Mental health provision was satisfactory, but there was a lack of multidisciplinary working

General

- 4.2 Dartmoor was part of the Devon cluster of prisons, along with Exeter and Channings Wood. A healthcare governor for the Devon prisons health partnership (DPHP) provided managerial and clinical support for the three prisons. He sat on the senior management team and the prison partnership board. There was a strong partnership between the prison and the PCT.
- 4.3 There was evidence that prisoners could access a health service equivalent to that in the community. The healthcare department had been extensively refurbished and was a clean, modern facility. All areas were well maintained by the healthcare orderly. There was a good range of consulting and treatment rooms, which were appropriately furnished, equipped to a high standard and provided privacy for patients. Access for prisoners with disabilities was good. One of the nurses was responsible for infection control, and was working through the recommendations of the audit.
- 4.4 The main treatment room was large and well equipped. Medicines were securely stored in metal cabinets. There were two hatches on to a corridor where prisoners collected their medication, but only one was in use.
- 4.5 There was a well-equipped x-ray facility for on-site x-rays and ultrasounds, which reduced the number of prisoners needing to attend outside hospitals.
- 4.6 The dental surgery was modern, clean and light. Equipment was good and met infection control guidelines, but a new amalgam separation unit was needed.
- 4.7 Waiting rooms were comfortable, and health promotion material was available. Office accommodation was good, but there was no electronic clinical management system.
- 4.8 Three cells on F and G wings had been combined to create a healthcare facility. Although small, the area was clean, tidy and well equipped, had good facilities, and provided appropriate privacy. Clinical records for prisoners on these wings were held in locked filing cabinets. There was also a small treatment area on D wing for prisoners on the clinically enhanced programme (CEP)(see paragraph 3.111). The room was satisfactory with limited, but appropriate clinical equipment. There was a comprehensive set of clinical policies and protocols in all treatment areas.

- 4.9 The healthcare room in reception was fit for purpose. A lockable medicine cabinet held a small stock of pain relief medication.
- 4.10 The healthcare department recognised the importance of health promotion, but an overarching health promotion policy was needed to improve its prominence.
- 4.11 A named nurse had responsibility for work with older prisoners. All prisoners over 55 were invited to undergo a comprehensive health check, including physical and mental health assessment. This was a well-established and important area of care. There were also excellent links with a local disablement centre, which provided support to the prison including assessments of prisoners by specialist workers, where appropriate, to provide any necessary aids to daily living. Specialist equipment, such as walking frames, was easily accessed through local NHS resources.
- 4.12 Several local hospitals provided specialist services, and up to four prisoners a day could attend external appointments, in addition to day cases. Only a few appointments were cancelled due to lack of escort staff, and in some cases this was to allow emergencies to be taken out.

Clinical governance

- 4.13 The Devon cluster was managed on a day-to-day basis by the healthcare governor and a clinical nurse lead, who both provided strong support to the cluster nursing team. At Dartmoor a part-time non-clinical principal officer was the practice manager with responsibility for the day-to-day management of healthcare. Three band 6 level 1 nurses (general) provided clinical leadership, and all had specific clinical responsibilities for identified areas. The rest of the clinical team was comprised of level 1 nurses with general, mental health and learning disability nursing qualifications and three healthcare workers. Some long-term sickness and nursing vacancies had affected delivery of care, but were being resolved. The overall nursing skill mix was good and staffing levels were appropriate
- 4.14 Two GPs provided five clinical sessions a week. The GPs worked across the cluster and one was in the prison four days a week. The local PCT on-call system covered out-of-hours needs, and this worked well.
- 4.15 Administrative staff included a full-time medical secretary and two administrative officers, one full-time and one part-time. One of the administrators was a qualified radiographer and able to undertake the majority of x-rays and ultrasounds at the prison.
- 4.16 Clinical supervision and ongoing professional development were supported by the PCT. Nurses were currently accessing high level courses, which would bring additional benefits to patients. There was a comprehensive range of NHS publications and guidelines for staff.
- 4.17 The emergency equipment was held in the main treatment room and was regularly checked. However, the amount of equipment needed to respond to an emergency on the wings appeared excessive, and was too heavy to be carried around the prison easily.
- 4.18 Paper clinical records were used, although an electronic system was due to be installed. Records were kept in the main administrative office. Those we reviewed were generally well written, although signatures and designations were often indecipherable. This was unacceptable as clinical notes are legal documents and signatories should be apparent. There was a central record of staff signatures, but the list was incomplete and not regularly updated.

Old records were stored in the healthcare building and at HMP Exeter; these were retrieved when prisoners returned to the prison.

- 4.19 The practice manager and clinical lead addressed all complaints about health services. Prisoners could take their complaints further through the independent complaints advocacy service or directly to the PCT. There was no healthcare forum for prisoner representatives to raise concerns about health services.
- 4.20 The prison's health services were fully integrated into the local health economy. There were robust systems to contact appropriate agencies in the event of a communicable disease outbreak. A cluster policy to share information with appropriate agencies was discussed with new arrivals during their reception.

Primary care

- 4.21 All new arrivals had a full health assessment, were told about health services and how to access them, and given a booklet outlining provision. If they needed to be seen by another health professional, an appointment was made for them. All prisoners with an identified chronic disease were automatically referred to the GP for assessment. The medication policy was explained to prisoners, and they were asked to sign a medication compact.
- 4.22 Prisoners who wished to see specific health staff, such as the dentist, gave an application form to the wing officer, and this was sent through the internal post. This was not a confidential system as non-healthcare staff could see medical information; there was also the risk of losing the form.
- 4.23 The healthcare department was open from 7.45am until 8pm Monday to Friday, and until 5pm at weekends. Prisoners could attend the treatment room at 11.15am to see a nurse if they were unwell or wanted to make a general enquiry.
- 4.24 The number of prisoners who failed to attend health appointments was high, and the statistics were collated and monitored. In a three-month period in 2007, an average of 23% of prisoners failed to keep their appointment with the GP. Reasons for non-attendance were varied, but few were valid.
- 4.25 Prisoners held in the segregation unit were seen by a health worker every day, and the professional relationship between the unit and healthcare staff was very good.
- 4.26 There was a good range of nurse-led clinics, including sexual health, well man, smoking cessation and epilepsy. Chronic disease was well managed through lead nurse responsibilities for the management of prisoner with lifelong illnesses. The majority of nurses were appropriately trained, and there were good clinical protocols to support individual practitioners. There were also excellent relationships with NHS community and hospital specialist advisers who visited the prison to support the prisoner and staff. There were 17 diabetic prisoners, many of whom were insulin-dependent and were supported in managing their own condition and medication. The catering department provided specialist foods for diabetics. Immunisation against communicable diseases, including hepatitis, was offered as well as flu vaccinations. Barrier protection was available on request.
- 4.27 Visiting specialists attended the prison regularly, and prisoners had access to an optician, physiotherapist and chiropodist. The optician and chiropodist clinics were under pressure at the time of the inspection, with waiting lists of over two and three months respectively.

Pharmacy

- 4.28 Pharmacy services were provided by the HMP Channings Wood pharmacy. The management of pharmacy products in the prison was generally good, and the pharmacist and a technician visited weekly. There were no pharmacy-led clinics and prisoners were unable to see the pharmacist.
- 4.29 Some prisoners were not content with their access to medication, as they did not agree with the doctor's assessment of them for medication, and felt they did not receive what they needed. This was mostly in relation to opiate-based medication, which was strictly controlled. Prisoners prescribed such medication on clinical need were reviewed regularly. Prisoners were allowed in-possession medication following assessment by the doctor. This was given in multiples for up to 28 days.
- 4.30 Medications were administered to prisoners between 8am and 8.30am, and prisoners had to show their ID cards to receive their medication. Medication times at the healthcare treatment area were often fraught. Staff said that the level of supervision was variable, although discipline officers were detailed to supervise waiting prisoners. Sometimes there were too many prisoners waiting and, if discipline officers were not in the vicinity, there were scuffles. The large number congregating was also a potential for bullying for medication.
- 4.31 Vulnerable prisoners received their medication from the treatment room on F and G wings. This was in the middle of the wings, and there was no waiting area. We saw many prisoners milling around the treatment hatch, and some banged on the door to attract nurses' attention. The noise was intrusive, distracting and increased pressure on the busy staff. Officers were in the corridor, but at some distance from the prisoners, and did not keep prisoners away from the hatch. Both here and at the healthcare treatment, prisoners lacked privacy to collect their medication and speak with healthcare staff.
- 4.32 Prescription charts were not standard prison ones. They were generally in good order, but there were some omissions, such as nurse initials in the administration box. Medication supplied under patient group directions were recorded on separate record sheets, but were not audited by the pharmacy. Patient group directions did not currently allow nurses to administer more potent medications where appropriate.
- 4.33 Heat-sensitive medicines were stored in refrigerators, but only the current temperature was recorded and not the maximum and minimum temperatures. Pharmacy reference books were available, but most were out of date. Medication was labelled in accordance with regulations, but some items pre-packed under patient group directions had been labelled incorrectly and did not contain a patient information leaflet. Monitored dosage systems were used, dependent on the need of the patient, although labels did not include identifiers for the tablets.
- 4.34 There were regular meetings of the medicines and therapeutic committee, and policies for in-possession medication, special sick and out of hours prescribing were in place, although some, for example the special sick policy, needed to be reviewed.

Dentistry

- 4.35 The dental service was provided under contract with the PCT. Two dentists held an average of three sessions per week, with additional sessions when the need arose; extra sessions were in progress at the time of the inspection. Patients in pain were seen at the next clinic. Emergency

dental care between clinics was managed by the GP and, if necessary, there were referrals to a local dental facility.

- 4.36 Prisoners accessed the dentist through the application system or by attending the healthcare centre. The average wait for a routine appointment was 10 weeks, although some prisoners had waited for three months.
- 4.37 Dental records were securely held and appropriately annotated. The patient's medical records were not routinely consulted, but were available if needed.
- 4.38 Oral health advice was available to patients being treated, but there was no oral health literature on display.

Mental health

- 4.39 Mental health services were delivered by the in-house team and the visiting mental health in-reach team (MHIRT). Two of the primary care nurses were registered mental health nurses (RMN) and ran two clinics each per week. New arrivals identified with mental health needs were referred to one of the nurses for assessment. The nurses took referrals from the rest of the prison and the GPs, and prisoners could self-refer; there were many referrals from wing officers. Referred prisoners were seen quickly – if necessary, on the same day.
- 4.40 At the time of the inspection, the RMNs' caseload was approximately 10 patients. Most patients had mild to moderate mental health needs. Many had depression and inability to cope with daily life in prison. The nurses provided as much support as they could before referring to the doctor or MHIRT. Relationships with wing officers were good, but the primary team did not write comments in prisoner wing history sheets to enable wing staff to better manage those prisoners receiving mental health support.
- 4.41 The MHIRT was from the Devon Partnership Mental Health Trust. Clinical support to Dartmoor was equivalent to 1.25 whole-time equivalent RMNs, who provided regular clinics. The MHIRT included psychiatrists, mental health workers and administrative support; there were vacancies for an occupational therapist and an approved social worker.
- 4.42 Although one of the RMNs had been security cleared and been at the prison for over two months, he had not yet been given keys and had to be escorted everywhere. In addition, the team did not have health suite keys and could not access healthcare rooms in the main department and the prison. This situation was detrimental to patients.
- 4.43 The team had a caseload of 25 prisoners. The prison operated a closed referral system, which meant all referrals to the team were through the GP, and there were no multidisciplinary team meetings. This system was a departure from normal prison practice, under which other prison staff, and sometimes the prisoner themselves, can make referrals to the team. We found a lack of cohesive working between the primary and secondary providers, which could have affected outcomes for prisoners. A full review of mental health services had just been completed, which would address this and other issues. There were no formal counselling services, but the chaplaincy often provided support to prisoners.
- 4.44 Prisoners referred to the team were seen swiftly and referred to psychiatrists wherever appropriate. Continuing support was provided for as long as necessary. The care programme approach (CPA) system was in place, and new arrivals on CPA were followed up in consultation with external CPA providers.

- 4.45 The MHIRT had good working relationships with the rest of the prison, and provided ongoing support to the segregation unit. All prisoners cared for by the team had wing management plans, which provided guidance for wing officers on the management of prisoners.
- 4.46 There was no formal mental health awareness training for prison staff.

Recommendations

- 4.47 An electronic patient management system should be introduced as soon as possible.
- 4.48 A prison health promotion strategy, including dental health, should be introduced, and a lead nurse should be nominated to take the project forward.
- 4.49 The practice manager should assess emergency equipment to ensure that staff are able to respond rapidly and appropriately to any medical emergency.
- 4.50 The identification of signatories to written clinical records should be clear, and records should be checked at least monthly to ensure they are accurate and contemporaneous.
- 4.51 There should be a healthcare forum to allow prisoner representatives to discuss general healthcare issues with senior clinical staff.
- 4.52 Healthcare application forms should be confidential, and dedicated healthcare boxes should be installed on all wings and emptied daily by a member of the health team.
- 4.53 Additional clinics should be held to reduce the chiropodist and optician waiting lists.
- 4.54 Non-attendees at health clinics should be followed up. Prolific non-attendees should be investigated.
- 4.55 Discipline officers should be present at all medication times and ensure privacy for prisoners collecting medication, as well as the safety of prisoners and staff.
- 4.56 There should be multidisciplinary mental health meetings.
- 4.57 Primary care mental health nurses should annotate prisoners' wing history sheets to provide staff with guidance of their future management.
- 4.58 All security cleared healthcare staff should be issued with prison keys as soon as clearance is confirmed.
- 4.59 The findings of the mental health review should be implemented without delay.
- 4.60 Appropriate counselling services should be available to prisoners.
- 4.61 Mental health awareness training for staff should be introduced as soon as possible and be part of the annual training programme.
- 4.62 Medication supplied under patient group directions should be labelled as a medicine and contain a patient information leaflet; licensed packs should be used where possible. Pharmacy staff should monitor the use of such medication.

- 4.63 Pharmacy-led clinics and medication reviews should be introduced.
- 4.64 The medicines and therapeutic committee should regularly review the special sick policy to ensure that all appropriate medicines can be supplied.
- 4.65 Patient group directions should allow nursing staff to administer more potent medicines.

Housekeeping points

- 4.66 A new amalgam separator should be purchased for the dental surgery.
- 4.67 Old pharmacy reference books should be discarded.
- 4.68 Maximum and minimum temperatures should be recorded daily for the drug refrigerators. Corrective action should be taken where necessary and should be monitored by pharmacy staff.

Good practice

- 4.69 *The protocol on care for older prisoners and named nurse to lead this area provided an holistic approach to the management of older prisoners, and regular physical and mental health monitoring enabled early health interventions where necessary.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

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

- 5.1 Only a narrow range of training and employment options were available for some prisoners, and there were insufficient places in education, training and employment. Some prisoners were employed in contract workshops offering low skills work experience. Those prisoners in employment that provided accreditation achieved useful skills and qualifications. Some prisoners had difficulties accessing the library.
- 5.2 The interventions team worked well with learning and skills providers at the prison to develop provision. Working relationships between and within teams were collaborative and productive. Strategic planning for learning and skills aimed to support resettlement. A skills for life strategy linked well with other development plans, but lacked sufficient detail to ensure continuous improvement.
- 5.3 There was insufficient analysis and use of data to aid decision making and bring about quality improvement. Data was not routinely analysed and used as a tool for management, and it was not processed to provide a coherent picture of provision.
- 5.4 The arrangements for quality improvement were not fully developed or implemented. The quality manual had been recently updated, but was not yet used systematically to check and improve the quality of provision.
- 5.5 There were 135 full-time equivalent (FTE) places for accredited education and training, and a further 134 FTE places in non-accredited training activities. A maximum of 43% of the population was able to engage in education and training.
- 5.6 Literacy and numeracy sessions were held daily, and provided support from pre-entry level to level two. There were some level three classes in English and mathematics. Provision of English for speakers of other languages (ESOL) was insufficient to meet demand and ensure continuity of learning, especially for learners with low language skills.
- 5.7 Many of the teaching groups in education had only a few registered learners and teaching facilities were not fully utilised. Education offered around 80 places daily, but typically only 50 attended, and classrooms and IT suites were often empty. Many prisoners were not employed full-time and part of their week was spent on the wings, or education for some. Many of the training and work places available for allocation were not taken up.
- 5.8 Although there was a satisfactory breadth of curriculum for social integration and personal development, including financial literacy, customer services, art, drama, social and life skills,

and journalism, the full range was not available to all prisoners, and some had a narrow choice. Many of the groups for developing personal and social skills were small.

- 5.9 Some courses, such as drama, music and poetry, were held in response to prisoners' interests, but these were intermittent. There was little continuity in learning. There were few prisoner-led activities to promote social wellbeing or organised social integration activities during association.
- 5.10 Distance learning, including Open University programmes, was well managed, and 14 prisoners were studying a wide range of subjects. However, access to computers was very limited, especially for those in the vulnerable prisoner unit, which made independent study difficult.
- 5.11 The quality of teaching and learning was generally satisfactory, and tutors prepared for lessons and managed them well. In the better lessons, tutors provided a variety of activities to match learning preferences and levels of ability. However, most lesson planning was group-oriented, with insufficient attention to setting individual learning targets.
- 5.12 Tutors routinely recorded learners' progress towards achieving qualifications, but recording in the individual learning plans was poor. Many prisoners improved their employability skills and personal effectiveness, but these gains were not recorded to support resettlement needs and employment on release.
- 5.13 Advice and guidance given to prisoners at induction were satisfactory. Prisoners were interviewed to establish a learning plan, but there were few links with sentence planning and offender management to evaluate the suitability of training programmes.
- 5.14 Outreach provision had increased since the last inspection to provide literacy and numeracy support in many areas of the prison, including the wings and work areas. This attracted many prisoners unlikely to enrol in education.
- 5.15 The Story Book Dad project continued to be a great success. As well as a valuable contribution to maintaining family ties, the project supported the development of skills in literacy and creative writing, and specialist vocational skills in audio-visual computer software (see also paragraph 8.73).
- 5.16 Many of the opportunities for vocational training were not available to all prisoners. For example, construction industry training was only available to mainstream prisoners, and journalism and dry-stone walling only to vulnerable prisoners. Prisoners in the resettlement unit (RSU) had access to a further 20 vocational qualifications covering a wide range of skills in land-based activities, appropriate to the local rural community.
- 5.17 Achievement of work skills and qualifications in those areas that offered accredited training was satisfactory. Only 46% of prisoners in construction industry level two intermediate training achieved the award, but all learners on the Construction Skills Certification Scheme were successful, with this training providing a passport into construction site employment on release.
- 5.18 There were generally good facilities to support training and work, although these were not always used to full capacity. There were 200 places in non-accredited work across the prison, including kitchens, laundry, library, wing cleaning, recycling, and textiles manufacturing. Opportunities for accreditation of skills gained were not available in all work areas. Two

contract service workshops offered unskilled assembly and packing work to 20 prisoners each, but the work experience here was poor and offered few employability skills.

- 5.19 Overall attendance was satisfactory. In many instances, however, prisoners were required to attend programmes as part of their sentence plans, resulting in absence from lessons. There was a lack of cohesive planning of activities to minimise disruption to learning. Links between sentence planning and vocational training and work were ineffective.

Library

- 5.20 The library was close to the education department and provided good access to prisoners attending classes. Library services were provided by Devon County Council, and the library was managed by an experienced full-time librarian, supported by two part-time librarians. Two prisoner library orderlies provided further support during opening hours. An operational support grade (OSG) was in attendance at all times, as a security requirement of the prison (see also paragraph 6.6).
- 5.21 The library was scheduled to open extensively during the day and at weekends, but not during the evenings or at lunchtimes. However, due to unplanned closures, often because of the unavailability of an officer, the average opening hours of 29 per week fell short of the specified 33 hours. Recent surveys indicated that the library was used by 64% of prisoners, and 69% of foreign national prisoners.
- 5.22 Use of the library was timetabled for specific wings, the resettlement unit (RSU) and assessment and allocation unit (AAU), and daily sessions were available for prisoners attending education. Prisoners from the AAU could only use the library on Sundays, and those from the RSU only on Sunday afternoon. There was a weekly induction session for new arrivals.
- 5.23 For security reasons, only eight prisoners at a time were allowed to use the library. This limitation, and the timetable for specific groups of prisoners, meant that some prisoners experienced difficulty in accessing the library (see recommendation 6.12).
- 5.24 The library was well stocked with a range of recreational books, fiction and non-fiction. There were sufficient Braille, easy-reader and talking books to meet demand. Dictionaries and books were available in several European and Eastern languages spoken by foreign national prisoners. A small, but useful range of instructional books for prisoners following vocational training was available. The librarian responded promptly to prisoners' requests for specific books. Weekly delivery of book orders was adequate to meet requests.
- 5.25 The library held a range of legal textbooks and Prison Service Orders (PSOs). Some PSOs and texts undergoing revision were not available, but on order, and some prisoners had complained about this. Four computer terminals in the library enabled prisoners to access reference books and information, but these had no printers for prisoners to print out material.

Recommendations

- 5.26 The prison should maximise use of its capacity for education and training, and increase the opportunities for purposeful activities.
- 5.27 There should be better use of data for quality improvement and strategic planning of learning and skills.

- 5.28 Quality improvement strategies should be fully implemented.
- 5.29 The use of individual learning plans should be improved.
- 5.30 There should be better links between sentence planning and the offender management unit to support learning and skills in prisoners' sentence planning.
- 5.31 Provision of English for speakers of other languages(ESOL) should be increased.
- 5.32 The opportunities for prisoners to engage in personal development and social integration programmes should be expanded.
- 5.33 All prisoners should have adequate access to the library and the opening hours should be improved.

Housekeeping point

- 5.34 Prisoners should be able to print information and documents from accessible databases in the library.

Physical education and health promotion

Expected outcomes:

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

- 5.35 Prisoners had good access to the gym, and PE staff liaised well with other prison staff to promote its use. However, few prisoners were on accredited PE programmes. The sports hall was too small to accommodate all activities, and the outdoor facilities were unusable.
- 5.36 Induction and assessment arrangements were routine and thorough. All new arrivals attended gym induction and completed a physical fitness assessment before using the facilities.
- 5.37 Prisoners could use the gym four or five times a week for recreational PE sessions, and in our survey, 58% of respondents said they went to at least two sessions a week. There were sessions for prisoners over 45 and older prisoners. There was adequate emphasis on healthy living and fitness during gym sessions. Access to the gym for prisoners with restricted mobility was difficult, and these prisoners had to use the rear door.
- 5.38 The sports hall was not large enough to meet PE needs, and half the floor area accommodated cardiovascular equipment and aerobic training. Outdoor facilities were not used because of the poor condition of the all-weather surface.
- 5.39 There were accredited courses leading to the gym instructor's award, but groups on this programme were kept small and only a few prisoners had achieved the qualification during the past year. Around 20 prisoners had achieved the Community Sport Leader Award and first aid at work certificates during this time.

- 5.40 There were arrangements to provide prisoners with clean gym kit and towels weekly. Shower facilities had been recently refurbished and provided a safe and appropriate environment.
- 5.41 The recording of accidents by PE instructors was routine and appropriate. Good supervision and attention to health and safety meant that few accidents had taken place.
- 5.42 PE staff had good links with the counselling, assessment, referral, advice and throughcare (CARAT) service and with the drugs programmes.

Recommendations

- 5.43 Outdoor activities and games should be provided.
- 5.44 There should be more resources for cardiovascular training.
- 5.45 Provision for accredited PE training should be expanded.

Faith and religious activity

Expected outcomes:

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

- 5.46 The chaplaincy was effectively managed and well regarded by staff and prisoners. It carried out its statutory duties, and saw all new arrivals within 24 hours. Conditions in the multi-faith room were adequate, and religious services were well advertised. Systems to access services were good. Regime activities did not clash unduly with corporate worship.
- 5.47 The chaplaincy team, led by a full-time Catholic chaplain, was enthusiastic, well managed and fully integrated into the establishment. Statutory duties were shared among a multi-denominational team of chaplains that represented the religious faiths of prisoners, including a part-time Muslim chaplain, an Anglican chaplain, and visiting Jewish, Sikh and Buddhist chaplains. The team saw all new arrivals within their first 24 hours.
- 5.48 The main chapel was large, well equipped and welcoming. There was also a multi-faith room that was adequately sized, well decorated and equipped with a washing area.
- 5.49 Regular services and special religious events were advertised on notice boards in all wings, the chapel area and the education centre. There were no impediments to attendance, and services did not clash with other regime activities. The times of religious services were well advertised, and there were effective systems to facilitate access. Prisoners applied on their wing to attend services the day before, but could also be added to lists on the day of the service through requests to residential officers. Staff did not filter applications, and prisoners who wished to attend did so. Prisoners were allowed to keep religious artefacts in possession.
- 5.50 The chaplaincy team worked closely with other prison staff, and were consulted about prisoners they were involved with at appropriate times. They had regular input into self-harm and suicide prevention meetings and anti-bullying work, and had created strong links with the resettlement team. The team played a leading role when there had been a death in the prison, or when a prisoner's relative was ill or had died.

- 5.51 The chaplaincy offered a range of faith-based classes, including Christian and Muslim studies, general group discussions and the Alpha course (introduction to Christianity).

Time out of cell

Expected outcomes:

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

- 5.52 Although the prison reported prisoners' time out of cell at over 10 hours a day, this was not the reality for most prisoners. A substantial number were locked in their cells. There was considerable regime slippage and early lock ups, and few prisoners had exercise. However, association was rarely cancelled.
- 5.53 The prison reported 10.2 hours daily time out of cell against a target of 10.5 hours, although this was not the experience for a large number of prisoners. A substantial number of prisoners on most wings were locked in cell between main movement and 10am (11am on A wing), and between main movement and 3pm. This daily practice appeared not to be recorded in the time out of cell figures. Prisoners held on the RSU remained unlocked throughout the day, although this also inflated the overall time out of cell figure.
- 5.54 There was a published core day, but this appeared not to be followed. There was evidence of late unlocks, early serving of lunch, and early lock ups at the end of the day. Lunch was served between 11.30am and noon, rather than between noon and 12.30pm, and in the evening prisoners were unlocked from 5.45pm rather than at 5.30pm. We observed staff queuing up to leave the prison 25 minutes before the conclusion of the day. There was evidence that on the Saturday before our inspection, the prison had formally locked up 25-30 minutes early for the benefit of staff. Although management claimed no knowledge of this, an orderly officer told us this had been done to compensate staff who had been delayed leaving by an alarm bell earlier in the week. We were troubled to see that night patrol sealed key pouches had been collected in the early afternoon, which suggested that the prison was moving very early into patrol state and the lock-down of prisoners. Prisoners believed that the staff had actually left early to watch a rugby match.
- 5.55 Exercise was included in the core day, but we received many complaints, in particular on A wing, that it was routinely cancelled. In our survey, only 21% of respondents, significantly worse than the 50% comparator, said they had exercise more than three times per week. This situation was worst on A wing, where not a single respondent said they went out for exercise more than three times per week. We observed that exercise was provided regularly on the vulnerable prisoner unit, and that more prisoners on D wing exercised more regularly. Association was available each weekday evening, and cancellations were not excessive.
- 5.56 The prison reported 25.7 prisoner activity hours per week, which was low for a training prison. More than 180 prisoners, 28% of the population, were routinely held on the wing without anything purposeful to do.

Recommendations

- 5.57 Time out of cell should be recorded accurately and be for at least 10 hours per day.

- 5.58 The prison's routine should conform to the published core day. Prisoners should be unlocked and locked up on time.
- 5.59 Exercise in the open air should be offered daily, and there should be management arrangements to ensure delivery.

Section 6: Good order

Security and rules

Expected outcomes:

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

- 6.1 Security was generally well managed, but sometimes affected the daily regime. The use of security information was underdeveloped. Rules were well publicised. Categorisation arrangements were effective, but prisoners had to wait for some time before they were transferred to other establishments.

Security

- 6.2 The security department was overseen by the head of prison operations, who also managed the residential and security functions. Prison officers who staffed the department were frequently detailed to other duties, as they were also responsible for visits, escorts and transfers, and searches.
- 6.3 The security committee was chaired by the deputy governor and met monthly. Meetings were generally well attended. The committee reviewed security activity over the previous month. This included outcomes of drug tests, targeted and routine searches, prisoners subject to mail monitoring and closed visits, and those who had requested rule 45 for their own protection. Security information reports (SIRs) received over the previous month were also discussed. There was some limited cross-referencing of information with Aramark staff to highlight suspicious purchases. The committee did not review information over time, and there was, therefore, no analysis of trends. The key security issues were drugs, mobile telephones, bullying and threats. Security information published by wing was unsophisticated and lacked context.
- 6.4 A police intelligence officer had been based at the prison since May 2007, and this had improved links with the local police area. Information was routinely shared, and there had been improvements to security processes in visits and resultant evidence gathering.
- 6.5 During the previous six months, almost 1,300 SIRs had been submitted from a wide range of departments. These were processed efficiently and within required timescales, and information was used to inform target searches and mandatory drug testing. But there was no evidence that SIRs were routinely analysed to identify hot spots or key individuals. Information that linked to other core areas, such as anti-bullying or safer custody, was not routinely fed back to relevant staff.
- 6.6 The regime was largely unaffected by security, except that access to the library was limited to eight prisoners at a time and an OSG needed to be present. This arrangement was at odds with the security category of the prison. Prisoners also told us that problems in reconciling the

roll affected their access to work and education at the correct times, and meant that trusted prisoners such as wing cleaners were locked up for considerable periods.

- 6.7 Three prisoners were subject to closed visits at the time of the inspection. The security committee reviewed these arrangements each month. A searching strategy had been developed, and local searching targets were met

Rules

- 6.8 Prison Service and establishment rules were published and displayed on notice boards throughout the establishment. Written copies were included in the compacts that prisoners signed during their induction. Rules and routines were applied consistently, with no evidence of discrimination.

Categorisation

- 6.9 Weekly categorisation boards were held. Offender management unit staff issued the relevant paperwork for prisoners being considered for recategorisation and tracked its completion by appropriate departments. In the previous three months, approximately 120 cases had been assessed at the recategorisation board, but only four had been approved. Sixteen prisoners who had been recategorised to category D were awaiting allocation to other prisons. There was evidence that the security committee discussed upward categorisation of a few prisoners when concerns had been raised.

Recommendations

- 6.10 The security committee should improve its management of security information to focus on longer term trends.
- 6.11 Security bulletins should be distributed following the monthly security committee meetings.
- 6.12 Security arrangements should not impede prisoner access to the library.
- 6.13 Reconciliation of the prison roll should not affect prisoner access to work or education.

Discipline

Expected outcomes:

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

- 6.14 Adjudications were well conducted and punishments appeared to be appropriate and proportionate. The segregation unit had been relocated and was well run. Use of force had increased, some usages appeared inappropriate, and governance arrangements were extremely weak.

Disciplinary procedures

- 6.15 Adjudications took place in a large air-conditioned room, which was fit for purpose. In the previous six months there had been 785 adjudications, which appeared high. In the adjudications we observed, prisoners were addressed respectfully and were routinely offered access to a copy of the adjudication manual and to writing materials. They were also offered the opportunity to seek legal advice and representation where appropriate. Charges were properly investigated and witnesses were regularly sought. We observed a case where there was a suspicion that a prisoner was being bullied to accept another prisoner's prescribed medication; this adjudication was adjourned to enable further investigation, despite the prisoner's guilty plea. Adjudication records were fully completed and were of a good standard. Punishments were fair and there were examples where adjudicating governors had dismissed cases due to lack of evidence or other anomalies.
- 6.16 There was a published tariff of punishments, which was used by duty governors, and we were told that there were monthly standardisation meetings with the deputy governor. The tariff was not published to prisoners. The governor had issued a notice to prisoners in July 2007 that invited them to submit written comments on the adjudications procedures.
- 6.17 Some cases were automatically referred to the independent adjudicator, who visited monthly. These included large finds of illegal alcohol (hooch), mobile telephones and most drug finds. The independent adjudicator had increased sentences by over 1,065 days in the three months before our inspection.

The use of force

- 6.18 A use of force committee met monthly. However, the notes of meetings indicated a lack of leadership, and there was no analysis of incidents or trends. In the previous six months, force had been used on 73 occasions. This was an increase since our last inspection. The committee had not analysed the reasons behind this increase or looked at comparative data. It was later claimed that the increased use was the consequence of the relocation of the segregation unit, and the need to use handcuffs to take prisoners there. However, no statistical evidence was provided in support of this, and we were told during the inspection that handcuffing was not routine for this purpose. While the move may have been a contributory factor, other evidence strongly suggested that force was over-used and under-managed.
- 6.19 Use of force forms were generally well completed, although in several cases use of force appeared to have been used without efforts at de-escalation. Prisoners were not debriefed following incidents to check their safety and to explain the reasons why force had been applied. We were also concerned that one governor had been involved in five instances where force had been used in the previous year. All planned removals were usually videoed, although staff did not review these to develop practice and identify improvements.
- 6.20 We noted that a majority of incidents related to alleged threatening behaviour from prisoners. On a small, but significant, number of occasions we were not satisfied, from the documentation we examined, that the force used by staff was proportionate or a last resort, and that all other courses of action were fully explored before force was deployed. In the most extreme example, an officer entered the cell of a prisoner who was clearly agitated and reported as threatening, and punched him twice, resulting in the prisoner hitting his head on the wall and falling on the floor, during which force continued to be applied. This incident had not been followed up by managers, and no internal investigation had been carried out to establish the

reason for, or necessity of, this extreme intervention. Senior managers appeared unaware of the incident, or its handling, at the time of the inspection, and were at a loss to explain why it had not been investigated.

- 6.21 The special cell had been used only five times in the previous six months, on most occasions for an average of 45 minutes. Paperwork was generally completed satisfactorily, but appropriate explanations for use were not always included. Over 91% of staff had been trained in control and restraint techniques.

Segregation unit

- 6.22 The segregation unit had been relocated to the old healthcare unit. It was clean, bright and well maintained. There were eight cells, including one special cell and two cells with fixed furniture that were used for de-escalation. There was a medium size exercise yard, which was clean, but had no seating. There were two separate showers and a screened toilet in the bathroom, which was clean. CCTV covered the corridor, holding room for adjudication and the special cell.
- 6.23 In the past six months, 180 prisoners had been located in the segregation unit – an average of 30 per month. In our survey, only 7% of respondents, against a comparator of 13%, said they had spent a night in the segregation unit. During the inspection, three prisoners were located in the segregation unit – two at their own request, who were subsequently transferred to other establishments. One had been there for three weeks. Staff were aware that some prisoners sought protection to effect a transfer out of Dartmoor. Limited attempts were made to reintegrate prisoners on the wings; instead they were usually referred to the independent adjudicator to award added days.
- 6.24 All prisoners were routinely strip searched before location in the unit. A published regime was issued to prisoners on arrival. They could apply for daily exercise, telephones and showers, and told us that access to facilities was good. An exercise bicycle had recently been installed. Cells now had televisions in addition to radios. There was an appropriate incentives and earned privileges (IEP) system. The library provided a reasonable range of books.
- 6.25 The regime was limited. In-cell education was provided, but prisoners were concerned that that this did not meet their learning needs. Staff told us that continuing participation in accredited programmes was considered, subject to an appropriate risk assessment.
- 6.26 Segregation records were well maintained and indicated appropriate engagement with prisoners on a daily basis. Chaplaincy staff and duty governors visited prisoners and also updated their files each day. IMB members also visited the segregation unit at least twice a week.
- 6.27 Six staff regularly worked in the unit; they had applied for the posts and been interviewed by the governor. They were experienced and had received additional training in adjudications and advanced control and restraint, and some were trained assessment, care in custody and teamwork (ACCT) assessors. Prisoners said that they were treated well by staff, but we noted one instance when staff discussed a prisoner's conduct within his hearing and that of other prisoners.

Recommendations

- 6.28 The adjudications tariff should be published to prisoners.
- 6.29 The use of force committee should produce terms of reference, which include regular analysis of trends and performance information.
- 6.30 Prisoners should be debriefed by the senior officer following use of force incidents.
- 6.31 Staff should view videos of planned removals to review their practice and identify improvements.
- 6.32 Prisoners should only be subject to strip searches following risk assessments.
- 6.33 The prison should develop strategies to assist the reintegration of prisoners from segregation on to normal location.

Housekeeping points

- 6.34 There should be seating in the segregation unit exercise yard.
- 6.35 Staff should maintain confidentiality and should not discuss sensitive information within the hearing of prisoners.

Incentives and earned privileges

Expected outcomes:

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

- 6.36 The incentives and earned privileges (IEP) scheme was applied consistently, but was not a motivational tool for all prisoners. Personal officer involvement in IEP reviews was limited, and there was no evidence that basic-level prisoners were helped to achieve targets.
- 6.37 The incentives and earned privileges (IEP) scheme was explained in a policy document last updated in April 2007. The three normal IEP levels were in operation – basic, standard and enhanced. At the time of inspection, 1.25% of the population were on basic, 49.5% standard and 49.25% enhanced. Rules relating to the scheme were fully explained on induction.
- 6.38 New arrivals were allowed to retain enhanced status. Standard prisoners had to wait three months before they could apply for enhanced status. To achieve enhanced status, they had to be compliant with sentence planning targets, free of proven adjudications and written warnings for at least three months, and willing to participate in voluntary drug testing.
- 6.39 The policy document made it clear that personal officers were responsible for interviewing their prisoners monthly, and recording the main points in wing history files. This did not happen in most cases. There was also little evidence that personal officers routinely attended IEP

reviews. Landing staff made regular entries in prisoner files, but the quality was often poor (see paragraph 2.44). Written warnings were entered in wing history files following any breaches of wing rules. Work supervisors could contribute to the process through a contribution form, and we saw some evidence of this.

- 6.40 Prisoners on the enhanced level did not have to pay for their in-cell television and had extra PE sessions. These were meaningful privileges for many prisoners, although the other privileges were linked with private cash or visits, which not all prisoners received. Enhanced level prisoners could wear their own clothes and have all-day family visits, which we believe should also be available to standard prisoners. The further enhanced privileges were a small range of items, such as a DVD player, DVDs, a play station and games, which were available through catalogue orders. These required additional funds that were not available to all eligible prisoners. The establishment had created enhanced landings on the top landings of A, B and D wings. F wing was almost exclusively enhanced, as was the resettlement unit (RSU).
- 6.41 Progress within the scheme was normally based on a pattern of behaviour. Three written warnings within a three-month period resulted in a referral to an IEP review board. Any serious breach of discipline or sustained incidents of bullying could result in an urgent referral.
- 6.42 Prisoners on basic level were set improvement targets. They could attend religious services and work if employed, as well as exercise, shower and use the telephone each day; they had reduced access to PE and association. Basic level prisoners were reviewed every 14 days. The wing history files and monitoring booklets for basic level prisoners that we saw indicated that decisions were fair and based on patterns of behaviour. There were regular monitoring entries for basic level prisoners, but little evidence of engagement or assistance by staff to help them modify their behaviour.
- 6.43 All moves within the scheme were considered by the wing IEP review boards, which were chaired by the wing senior officer and included at least one other member of staff. Prisoners could either attend the board or submit written representations. Appeals were considered by a higher grade.

Recommendations

- 6.44 Personal officers should comply with the incentives and earned privileges (IEP) policy and interview their prisoners monthly and record this, and, wherever possible, should attend IEP review boards.
- 6.45 There should be an increased range of privileges available to enhanced level prisoners that are not cash or visit related.
- 6.46 Staff should work with basic level prisoners to help them modify their behaviour, and this should be recorded in wing history files.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 Catering services offered a reasonable choice, although prisoners consistently assessed it poorly. There was a narrow range of menus, and lack of prisoner consultation. Prisoners complained about portion control and servery management.
- 7.2 The kitchen was large, clean and well laid out. Nine prisoners at a time were employed for a morning or afternoon shift. Vulnerable prisoners were employed to make up breakfast and drinks packs. There was a daily cleaning party from the vulnerable prisoner unit.
- 7.3 All prisoners who worked in the kitchen had appropriate induction and training. This was combined with training in essential hygiene, delivered by the education department, and kitchen and servery workers had to complete this course before commencing employment. At the time of the inspection, no national vocational qualifications were available for prisoners in the kitchen, although they had some informal training in general catering.
- 7.4 One area of the kitchen was allocated for the preparation of halal food, with separate cooking and storage facilities. There were the appropriate halal licences.
- 7.5 Each wing had recessed areas where food was served. These areas were generally kept clean, and appropriate clothing was worn and implements used. However, on F and G wings the servery was in the middle of the wings and directly under the landing netting. The covers over the food area were not adequate to prevent dust and dirt on the netting from falling into the food. None of the main wings had communal eating areas.
- 7.6 All prisoners had the option of two hot meals a day. Lunch and the evening meal were often served early. Lunch should have been served between noon and 12.30pm, but was actually served at 11.30am, with prisoners locked up by midday. The evening meal, due to be served at 5.30pm, was not served until 5.45pm during the week – but as early as 4.15pm at weekends. Because the weekday breakfast packs were given out at the evening meal, prisoners went for 19 hours between their meals on Sunday afternoon and Monday lunchtime. A hot breakfast was served on Saturday and Sunday.
- 7.7 A summer and winter menu provided up to six choices for each meal, including halal, vegetarian and healthy options. Medical diets were also catered for, and one prisoner was employed specifically to make up these meals. The range of food was, nevertheless, repetitive.
- 7.8 The kitchen provided food specific to certain religious festivals, and liaised with the Muslim chaplain, but had no specific link with the race equality action team. The kitchen manager told us that he was happy to consider recipes from prisoners, but this was not widely advertised.
- 7.9 There had been a catering survey of prisoners in July 2007, but only 93 questionnaires were returned (15%). Each wing had a food representative and they should have met the kitchen

manager monthly, but the group had not met between May and December 2007, nor in 2008 so far.

- 7.10 In our survey, only 24% of respondents said that the food was good or very good, against the comparator of 34%. The response of black and minority ethnic prisoners was even worse, with only 9% rating the food as good or very good compared with 25% of white respondents. We also received many complaints from prisoners about the standard of food. We tasted food on five of the wings; although it was reasonable on most occasions, on one day the potatoes were virtually inedible.
- 7.11 We received further complaints from prisoners about portion control and servery management. We saw servery workers put aside disproportionate quantities of food for their own meals, while other prisoners, especially those who received their meal last, were often left with small quantities, often not what they ordered and sometimes food that was cold. When we observed a meal served on D wing, there was little or no staff control and there was a mêlée of prisoners pushing and shoving. We were also told by some prisoners, although we did not observe this, that prison officers often asked servery workers to put food behind for them, especially during the hot weekend breakfast. Prisoners felt unable to resist these demands.

Recommendations

- 7.12 Meals should be served at the published times, and the evening meal should not be served before 5pm.
- 7.13 Breakfast packs should not be given out as an alternative to a served breakfast.
- 7.14 Prisoners working in the kitchen should be able to undertake formal qualifications.
- 7.15 There should be food representative meetings every month.
- 7.16 There should be a formal link between the kitchen manager and the race equality action team to inform menu development.
- 7.17 Wing servery managers should ensure consistency in portion control.
- 7.18 Prison staff should supervise the serving of food appropriately.
- 7.19 Food provided for prisoners should not be taken by staff, and prison managers should ensure this does not happen.

Housekeeping points

- 7.20 Appropriate covers should be in place over servery areas on F and G wings.
- 7.21 Prisoners should be informed through notice boards and the prison magazine that the kitchen can consider their recipes.

Prison shop

Expected outcomes:

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

- 7.22 The prison shop offered a reasonable range of goods, although there were no prisoner surveys. The range of catalogues was limited, and an inappropriate administration charge was imposed on orders.
- 7.23 The prison shop was operated by Aramark as part of a contract for the Devon prison cluster. The warehouse and packing facility was at Dartmoor, and up to 15 prisoners were employed to pack produce and manage orders.
- 7.24 Prisoners submitted their orders on Sunday for collection by Aramark staff on Monday. Orders were delivered a wing at a time between Monday and Thursday evening. Because of the location of the Aramark warehouse, new arrivals could access the shop relatively quickly. Their orders could be taken up to Thursday lunchtime for delivery as part of the wing's routine or, if missed, as a one-off delivery. New arrivals were also offered a smoker's or non-smoker's reception pack. In our survey, 84% of respondents, against a comparator of 79%, said they had received a reception pack.
- 7.25 The range of goods available in the shop was reasonable, with 467 items. In our survey, 55% of respondents said the shop sold a wide enough range of products, which was significantly above the comparator of 48%. For black and minority ethnic respondents the figure was 50%, compared with 56% for white respondents.
- 7.26 We received many complaints from prisoners about the shop prices. Prices were set on the basis of the recommended retail price, but were high relative to prisoner wages.
- 7.27 Catalogue orders were also managed through Aramark, although only five catalogues were available. An administration charge of 50p was made for each order submitted, which was inappropriate.
- 7.28 Although Aramark reviewed the service twice a year, this only covered their contractual obligations and efficiency of the service. It did not include an evaluation of the shop range or proposals for alternatives. The shop manager had recently started to attend the prisoner consultation group, but had yet to undertake a prisoner survey.

Recommendations

- 7.29 There should be a wider range of catalogues for prisoner orders.
- 7.30 Prisoners should not be charged an administration fee for catalogue orders.
- 7.31 The prison, in conjunction with Aramark, should undertake a twice-yearly survey of prisoners about goods carried by the shop.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 8.1 The approach to resettlement had transformed in the previous year with Dartmoor's belated implementation of the reducing reoffending agenda and offender management strategy. The resettlement unit provided an opportunity for prisoners to participate in work in the community, but its potential was not fully realised.
- 8.2 Dartmoor had been late in introducing the reducing reoffending and offender management approach. The management structure for resettlement and reducing reoffending had been changed in 2007 to kick-start this process. New senior posts of head of reducing reoffending and head of offender management had been created, and these staff had been in post for just under a year. The reducing reoffending strategy was heavily dependent on implementation of the offender management model. This had taken up much of the previous year (see paragraph 8.13), and 2007 had been a transitional period to set up new processes and systems for implementation by April 2008.
- 8.3 The current reducing reoffending policy document was weak. It was a short-term document that described current service provision, and was not an effective platform for the delivery of resettlement services. A new reducing reoffending strategy document was being finalised for implementation from April 2008. This was a much better document, based on the assessed needs of the population, with clear strategic links to the area reducing reoffending strategy.
- 8.4 The previous resettlement policy committee had been disbanded in 2007 and re-established as the reducing reoffending strategy committee, with a new and smaller membership. Although this new committee had only met twice, it was operating effectively and had a more strategic view on developing the establishment's reducing reoffending strategy.
- 8.5 E wing (the former segregation unit) had been converted to a resettlement unit (RSU) several years ago, and was now part of the national resettlement estate. Although an RSU in a category C closed prison was unusual, this unit had potential to provide medium- and long-term prisoners with an excellent opportunity to live in less restrictive conditions, and to work and reintegrate into the community in the latter months of their sentence. However, the RSU was a long way short of fulfilling this potential, and was underperforming in providing resettlement opportunities to prisoners.
- 8.6 The RSU was clean and bright with a good atmosphere, and staff-prisoner relations were positive. Prisoners on the unit were allowed very little contact with mainstream prisoners, to prevent trafficking, and the only work opportunities initially were on the unit itself. However, there were insufficient activity places to occupy all 43 occupants, and most prisoners spent their days on the unit with very little to do. An example of the lack of jobs on the unit was that one prisoner was assigned as 'fish tank orderly'. After a period, prisoners were allowed to work on the farm, but very few did so.

- 8.7 Given the lack of in-house jobs, it was all the more important for prisoners on the RSU to have the opportunity, subject to risk assessment, for constructive work in the community. However, there were only two prisoners in paid employment during the inspection, and only a further six undertaking voluntary work. The assessment programme took up to six months, when there was little to occupy prisoners. Some prisoners never made it through the assessment process, and were returned to the mainstream wings for a variety of reasons. It was no surprise that the unit struggled to attract enough prisoners. Given the national population crisis, the establishment was under pressure to keep the unit as full as possible, regardless of whether or not the prisoner was likely to succeed there. The programme needed re-evaluation, with more in-unit work opportunities for prisoners undertaking assessment.
- 8.8 Release on temporary licence (ROTL) was available to prisoners who had completed the lengthy qualifying period. About 10 prisoners were released on ROTL each day.

Recommendations

- 8.9 The draft reducing reoffending strategy should be finalised and implemented as soon as possible.
- 8.10 The resettlement unit (RSU) should be re-evaluated and adapted to give more prisoners a realistic opportunity to progress through the programme, engage in constructive activities during assessment, and be assessed in time for them to participate in meaningful community activities before release.

Offender management and planning

Expected outcomes:

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

- 8.11 The offender management unit (OMU) was new, as were some of its staff. It was committed to case manage individually all prisoners at Dartmoor, regardless of sentence length or offence type. The commitment of the Probation Service to implement the NOMS model successfully was less evident. Strategic links with local probation areas were underdeveloped.

Sentence planning and offender management

- 8.12 We were joined by HM Inspectorate of Probation to look at the arrangements for offender management, as part of its overall inspection of offender management across probation areas in the south west.
- 8.13 Dartmoor had created an offender management unit (OMU) only within the last 12 months, following the creation of a new senior post to lead this work (see paragraph 8.2). A proper structure had now been created with 10 offender supervisors, consisting of prison officers and probation staff. Case administrators had taken up post just before the inspection, and there was one for every two offender supervisors. The case administrators had not yet taken on the full range of tasks, and still required full training. Some of the staff involved felt ill informed about the OMU developments. There were also mixed views from staff about the relationship

of other departments to the OMU, and the unit was not properly integrated into the establishment.

- 8.14 The establishment was committed to offender-manage every prisoner at Dartmoor, whether or not he was formally in scope. All new arrivals, regardless of sentence length or offence type, were allocated an offender supervisor within a couple of days of their arrival. Prisoners serving over 12 months were also assigned a named external offender manager, if they did not have one already. This commitment, however, was not matched by partner agencies and the local probation areas. About 60% of prisoners arrived at Dartmoor without an up-to-date offender assessment system (OASys) assessment. In some cases, initial assessments had not been completed by probation. This hindered effective, consistent or reliable case management. There was also a problem in determining which prisoners formally fell within scope for offender management and which did not, as some prisoners arrived on tier levels set apparently at odds with their MAPPA (multi-agency public protection arrangements) levels and OASys risk of harm scores. This made it impossible to determine whether a prisoner was in scope for offender management and, therefore, whether it was the prison or probation service who was responsible for OASys assessments. Consequently, whether or not a prisoner had an OASys assessment on file was completely arbitrary, and many prisoners left custody without having had an assessment.
- 8.15 The prison had adopted its own assessment process, partly to enable it to respond to these difficulties. Shortly after a new prisoner arrived, his allocated offender supervisor carried out an initial case assessment, which was a very condensed OASys-type assessment. In practice, given the erratic position with regard to OASys assessment, this document all but replaced OASys as the local tool for risk management while the prisoner was in Dartmoor. The quality of completed assessments we looked at was good, but they were not a replacement for OASys assessment. Links with the induction process were poor, and the case assessment duplicated some of the information on the induction file, which was not referred to. In addition, copies of case assessments were not placed on prisoners' wing files, unlike the induction file. This meant that personal officers and other staff could not refer to them.
- 8.16 The prison had also established a large database to provide management information on key offender management issues. This database was not yet complete, although we were shown a working draft that, once completed, could provide an effective means of assessing the needs of the prison population.
- 8.17 Although the new system had not been running for very long, there had already been considerable progress in creating a structure for the management of offenders while they were in Dartmoor. Many prisoners we asked knew their offender supervisor and acknowledged some contact with them. But others did not, and not all prisoners had yet had case assessments. It seemed that many short sentenced and lower profile prisoners had not yet had time with their offender supervisors. Although offender supervisors were spending more time on the wings, their contact with prisoners was not recorded on prisoners' wing files.
- 8.18 Sentence planning boards had been introduced in September 2007, but needed further development. The board we attended was in a cramped wing office, with noisy interruptions from wing staff, telephones and an attendee's radio. The board was not multidisciplinary, and consisted of only the offender supervisor plus an officer from the wing who knew the prisoner. Attendance from external offender managers was sporadic. No reports were submitted from the prisoner's personal officer, education staff or work instructor. Even though the meeting was constructive and well chaired by the offender supervisor, despite the interruptions, it lacked professionalism and relevance.

Indeterminate-sentenced prisoners

- 8.19 There were 20 life-sentenced prisoners at Dartmoor. Their biggest problem was a perceived lack of progression and lack of communication. There were no lifer days, as lifers could participate in their wing's enhanced family visits schedule. Lifer meetings with the lifer manager were rare – there had been no meeting since October 2007. However, there had been a few escorted town visits, and a couple of life-sentenced prisoners had progressed to open conditions from Dartmoor in the previous year.

Recommendations

- 8.20 Prisoners arriving at Dartmoor should have completed offender assessment system (OASys) assessments.
- 8.21 There should be better links between the induction process and initial case assessments by offender supervisors.
- 8.22 Offender supervisors should carry out case assessments on all new arrivals, and copies of case assessments should be included in wing files.
- 8.23 Offender supervisors should record contact with prisoners on their wing files.
- 8.24 Offender managers should chair sentence planning boards for in-scope prisoners, or at least contribute a report to the proceedings.
- 8.25 The sentence planning board arrangements should be improved. Boards should meet in suitable venues, be multidisciplinary, and seek written reports from key staff who cannot attend.
- 8.26 Lifer meetings should be held more regularly.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 8.27 The establishment was still in the process of identifying recognised pathway leads. Consequently, although most were in place, they were not yet operating in a fully strategic role. Although there was provision across the range of resettlement pathways, for some this was only limited and not strategically planned or based on the identified needs of prisoners.

Accommodation

- 8.28 Provision of accommodation support was underdeveloped. There was one part-time worker, employed by St Petroc's Society (a local homeless charity). She worked for only two days a week in Dartmoor, of which one half-day was taken up with pre-release discharge boards, leaving her with only 1.5 days to deliver accommodation services to around 650 prisoners.
- 8.29 The accommodation officer was based in an accessible central office, but this was poorly equipped and lacked a printer. Because of her limited hours, she was not able to meet all prisoners face to face, and did most of her business by correspondence.
- 8.30 Many prisoners at Dartmoor were subject to multi-agency public protection arrangements (MAPPA), which reduced the call on the accommodation officer, as the multi-agency panel, coordinated through the outside probation service, was responsible for finding their accommodation on release. The Gateway initiatives in Dorset, Plymouth and Bristol also assisted accommodation searches, as only a single referral was now required for prisoners returning to these areas.
- 8.31 Overall, however, the level of provision to meet the accommodation needs of Dartmoor's prisoners was insufficient, and a significant number of prisoners (around 10%) were discharged every month without accommodation to go to. Despite this, the funding of the accommodation officer post after May 2008 was in doubt.

Education, training and employment

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

- 8.32 Activities were helping some prisoners prepare for work, training or education after release. Most were based on a needs assessment and skills shortages in the local labour market. However, insufficient prisoners could access these.
- 8.33 The education department offered basic literacy and numeracy skills and skills for self-employment and business start-up. Some industry workshops provided only low skills employment and contributed little to employability skills for prisoners' resettlements.
- 8.34 The resettlement unit (RSU) was well resourced and a jobs skills course was available for prisoners before they started outside placements. However, only under half of RSU prisoners were on this course. Such specialist resettlement support was not available outside the RSU.
- 8.35 Prisoners in the RSU had access to 20 vocational qualifications covering a wide range of skills in land-based activities, appropriate to the local rural community. However, take-up of these was not maximised.

Mental and physical health

- 8.36 Prisoners were not routinely seen for a health check before discharge, and the healthcare department had no links with other resettlement areas. Prisoners were given a letter for their GP on release, but were not assisted to find a GP if they did not have one. Healthcare staff told us they were hoping to improve the pre-release procedure. There were excellent links with local palliative care organisations, which provided practical support where necessary.

- 8.37 Prisoners with mental health needs and on the care programme approach (CPA) were referred to community psychiatric teams, who were invited into the prison before the prisoner's release to discuss ongoing care. Local community teams were invited to visit the prisoner in Dartmoor, and relationships with local providers were good.

Finance, benefit and debt

- 8.38 There were some finance advice services, but this area was not included in the reducing reoffending strategy or based on assessed prisoner need. However, some advice on entitlements on release was given through the pre-release discharge board. This was a new initiative, which was a multidisciplinary review of prisoners' circumstances about five weeks before their release. The board was interventions-focused and attended by resettlement practitioners, such as workers from Jobcentre Plus, Prison Service Plus, the counselling, assessment, referral, advice and throughcare service (CARATs) and housing.
- 8.39 The establishment had also recently introduced a one-day finance and budgeting pre-release course, which was compulsory for prisoners. However, this did not cater for differing abilities, and its usefulness was limited. This programme needed development and evaluation.
- 8.40 This pathway did not feature in the RSU, although there was potential to assist prisoners in outside work to open bank accounts as they approached the end of their sentence.

Recommendations

- 8.41 The accommodation office should be properly equipped, including with a printer.
- 8.42 The accommodation officer post should be funded permanently.
- 8.43 Healthcare staff should take part in prisoner discharge boards.
- 8.44 All prisoners should be offered a discharge health check before release.
- 8.45 Prisoners, especially those on the resettlement unit, should be helped to open bank accounts before their release.
- 8.46 The finance and budgeting course should be formally evaluated and developed accordingly to meet the needs of prisoners.

Drugs and alcohol

- 8.47 There was a good range of provision for prisoners with substance misuse needs, and the P-ASRO (prison addressing substance related offending) and 12-steps programmes were delivered. However, P-ASRO was not available to vulnerable prisoners, and the 12-step course lacked support activities. Services for alcohol misusers were provided.
- 8.48 The drug strategy group met bi-monthly with good representation from across the establishment. A reasonably comprehensive drug strategy document outlined details of each core element, although there were no annual objectives and had been no needs analysis on which to base provision. The role of establishment coordinator was undertaken by two part-time principal officer equivalents, and provision was well integrated across the establishment

- 8.49 The counselling, assessment, referral, advice and throughcare (CARAT) service was a multidisciplinary team of staff from the Exeter drug and alcohol project and uniformed staff. It was made up of a team leader and five full-time equivalents. Although it lacked two staff at the time of the inspection, the team had a caseload of 197. Due to the staff shortages, most current work related to assessment, case management and resettlement, and there was little structured one-to-one provision. In the cases we reviewed, the standard of files was good and well organised, with some examples of planned work. There was also a range of short groupwork courses. Relapse prevention, crack cocaine awareness and harm minimisation programmes were delivered on the basis of need, with four programmes a month. Prisoners on F and G wings could also access these.
- 8.50 There were reasonable links with community drug intervention programme (DIP) teams, although fewer than 40% of the population came from the local area. Appropriate links were made if prisoners from further afield were willing to be referred. CARATs also had good links with other provision in the prison, including voluntary drug testing and the P-ASRO (prison addressing substance related offending) and 12-step rehabilitation programmes. CARATs undertook assessments for both these programmes, as well as post-course follow-up support for P-ASRO.
- 8.51 Dartmoor had been one of the original pilot sites for P-ASRO, where it had been set up in 2002. The programme was multidisciplinary, and the treatment manager was an officer grade. The programme had good facilities, and had developed a good reputation across the establishment. However, under the current practice determined by the national drug programme development unit (NDPDU), psychometric tests undertaken at the beginning and end of programmes were not scored and used to assess individual progress. Consequently, post-programme reviews were unnecessarily subjective.
- 8.52 P-ASRO had been delivered 36 times since its start, although only one of these programmes had been for vulnerable prisoners on F and G wings. It was difficult to get enough prisoners from this unit to undertake a full programme and meet the necessary requirements of key performance target starts, even though the overall attrition rate was low. At the time of the inspection, there were four prisoners on F and G wings who had been assessed or were waiting to be assessed, and there was potentially one vulnerable prisoner from Channings Wood.
- 8.53 Avon and Wiltshire NHS partnership had been delivering the 12-step drug rehabilitation programme at Dartmoor since June 2007, after it was transferred from The Verne. There were dedicated facilities and separate accommodation in the basement of B wing. The programme had experienced some difficulties in the transfer to the prison, including the loss of staff. In the first six months, only four of the 29 prisoners who had started the programme had completed it. Despite this, prisoners on the programme were reasonably positive, and new staff had started during the week of the inspection. The programme was reasonably comprehensive, but there were many gaps when prisoners were not directly involved in activity. There were no dedicated education classes or other activity, and recreation facilities were limited to a pool table and table tennis. Some participants believed that boredom had been a factor in their previous drug use, and worried that the lack of activity could result in the same outcome.
- 8.54 Voluntary and compliance drug testing was provided. Voluntary testing was also provided when requested for other prisoners. Although voluntary and compliance testing was available on all wings, there was no overall coordinator. This increased the potential for variations in implementation between wings. On B wing, the voluntary testing unit, any prisoner who tested positive, or who refused to give a sample, was subject to a review, and two positives/refusals usually led to removal from the programme. We were told that reviews rarely took place

elsewhere. Similarly, although notices on B wing and the resettlement unit (RSU) stated that all voluntary/compliance testing would be preceded by a strip search, officers elsewhere admitted that this did not necessarily happen

- 8.55 The prison had an alcohol policy and provision was reasonable. The CARAT team had a dedicated alcohol worker, and one-to-one work and a short two-day alcohol awareness programme were delivered monthly. There was provision for alcohol testing, although this only operated in the RSU for those prisoners going out of the prison. There was a zero tolerance policy for these prisoners.

Recommendations

- 8.56 The drug strategy should be informed by an annual needs analysis, and include annual development objectives that are monitored through the drug strategy group.
- 8.57 The P-ASRO programme should be available for prisoners on F and G wings.
- 8.58 Post-programme P-ASRO reviews should include pre- and post-psychometric scores to help evaluate progress.
- 8.59 Voluntary and compliance drug testing should be applied consistently across all wings.
- 8.60 Prisoners on compliance/voluntary testing compacts should not be subject to strip searching, unless there is intelligence to indicate potential breaches of procedures.
- 8.61 There should be a wider range of support activities to complement the work of the 12-step programme.

Children and families of offenders

- 8.62 Most prisoners were at a distance from their home area, which was an obstacle to maintaining family ties. The visits room was a good, welcoming facility, although the tables raised security concerns. A free telephone call was not routinely provided to prisoners who had not received a visit. There were no accredited parenting or relationship courses, and standard level prisoners did not get all-day family visits. The Story Book Dad project was good practice.
- 8.63 The main problem for many prisoners was the distance from their home area. The establishment told us that 60% of prisoners at Dartmoor were away from their home area (although we were not given full statistics for the population profile table in Appendix II). In many cases the distance was prohibitive, preventing families from visiting at all, or severely restricting their opportunities to do so. This was confirmed in our survey, in which only 15% of respondents, against the comparator of 26%, said they had received a visit in their first week at Dartmoor, and only 64%, against 70%, said they had the opportunity to receive their full visits entitlement.
- 8.64 Public transport links from Plymouth (the nearest train station) were poor, and taxis were expensive. The establishment did not provide transport to and from the railway station to assist visits.

- 8.65 Enhanced level prisoners could receive up to four visits every 28 days, standard prisoners could have three visits, and basic level two. There were no arrangements for prisoners to have a free telephone call in lieu of a visit, as was the case for foreign national prisoners.
- 8.66 The visitor centre was run by the Prison Advice and Care Trust (PACT). Staff were friendly and helped to put visitors at their ease. Information available included advice on visitor support groups and the assisted prison visits scheme, as well as a safer custody poster inviting visitors to write to the anti-bullying coordinator if they had any concerns. Barnardo's attended the visitor centre each week to offer advice and assistance to families, and staff from information, advice and guidance also came regularly to advise on opportunities for prisoners in the establishment. Facilities in the visitor centre were good, with disabled toilets, baby change facilities and a children's play area. Visitors could also buy a small selection of refreshments.
- 8.67 The experience for family and friends who were able to visit was generally positive. In a visitor survey in 2007, over 94% of respondents said that staff were polite and courteous. Visitors could also make entries in a comment book available in the visit centre, and a governor grade responded to these. This book also included much positive feedback from visitors.
- 8.68 Domestic visits took place from Tuesday to Friday between 2.15pm and 4.15pm. There were two sessions at weekends, at 9.45am to 11.15am and 1.45pm to 4.15pm. Domestic and legal visits could be booked through a telephone booking line or in person at the visitor centre before and after visits.
- 8.69 We observed visitors receiving a rub down search and being checked by a passive drug dog before they entered the visits room. The staff were friendly and tried to put visitors at ease. A single indication by the drug dog, however, resulted in a closed visit without any supporting intelligence.
- 8.70 The main visits room could hold up to 20 normal visits. Visits for mainstream and vulnerable prisoners took place at the same time, with vulnerable prisoners allocated designated tables. The room was attractive and welcoming, and tables were far enough apart for acceptable levels of privacy. There was a well-stocked refreshment bar and children's play facility, both staffed by PACT.
- 8.71 The main visits room was covered by CCTV, but staff shortages meant that this was not always monitored during visits. The visit tables also raised security concerns, as it was easy for illicit items to be passed around the side of the table screens. Prisoners wore high visibility vests during visits for added security. Visits staff appeared vigilant, were well positioned, and patrolled the room on a regular basis.
- 8.72 All-day weekend visits were available for families who had travelled long distances. All-day family visits were also available to enhanced level prisoners, but not to standard prisoners. Accumulated visits were available, but these were limited due to population pressures in the prison estate. There were no accredited parenting or relationship courses.
- 8.73 Dartmoor was the main Prison Service centre for the Story Book Dad project (see also paragraph 5.15). The establishment provided the accommodation and the charity attracted external funding to cover running costs. The charity employed several staff and seven prisoners. Dartmoor also operated as the hub for up to 50 other establishments that sent recordings of prisoners reading stories to their children for final editing on CDs or DVDs. The final result was a credit to all concerned, and provided an excellent link between fathers in custody and young children. The charity had also recently introduced a story writing workshop

to assist prisoners to write and illustrate stories for their children. The charity had received several prestigious awards, including charity of the year in 2007.

Recommendations

- 8.74 The establishment should provide transport to and from the nearest railway station.
- 8.75 Free telephone calls should be available to prisoners who have not received a visit in the previous month.
- 8.76 A positive indication by a drug dog should only result in a closed visit where there is supporting intelligence.
- 8.77 The CCTV monitoring system in the visits room should always be staffed during visits.
- 8.78 The tables in the main visits room should be replaced or redesigned to prevent the smuggling in of illicit items.
- 8.79 All-day family visits should be available to standard level prisoners.
- 8.80 There should be accredited parenting and relationship courses for prisoners with identified needs.

Good practice

- 8.81 *The work of the Story Book Dad charity was exceptionally high quality and offered an important link between prisoners and their children.*

Attitudes, thinking and behaviour

- 8.82 There was reasonable provision of accredited programmes, and prisoners were prioritised appropriately. We remained concerned about the role of the assessment and allocation unit, where a large number of sex offenders refused to engage with sentence planning and made no progress in their risk reduction.
- 8.83 Enhanced thinking skills (ETS) and controlling anger and learning to manage it (CALM) were the main programmes delivered, in addition to P-ASRO and the 12-step programme (see drugs and alcohol section above). There was a reasonably flexible approach to the programme, and prisoners from F and G wings as well as mainstream prisoners could participate. Prisoners were prioritised for programmes by the length of time left to serve. Referrals had previously been from a number of sources, but had recently started to come mainly from offender supervisors, as the establishment implemented the offender management model. Further work was needed, however, to improve joint working and communications between the programmes department and the OMU.
- 8.84 F and G wings were designated as an assessment and allocation unit (AAU) for sex offenders, pending their placement on and transfer to suitable programmes elsewhere. However, few were undergoing assessment, and, for the majority, F and G wings simply operated as a vulnerable prisoner unit for sex offenders. Although prisoners were assessed and referred,

some subsequently lost allocated places on programmes because transfers did not take place, usually as a consequence of population pressures and the cost of single prisoner transfers. In addition, although the establishment occasionally ran the short motivational A-Z programme, this was infrequent. There remained a large number of sex offenders on F and G wings who were unmotivated, did not engage with sentence planning objectives, and made no progress in their risk reduction, with no observable detriment arising from their refusal to engage with offence-focused work. Residential staff needed to challenge and motivate prisoners more.

Recommendations

- 8.85 The role of the assessment and allocation unit (AAU) as an area/national resource should be reviewed and resourced to allow the prompt assessment and transfer of prisoners to establishments to complete programmes.
- 8.86 Staff should motivate and challenge prisoners in the AAU to engage with their sentence planning objectives.

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendations	To the governor
9.1 There should be greater management oversight of use of force, and analysis of incidents, in order to reduce its use and increase de-escalation. (HP46)	
9.2 All alleged assaults by staff on prisoners should be immediately investigated and acted upon by managers. (HP47)	
9.3 Basic hygiene requirements should be improved. (HP48)	
9.4 The prison should take steps to assess the specific needs of black and minority ethnic prisoners, and ensure that they can be met. (HP49)	
9.5 All prisoners should be engaged in purposeful activity. (HP50)	
9.6 The role and function of the resettlement unit should be clarified, in the light of its contribution to the resettlement strategy for Dartmoor as a whole. (HP51)	
9.7 Provision across the range of resettlement pathways should be properly evaluated and resourced appropriately, based on the identified needs of the prisoner population. (HP52)	
9.8 There should be improved opportunities for prisoners to engage in accredited training and work activities leading to industry-recognised qualifications. (HP53)	
9.9 Managers should ensure that staff engage positively with prisoners on all wings, and that the core day is adhered to. (HP54)	
Recommendations	To Director General, NOMS
9.10 Prisoners arriving at Dartmoor should have completed offender assessment system (OASys) assessments. (8.20)	
9.11 The role of the assessment and allocation unit (AAU) as an area/national resource should be reviewed and resourced to allow the prompt assessment and transfer of prisoners to establishments to complete programmes. (8.85)	
Recommendation	To National Drug Programme Delivery Unit
9.12 Post-programme P-ASRO reviews should include pre- and post-psychometric scores to help evaluate progress. (8.58)	

Recommendation	To Prison Escort and Custody Services
9.13	Prisoners' property should arrive with them on transfer. (1.5)
Recommendations	To the governor
First days in custody	
9.14	The reception area should be refurbished to provide a safe, clean and welcoming environment, including appropriate areas for new arrivals to be interviewed in private and be searched. (1.24)
9.15	All holding rooms should be equipped with televisions, reading material and up-to-date information notices. (1.25)
9.16	Information about what prisoners can expect from their first days in custody should be available in a range of languages. (1.26)
9.17	The handover arrangements for first night prisoners on G wing should follow those used on D wing. (1.27)
9.18	Prisoners should be allowed a free telephone call on their day of arrival. (1.28)
9.19	First night accommodation should be properly prepared, clean and provide a comfortable environment. (1.29)
9.20	There should be formal supervision and management of the prisoner Insider scheme. (1.30)
Residential units	
9.21	Cells designed for single use and without a separate closet for the in-cell toilet should not be used for double occupancy. (2.23)
9.22	Effective privacy screening should be installed in all cells on the assessment and allocation unit. (2.24)
9.23	The standards of cleanliness on the wings should be significantly improved and maintained at an acceptable level. (2.25)
9.24	Damaged or missing items of cell furniture should be replaced. (2.26)
9.25	The policy on the display of offensive material should be enforced, and prisoners' posters should be restricted to designated areas of their cells. (2.27)
9.26	Additional telephones should be installed to meet an acceptable ratio of one telephone to 20 prisoners. The telephone on B1 landing should be fitted with a privacy hood. (2.28)
9.27	Emergency cell bells should be answered without delay. (2.29)

- 9.28 Standard prisoners should be able to wear their own clothes, and all eligible prisoners should be able to have clothes sent in and laundered in the prison, and to wear their own clothes during suitable off-wing activities. (2.30)
- 9.29 Prisoners should be issued with enough clean, suitable and well-fitting clothing each week. (2.31)
- 9.30 The restrictions on property being accepted through the post should be relaxed for all prisoners. (2.32)
- 9.31 Prisoners in double occupancy cells should be provided with lockable lockers. (2.33)
- 9.32 All showers should be effectively screened through the installation of individual cubicles. (2.34)
- 9.33 Prisoners should receive two clean bed sheets each week. (2.35)

Personal officers

- 9.34 The personal officer scheme should be developed further and better promoted, with improved management oversight and links to offender management. (2.46)
- 9.35 Personal officers should introduce themselves to their charges at the earliest opportunity, engage with them regularly, and record evidence of this in wing history files. (2.47)
- 9.36 The recently introduced computerised management checks of wing history file entries should be maintained, and managers should check these regularly. (2.48)

Bullying and violence reduction

- 9.37 Information on all violent incidents should be reported monthly to the safer custody meeting, and incorporate quarterly evaluations of patterns and trends. (3.10)
- 9.38 An anti-bullying report should be prepared monthly, and include a quarterly analysis of pattern and trends. (3.11)
- 9.39 The anti-bullying reports should include cross-wing evaluations to assess any differences between wings. (3.12)
- 9.40 The anti-bullying strategy should include annual objectives that are reviewed at safer custody meetings. (3.13)
- 9.41 The safer custody manager should check all anti-bullying logs to establish learning points and examples of good practice. (3.14)
- 9.42 Anti-bullying logs should include a formal review after 14 days and every seven days thereafter. (3.15)
- 9.43 Anti-bullying logs should include quality reviews as part of management checks. (3.16)
- 9.44 There should be a programme for prisoners on stages two or three of the anti-bullying strategy. (3.17)

9.45 There should be a programme of support for victims of bullying. (3.18)

9.46 All staff should undertake anti-bullying training. (3.19)

Self-harm and suicide

9.47 Self-harm and suicide prevention information should be analysed quarterly to establish patterns and trends. (3.27)

9.48 There should be annual strategic objectives to ensure the development of self-harm and suicide prevention work. (3.28)

9.49 Management checks of assessment, care in custody and teamwork (ACCT) cases should include both systemic and quality assessments, and be used to develop good practice. (3.29)

9.50 Families of prisoners subject to ACCT should be informed, and given the opportunity to offer support, with the agreement of the prisoner. (3.30)

9.51 The post-ACCT evaluation forms should be collated and evaluated to identify learning points, and should also include assessments of quality. (3.31)

9.52 ACCT care maps should be SMART (specific, measurable, achievable, realistic and time bound), and should be reviewed in all ACCT reviews. (3.32)

9.53 ACCT reviews should be multidisciplinary, and heads of appropriate department should be given advance notice of forthcoming ACCT reviews. (3.33)

Diversity

9.54 A committee should be set up to discuss the wider diversity issues affecting prisoners. (3.44)

9.55 There should be improved physical access to key departments and reasonable adaptations to meet the needs of prisoners with disabilities. (3.45)

9.56 There should be effective arrangements to screen new arrivals for learning disabilities. (3.46)

9.57 Prisoner helpers should be trained and receive payment for their role. (3.47)

9.58 Retirement pay should be increased to the level of average prisoner pay in the establishment. (3.48)

9.59 Older prisoners and those with disabilities should have access to a regime that fully meets their needs and provides a range of appropriate activities. (3.49)

9.60 Consultative meetings should be held with older prisoners and those with disabilities. (3.50)

Race equality

9.61 The assistant race equality officer should be allocated formal time to support the work of the race equality officer. (3.65)

- 9.62 The prison should progress efforts to establish links with external black and minority ethnic and race equality groups. (3.66)
- 9.63 All reports of racist incidents should be investigated thoroughly, and the investigator should maintain regular contact with the complainant. (3.67)
- 9.64 Written replies should be made to all racist incidents complainants. (3.68)
- 9.65 There should be support plans for victims of racism. (3.69)
- 9.66 Prisoner race representatives should be appointed on all wings. (3.70)
- 9.67 Groups of black and minority ethnic prisoners should be enabled to meet together to air their views. (3.71)
- 9.68 Diversity training should be introduced for all staff. (3.72)
- 9.69 There should be regular events to celebrate ethnic and cultural diversity. (3.73)

Foreign national prisoners

- 9.70 The foreign nationals policy should be fully implemented. (3.80)
- 9.71 A foreign nationals coordinator with sufficient time to carry out their duties should be appointed. (3.81)
- 9.72 There should be a multidisciplinary foreign nationals committee to oversee the foreign nationals policy. (3.82)
- 9.73 All staff should be aware of how to access interpretation services for prisoners. (3.83)
- 9.74 Reading material in foreign languages should be provided in the prison library. (3.84)
- 9.75 Local policies and prison rules should be published in foreign languages and made available to prisoners. (3.85)

Applications and complaints

- 9.76 Wing logs and governor applications logs should routinely record when applications are completed. (3.94)
- 9.77 Complaints should be routinely sampled to ensure that responses are respectful and address issues appropriately. (3.95)
- 9.78 Quality assurance processes should be introduced to ensure that complaints are managed and recorded within designated timescales. (3.96)

Legal rights

- 9.79 Staff allocated to undertake legal services work should not be deployed to other duties. (3.104)

- 9.80 Prisoners should have access to their legal mail swiftly in the absence of legal services staff. (3.105)
- 9.81 Information on legal services should be available in a range of languages. (3.106)
- 9.82 There should be clear responsibility for maintaining an appellants' register and liaison with legal services staff. (3.107)
- 9.83 Legal communications to prisoners should only be opened in their presence. (3.108)

Substance use

- 9.84 Clinical provision for prisoners requiring detoxification should include methadone and/or buprenorphine as an alternative to lofexidine. (3.117)
- 9.85 Mandatory drug testing figures should be analysed monthly by wing to evaluate patterns of use and demand. (3.118)
- 9.86 Suspicion tests should be undertaken within three days of submission of security information. (3.119)

Vulnerable prisoners

- 9.87 Vulnerable prisoners should be regularly assessed to ensure their suitability and safety to return to the main prison, and should be given appropriate support to reintegrate. (3.124)
- 9.88 Staff shortages should be covered on an equitable basis by staff from all wings. (3.125)

Health services

- 9.89 An electronic patient management system should be introduced as soon as possible. (4.47)
- 9.90 A prison health promotion strategy, including dental health, should be introduced, and a lead nurse should be nominated to take the project forward. (4.48)
- 9.91 The practice manager should assess emergency equipment to ensure that staff are able to respond rapidly and appropriately to any medical emergency. (4.49)
- 9.92 The identification of signatories to written clinical records should be clear, and records should be checked at least monthly to ensure they are accurate and contemporaneous. (4.50)
- 9.93 There should be a healthcare forum to allow prisoner representatives to discuss general healthcare issues with senior clinical staff. (4.51)
- 9.94 Healthcare application forms should be confidential, and dedicated healthcare boxes should be installed on all wings and emptied daily by a member of the health team. (4.52)
- 9.95 Additional clinics should be held to reduce the chiropodist and optician waiting lists. (4.53)
- 9.96 Non-attendees at health clinics should be followed up. Prolific non-attendees should be investigated. (4.54)

- 9.97 Discipline officers should be present at all medication times and ensure privacy for prisoners collecting medication, as well as the safety of prisoners and staff. (4.55)
- 9.98 There should be multidisciplinary mental health meetings. (4.56)
- 9.99 Primary care mental health nurses should annotate prisoners' wing history sheets to provide staff with guidance of their future management. (4.57)
- 9.100 All security cleared healthcare staff should be issued with prison keys as soon as clearance is confirmed. (4.58)
- 9.101 The findings of the mental health review should be implemented without delay. (4.59)
- 9.102 Appropriate counselling services should be available to prisoners. (4.60)
- 9.103 Mental health awareness training for staff should be introduced as soon as possible and be part of the annual training programme. (4.61)
- 9.104 Medication supplied under patient group directions should be labelled as a medicine and contain a patient information leaflet; licensed packs should be used where possible. Pharmacy staff should monitor the use of such medication. (4.62)
- 9.105 Pharmacy-led clinics and medication reviews should be introduced. (4.63)
- 9.106 The medicines and therapeutic committee should regularly review the special sick policy to ensure that all appropriate medicines can be supplied. (4.64)
- 9.107 Patient group directions should allow nursing staff to administer more potent medicines. (4.65)

Learning and skills and work activities

- 9.108 The prison should maximise use of its capacity for education and training, and increase the opportunities for purposeful activities. (5.26)
- 9.109 There should be better use of data for quality improvement and strategic planning of learning and skills. (5.27)
- 9.110 Quality improvement strategies should be fully implemented. (5.28)
- 9.111 The use of individual learning plans should be improved. (5.29)
- 9.112 There should be better links between sentence planning and the offender management unit to support learning and skills in prisoners' sentence planning. (5.30)
- 9.113 Provision of English for speakers of other languages (ESOL) should be increased. (5.31)
- 9.114 The opportunities for prisoners to engage in personal development and social integration programmes should be expanded. (5.32)
- 9.115 All prisoners should have adequate access to the library and the opening hours should be improved. (5.33)

Physical education and health promotion

- 9.116 Outdoor activities and games should be provided. (5.43)
- 9.117 There should be more resources for cardiovascular training. (5.44)
- 9.118 Provision for accredited PE training should be expanded. (5.45)

Time out of cell

- 9.119 Time out of cell should be recorded accurately and be for at least 10 hours per day. (5.57)
- 9.120 The prison's routine should conform to the published core day. Prisoners should be unlocked and locked up on time. (5.58)
- 9.121 Exercise in the open air should be offered daily, and there should be management arrangements to ensure delivery. (5.59)

Security and rules

- 9.122 The security committee should improve its management of security information to focus on longer term trends. (6.10)
- 9.123 Security bulletins should be distributed following the monthly security committee meetings. (6.11)
- 9.124 Security arrangements should not impede prisoner access to the library. (6.12)
- 9.125 Reconciliation of the prison roll should not affect prisoner access to work or education. (6.13)

Discipline

- 9.126 The adjudications tariff should be published to prisoners. (6.28)
- 9.127 The use of force committee should produce terms of reference, which include regular analysis of trends and performance information. (6.29)
- 9.128 Prisoners should be debriefed by the senior officer following use of force incidents. (6.30)
- 9.129 Staff should view videos of planned removals to review their practice and identify improvements. (6.31)
- 9.130 Prisoners should only be subject to strip searches following risk assessments. (6.32)
- 9.131 The prison should develop strategies to assist the reintegration of prisoners from segregation on to normal location. (6.33)

Incentives and earned privileges

- 9.132 Personal officers should comply with the incentives and earned privileges (IEP) policy and interview their prisoners monthly and record this, and, wherever possible, should attend IEP review boards. (6.44)
- 9.133 There should be an increased range of privileges available to enhanced level prisoners that are not cash or visit related. (6.45)
- 9.134 Staff should work with basic level prisoners to help them modify their behaviour, and this should be recorded in wing history files. (6.46)

Catering

- 9.135 Meals should be served at the published times, and the evening meal should not be served before 5pm. (7.12)
- 9.136 Breakfast packs should not be given out as an alternative to a served breakfast. (7.13)
- 9.137 Prisoners working in the kitchen should be able to undertake formal qualifications. (7.14)
- 9.138 There should be food representative meetings every month. (7.15)
- 9.139 There should be a formal link between the kitchen manager and the race equality action team to inform menu development. (7.16)
- 9.140 Wing servery managers should ensure consistency in portion control. (7.17)
- 9.141 Prison staff should supervise the serving of food appropriately. (7.18)
- 9.142 Food provided for prisoners should not be taken by staff, and prison managers should ensure this does not happen. (7.19)

Prison shop

- 9.143 There should be a wider range of catalogues for prisoner orders. (7.29)
- 9.144 Prisoners should not be charged an administration fee for catalogue orders. (7.30)
- 9.145 The prison, in conjunction with Aramark, should undertake a twice-yearly survey of prisoners about goods carried by the shop. (7.31)

Strategic management of resettlement

- 9.146 The draft reducing reoffending strategy should be finalised and implemented as soon as possible. (8.9)
- 9.147 The resettlement unit (RSU) should be re-evaluated and adapted to give more prisoners a realistic opportunity to progress through the programme, engage in constructive activities

during assessment, and be assessed in time for them to participate in meaningful community activities before release. (8.10)

Offender management and planning

- 9.148 There should be better links between the induction process and initial case assessments by offender supervisors. (8.21)
- 9.149 Offender supervisors should carry out case assessments on all new arrivals, and copies of case assessments should be included in wing files. (8.22)
- 9.150 Offender supervisors should record contact with prisoners on their wing files. (8.23)
- 9.151 Offender managers should chair sentence planning boards for in-scope prisoners, or at least contribute a report to the proceedings. (8.24)
- 9.152 The sentence planning board arrangements should be improved. Boards should meet in suitable venues, be multidisciplinary, and seek written reports from key staff who cannot attend. (8.25)
- 9.153 Lifer meetings should be held more regularly. (8.26)

Resettlement pathways

- 9.154 The accommodation office should be properly equipped, including with a printer. (8.41)
- 9.155 The accommodation officer post should be funded permanently. (8.42)
- 9.156 Healthcare staff should take part in prisoner discharge boards. (8.43)
- 9.157 All prisoners should be offered a discharge health check before release. (8.44)
- 9.158 Prisoners, especially those on the resettlement unit, should be helped to open bank accounts before their release. (8.45)
- 9.159 The finance and budgeting course should be formally evaluated and developed accordingly to meet the needs of prisoners. (8.46)
- 9.160 The drug strategy should be informed by an annual needs analysis, and include annual development objectives that are monitored through the drug strategy group. (8.56)
- 9.161 The P-ASRO programme should be available for prisoners on F and G wings. (8.57)
- 9.162 Voluntary and compliance drug testing should be applied consistently across all wings. (8.59)
- 9.163 Prisoners on compliance/voluntary testing compacts should not be subject to strip searching, unless there is intelligence to indicate potential breaches of procedures. (8.60)
- 9.164 There should be a wider range of support activities to complement the work of the 12-step programme. (8.61)
- 9.165 The establishment should provide transport to and from the nearest railway station. (8.74)

- 9.166 Free telephone calls should be available to prisoners who have not received a visit in the previous month. (8.75)
- 9.167 A positive indication by a drug dog should only result in a closed visit where there is supporting intelligence. (8.76)
- 9.168 The CCTV monitoring system in the visits room should always be staffed during visits. (8.77)
- 9.169 The tables in the main visits room should be replaced or redesigned to prevent the smuggling in of illicit items. (8.78)
- 9.170 All-day family visits should be available to standard level prisoners. (8.79)
- 9.171 There should be accredited parenting and relationship courses for prisoners with identified needs. (8.80)
- 9.172 Staff should motivate and challenge prisoners in the AAU to engage with their sentence planning objectives. (8.86)

Housekeeping points

Residential units

- 9.173 Toothpaste stains on cell walls should be removed and cells repainted as necessary. (2.36)
- 9.174 Minutes of the consultative meeting should include action points and an identified person to take matters forward. (2.37)

Diversity

- 9.175 Staff on A wing should be aware of the location of personal emergency evacuation plans for prisoners with disabilities. (3.51)

Health services

- 9.176 A new amalgam separator should be purchased for the dental surgery. (4.66)
- 9.177 Old pharmacy reference books should be discarded. (4.67)
- 9.178 Maximum and minimum temperatures should be recorded daily for the drug refrigerators. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (4.68)

Learning and skills and work activities

- 9.179 Prisoners should be able to print information and documents from accessible databases in the library. (5.34)

Discipline

- 9.180 There should be seating in the segregation unit exercise yard. (6.34)
- 9.181 Staff should maintain confidentiality and should not discuss sensitive information within the hearing of prisoners. (6.35)

Catering

- 9.182 Appropriate covers should be in place over servery areas on F and G wings. (7.20)
- 9.183 Prisoners should be informed through notice boards and the prison magazine that the kitchen can consider their recipes. (7.21)

Examples of good practice

- 9.184 The protocol on care for older prisoners and named nurse to lead this area provided an holistic approach to the management of older prisoners, and regular physical and mental health monitoring enabled early health interventions where necessary. (4.69)
- 9.185 The work of the Story Book Dad charity was exceptionally high quality and offered an important link between prisoners and their children. (8.81)

Appendix I: Inspection team

Anne Owers	-	Chief inspector
Martin Lomas	-	Team leader
Jonathan French	-	Inspector
Keith McInnis	-	Inspector
Steve Moffatt	-	Inspector
Marie Orrell	-	Inspector
Gordon Riach	-	Inspector
Samantha Booth	-	Researcher
Olivia Adams	-	Research trainee

Specialist inspectors

Bridget McEvilly	-	Healthcare
Sue Melvin	-	Pharmacy
John Reynolds	-	Dentist
Andrew Boughton	-	Ofsted
Martin Hughes	-	Ofsted
Jane Robinson	-	Ofsted
Linda Truscott	-	Ofsted
Joe Simpson	-	HMI Probation

Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	638	100
Total	638	100

(ii) Sentence	Number of prisoners	%
Less than 6 months	11	1.7%
6 months-less than 12 months	21	3.3%
12 months-less than 2 years	71	11.2%
2 years-less than 4 years	201	31.5%
4 years-less than 10 years	287	45%
10 years and over (not life)	23	3%
Life	24	3.7%
Total	638	99.4%

(iii) Length of stay	Number of prisoners	%
Less than 1 month	90	14.1%
1 month to 3 months	113	17.7%
3 months to 6 months	124	19.4%
6 months to 1 year	167	26.2%
1 year to 2 years	106	16.6%
2 years to 4 years	32	5%
4 years or more	6	0.9%
Total	638	99.9%

(iv) Main offence	Number of prisoners	%
Violence against the person	127	19.9%
Sexual offences	171	26.8%
Burglary	86	13.5%
Robbery	57	8.9%
Theft and handling	15	2.3%
Fraud and forgery	4	0.6%
Drugs offences	98	15.4%
Other offences	79	12.4%
Offence not recorded/ Holding warrant	1	0.2%
Total	638	100%

(v) Age	Number of prisoners	%
21 years to 29 years	229	35.9%
30 years to 39 years	191	30%
40 years to 49 years	118	18.5%
50 years to 59 years	40	6.3%
60 years to 69 years	45	7%
70 plus years: <i>maximum age - 80</i>	15	2.3%
Total	638	100%

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	7	
Between 50 and 100 miles of the prison	13	
Over 100 miles from the prison	29	
Overseas	0	
NFA	0	
No information available	611	
Total	660	

(vii) Nationality	Number of prisoners	%
British	597	93.6%
Foreign nationals	41	6.4%
Total	638	100%

(viii) Ethnicity	Number of prisoners	%
<i>White:</i>		
British	544	85.3%
Irish	2	0.3%
Other White	18	2.7%
<i>Mixed:</i>		
White and Black Caribbean	8	1.3%
White and Asian	6	0.9%
Other Mixed	3	0.5%
<i>Asian or Asian British:</i>		
Indian	3	0.5%
Bangladeshi	1	0.2%
Other Asian	7	1.1%
<i>Black or Black British:</i>		
Caribbean	28	4.3%
African	7	1.1%
Other Black	8	1.3%
<i>Chinese or other ethnic group:</i>		
Chinese	2	0.3%
Other ethnic group	1	0.2%
Total	638	100%

(ix) Religion	Number of prisoners	%
Baptist	3	0.5%
Church of England	180	28.2%
Roman Catholic	68	10.7%
Other Christian denominations	41	6.3%
Muslim	27	4.2%
Sikh	1	0.2%
Hindu	3	0.5%
Buddhist	21	3.3%
Jewish	2	0.3%
Other	20	3.1%
No religion	272	42.7%
Total	638	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 16 January 2008 the prisoner population at HMP Dartmoor was 631. The sample size was 131. Overall, this represented 21% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In total, two respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 117 respondents completed and returned their questionnaires. This represented 19% of the prison population. The response rate was 89%. In addition to the four respondents who refused to complete a questionnaire, six questionnaires were not returned and four were returned blank.

Comparisons

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

Presented alongside the results from this survey, are the comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 37 trainer prisons since May 2003.

In addition, two further comparative documents are attached: one shows statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group; the other analyses responses by prison wing.

In all the above documents, statistical significance merely indicates whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading.



Prisoner Survey Responses HMP Dartmoor 2008

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

Key to tables

	Any percent highlighted in green is significantly better than the Category C trainer prisons comparator.	HMP Dartmoor	Category C trainer prisons comparator
	Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator.		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category C trainer prisons comparator.		

SECTION 1: General Information (not tested for significance)

1	Number of completed questionnaires returned	117	3555
2	Are you under 21 years of age?	0%	1%
3	Are you transgender or transsexual?	1%	0%
4	Are you sentenced?	100%	100%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	3%
6	If you are sentenced, are you on recall?	16%	14%
7	Is your sentence less than 12 months?	7%	7%
8	Do you have less than six months to serve?	42%	36%
9	Have you been in this prison less than a month?	7%	8%
10	Are you a foreign national?	8%	14%
11	Is English your first language?	96%	88%
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	10%	27%
13	Are you Muslim?	4%	13%
14	Are you gay or bisexual?	3%	6%
15	Do you consider yourself to have a disability?	20%	13%
16	Is this your first time in prison?	30%	34%
17	Do you have any children?	49%	55%

SECTION 2: Transfers and Escorts

18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	57%	51%
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	60%	62%
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	15%	19%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	33%	33%
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	16%	14%
19	Did you spend more than four hours in the van?	12%	9%
20	Were you treated well/very well by the escort staff?	66%	69%
21a	Did you know where you were going when you left court or when transferred from another establishment?	85%	83%
21b	Before you arrived here did you receive any written information about what would happen to you?	24%	16%
22c	When you first arrived here did your property arrive at the same time as you?	82%	87%

Key to tables

		HMP Dartmoor	Category C trainer prisons comparator
	Any percent highlighted in green is significantly better than the Category C trainer prisons comparator.		
	Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator.		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category C trainer prisons comparator.		

SECTION 3: Reception, first night and induction

23a	Did you have any problems when you first arrived?	64%	55%
23b	Did you have any problems with loss of transferred property when you first arrived?	16%	12%
23c	Did you have any housing problems when you first arrived?	15%	13%
23d	Did you have any problems contacting employers when you first arrived?	1%	3%
23e	Did you have any problems contacting family when you first arrived?	22%	18%
23f	Did you have any problems ensuring dependents were being looked after when you first arrived?	7%	5%
23g	Did you have any money worries when you first arrived?	14%	16%
23h	Did you have any problems with feeling depressed or suicidal when you first arrived?	16%	13%
23i	Did you have any drug problems when you first arrived?	11%	12%
23j	Did you have any alcohol problems when you first arrived?	9%	5%
23k	Did you have any health problems when you first arrived?	21%	16%
23l	Did you have any problems with needing protection from other prisoners when you first arrived?	6%	4%
24a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	22%	18%
24b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	32%	20%
24c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	19%	14%
24d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	52%	52%
24e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	23%	18%
24f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	21%	21%
24g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	33%	33%
24h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	34%	30%
24i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	33%	27%
24j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	56%	48%
24k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	27%	20%
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	91%	88%
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	67%	72%
26	Were you treated well/very well in reception?	68%	72%
27a	Did you receive a reception pack on your day of arrival?	84%	79%
27b	Did you receive information about what was going to happen here on your day of arrival?	68%	50%
27c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	49%	43%
27d	Did you have the opportunity to have a shower on your day of arrival?	32%	45%

Key to tables

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	Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator.				
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category C trainer prisons comparator.				

SECTION 3: Reception, first night and induction continued

27e	Did you get the opportunity to have a free telephone call on your day of arrival?	40%	48%
27f	Did you get information about routine requests on your day of arrival?	41%	37%
27g	Did you get something to eat on your day of arrival?	83%	77%
27h	Did you get information about visits on your day of arrival?	41%	45%
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	51%	51%
28b	Did you have access to someone from healthcare within the first 24 hours?	73%	72%
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	39%	35%
28d	Did you have access to the prison shop/canteen within the first 24 hours?	27%	27%
29	Did you feel safe on your first night here?	79%	86%
30	Did you go on an induction course within the first week?	76%	75%
31	Did the induction course cover everything you needed to know about the prison?	61%	61%
32	Did you receive a 'basic skills' assessment within the first week?	64%	54%

SECTION 4: Legal Rights and Respectful Custody

34a	Is it very easy/easy to communicate with your solicitor or legal representative?	52%	48%
34b	Is it very easy/easy for you to attend legal visits?	58%	55%
34c	Is it very easy/easy for you to obtain bail information?	25%	20%
35	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	39%
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	59%	64%
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	96%	92%
36c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	78%	85%
36d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	90%	75%
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	47%	42%
36f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	76%	70%
36g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	36%	32%
37	Is the food in this prison good/very good?	24%	34%
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	55%	48%
39a	Is it easy/very easy to get a complaints form?	87%	86%
39b	Is it easy/very easy to get an application form?	96%	90%
40a	Do you feel applications are sorted out fairly?	55%	39%
40b	Do you feel your applications are sorted out promptly?	53%	38%
40c	Do you feel complaints are sorted out fairly?	19%	28%
40d	Do you feel complaints are sorted out promptly?	21%	28%
40e	Are you given information about how to make an appeal?	35%	31%
41	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	14%	13%
42	Do you know how to apply to the Prisons and Probation Ombudsman?	53%	47%

Key to tables

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	Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator.		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category C trainer prisons comparator.		

SECTION 4: Legal Rights and Respectful Custody continued

43	Is it easy/very easy to contact the Independent Monitoring Board?	37%	43%
44	Are you on the enhanced (top) level of the IEP scheme?	57%	52%
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	61%	53%
46a	In the last six months have any members of staff physically restrained you (C & R)?	5%	5%
46b	In the last six months have you spent a night in the segregation/care and separation unit?	7%	13%
47a	Do you feel your religious beliefs are respected?	59%	55%
47b	Are you able to speak to a religious leader of your faith in private if you want to?	61%	60%
48	Are you able to speak to a Listener at any time, if you want to?	73%	67%
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	72%
49b	Do most staff, in this prison, treat you with respect?	79%	76%

SECTION 5: Safety

51	Have you ever felt unsafe in this prison?	26%	27%
52	Do you feel unsafe in this establishment at the moment?	4%	16%
54	Have you been victimised (insulted or assaulted) by another prisoner?	18%	19%
55a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	8%	10%
55b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	5%	5%
55c	Have you been sexually abused since you have been here? (By prisoners)	0%	1%
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	4%
55e	Have you been victimised because of drugs since you have been here? (By prisoners)	2%	2%
55f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	4%	3%
55g	Have you ever been victimised because you were new here? (By prisoners)	2%	3%
55h	Have you ever been victimised because of your sexuality? (By prisoners)	0%	1%
55i	Have you ever been victimised because you have a disability? (By prisoners)	1%	2%
55j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	3%	3%
55k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	6%	4%
56	Have you been victimised (insulted or assaulted) by a member of staff?	20%	19%
57a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	11%	10%
57b	Have you been hit, kicked or assaulted since you have been here? (By staff)	3%	2%
57c	Have you been sexually abused since you have been here? (By staff)	0%	1%
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	4%
57e	Have you been victimised because of drugs since you have been here? (By staff)	3%	3%
57f	Have you ever been victimised because you were new here? (By staff)	3%	4%
57g	Have you ever been victimised because of your sexuality? (By staff)	0%	1%
57h	Have you ever been victimised because you have a disability? (By staff)	3%	2%
57i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	2%	3%

Key to tables

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SECTION 5: Safety continued

57j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	5%	4%
58	Did you report any victimisation that you have experienced?	13%	10%
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	23%	21%
60	Have you ever felt threatened or intimidated by a member of staff in here?	12%	17%
62	Is it very easy/easy to get illegal drugs in this prison?	41%	29%

SECTION 6: Healthcare

63	Do you think the overall quality of the healthcare is good/very good?	43%	45%
64a	Is it very easy/easy to see the doctor?	46%	42%
64b	Is it very easy/easy to see the nurse?	64%	60%
64c	Is it very easy/easy to see the dentist?	17%	16%
64d	Is it very easy/easy to see the optician?	15%	16%
64e	Is it very easy/easy to see the pharmacist?	38%	35%
65a	Do you think the quality of healthcare from the doctor is good/very good?	38%	44%
65b	Do you think the quality of healthcare from the nurse is good/very good?	57%	58%
65c	Do you think the quality of healthcare from the dentist is good/very good?	20%	31%
65d	Do you think the quality of healthcare from the optician is good/very good?	19%	24%
65e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	31%	40%
66	Are you currently taking medication?	36%	41%
67	Are you allowed to keep possession of your medication in your own cell?	33%	37%

SECTION 7: Purposeful Activity

69a	Do you feel your job will help you on release?	31%	37%
69b	Do you feel your vocational or skills training will help you on release?	39%	39%
69c	Do you feel your education (including basic skills) will help you on release?	46%	49%
69d	Do you feel your offending behaviour programmes will help you on release?	37%	36%
69e	Do you feel your drug or alcohol programmes will help you on release?	44%	32%
70	Do you go to the library at least once a week?	41%	48%
71	Can you get access to a newspaper every day?	51%	51%
72	On average, do you go to the gym at least twice a week?	58%	55%
73	On average, do you go outside for exercise three or more times a week?	21%	50%
74	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	14%	19%
75	On average, do you go on association more than five times each week?	78%	75%
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	19%	19%

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SECTION 8: Resettlement

		HMP Dartmoor	Category C trainer prisons comparator
78	Did you first meet your personal officer in the first week?	22%	32%
79	Do you think your personal officer is helpful/very helpful?	42%	47%
80	Do you have a sentence plan?	50%	59%
81	Were you involved/very involved in the development of your sentence plan?	33%	39%
82	Can you achieve all or some of your sentence plan targets in this prison?	36%	36%
83	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	21%	18%
84	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	35%	29%
85	Do you feel that any member of staff has helped you to prepare for release?	17%	18%
86	Have you had any problems with sending or receiving mail?	36%	36%
87	Have you had any problems getting access to the telephones?	25%	22%
88	Did you have a visit in the first week that you were here?	15%	26%
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	64%	70%
90	Did you receive five or more visits in the last week?	0%	0%
91a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	18%	20%
91b	Do you think you will have a problem with finding a job following your release from this prison?	46%	45%
91c	Do you think you will have a problem with finding accommodation following your release from this prison?	46%	43%
91d	Do you think you will have a problem with money and finances following your release from this prison?	51%	50%
91e	Do you think you will have a problem with claiming benefits following your release from this prison?	30%	33%
91f	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	28%	31%
91g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	11%	13%
91h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	27%	22%
91i	Do you think you will have a problem with opening a bank account following your release from this prison?	41%	40%

Key to tables

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	Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator.		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category C trainer prisons comparator.		
SECTION 8: Resettlement continued			
92a	Do you think you will have a problem with drugs when you leave this prison?	16%	10%
92b	Do you think you will have a problem with alcohol when you leave this prison?	13%	7%
93a	Do you know who to contact, within this prison, to get help with finding a job on release?	51%	52%
93b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	52%	53%
93c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	41%	39%
93d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	54%	51%
93e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	40%	40%
93f	Do you know who to contact within this prison to get help with external drugs courses etc	59%	48%
93g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	51%	45%
93h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	41%	34%
94	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	47%	58%



Key questions (Wing Analysis) HMP Dartmoor 2008

Prisoner Survey Responses (Missing data has been excluded for each question)

Key to tables

	Percentages highlighted in green show the best score across wings	A wing	B wing	D wing	E wing	F wing	G wing
	Percentages highlighted in blue show the worst score across wings						
Number of completed questionnaires returned		26	23	26	10	8	24
31	Did you go on an induction course within the first week?	72%	96%	69%	90%	74%	62%
37a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	28%	64%	42%	91%	74%	79%
37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	89%	100%	100%	100%	100%	90%
37c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	69%	73%	71%	100%	100%	80%
37d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	76%	91%	87%	100%	100%	95%
37e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	28%	50%	42%	80%	50%	50%
37f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	59%	95%	50%	91%	88%	95%
38	Is the food in this prison good/very good?	5%	23%	25%	41%	26%	35%
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	41%	64%	52%	59%	50%	60%
40a	Is it easy/very easy to get a complaints form?	75%	91%	83%	91%	100%	95%
40b	Is it easy/very easy to get an application form?	86%	96%	96%	100%	100%	100%
41c	Do you feel complaints are sorted out fairly?	21%	26%	8%	41%	50%	4%
45	Are you on the enhanced (top) level of the IEP scheme?	40%	61%	42%	100%	100%	52%
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	48%	82%	58%	50%	74%	57%
47a	In the last six months have any members of staff physically restrained you (C & R)?	4%	4%	12%	0%	12%	0%
47b	In the last six months have you spent a night in the segregation/care and separation unit?	10%	9%	16%	0%	0%	0%
48a	Do you feel your religious beliefs are respected?	62%	57%	50%	41%	74%	74%
48b	Are you able to speak to a religious leader of your faith in private if you want to?	57%	55%	52%	59%	74%	77%
49	Are you able to speak to a Listener at any time, if you want to?	55%	78%	72%	100%	71%	74%
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	65%	82%	65%	80%	88%	69%

Key to tables

Percentages highlighted in green show the best score across wings	A wing	B wing	D wing	E wing	F wing	G wing
Percentages highlighted in blue show the worst score across wings						
50b Do most staff, in this prison, treat you with respect?	64%	96%	68%	80%	100%	82%
52 Have you ever felt unsafe in this prison?	52%	9%	12%	20%	50%	25%
53 Do you feel unsafe in this establishment at the moment?	9%	4%	4%	0%	0%	0%
55 Have you been victimised (insulted or assaulted) by another prisoner?	18%	9%	16%	41%	37%	17%
57 Have you been victimised (insulted or assaulted) by a member of staff?	31%	0%	28%	9%	37%	21%
60 Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	35%	19%	11%	30%	26%	23%
61 Have you ever felt threatened or intimidated by a member of staff in here?	18%	0%	20%	9%	12%	13%
62 Is it very easy/easy to get illegal drugs in this prison?	48%	48%	48%	50%	29%	21%
64 Do you think the overall quality of the healthcare is good/very good?	36%	57%	42%	70%	29%	29%
65a Is it very easy/easy to see the doctor?	36%	50%	50%	59%	63%	38%
65b Is it very easy/easy to see the nurse?	50%	65%	68%	70%	74%	66%
71 Do you go to the library at least once a week?	41%	52%	42%	26%	0%	48%
73 On average, do you go to the gym at least twice a week?	48%	65%	73%	90%	50%	33%
74 On average, do you go outside for exercise three or more times a week?	0%	18%	40%	33%	29%	17%
75 On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	9%	9%	0%	78%	29%	12%
76 On average, do you go on association more than five times each week?	77%	91%	73%	100%	87%	62%
77 Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	22%	11%	78%	14%	9%
79 Did you first meet your personal officer in the first week?	9%	27%	23%	100%	12%	0%
80 Do you think your personal officer is helpful/very helpful?	18%	45%	35%	100%	74%	36%
91 Have you had any problems with sending or receiving mail?	43%	27%	31%	33%	50%	40%
92 Have you had any problems getting access to the telephones?	36%	14%	24%	10%	26%	31%
94 Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	52%	73%	46%	100%	74%	69%



Key Question Responses (Ethnicity) HMP Dartmoor 2008

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

Key to tables

	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		12	104
4	Are you sentenced? (Not tested for significance)	100%	100%
10	Are you a foreign national? (Not tested for significance)	46%	4%
11	Is English your first language? (Not tested for significance)	75%	98%
12	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories. (Not tested for significance)		
13	Are you Muslim? (Not tested for significance)	17%	2%
17	Is this your first time in prison? (Not tested for significance)	67%	27%
21	Were you treated well/very well by the escort staff?	66%	66%
22a	Did you know where you were going when you left court or when transferred from another establishment?	83%	87%
24	Did you have any problems when you first arrived?	66%	63%
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	75%	93%
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	75%	65%
27	Were you treated well/very well in reception?	83%	66%
30	Did you feel safe on your first night here?	66%	82%
31	Did you go on an induction course within the first week?	75%	76%
35a	Is it very easy/easy to communicate with your solicitor or legal representative?	41%	53%
37a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	59%	58%
37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	91%	97%
37e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	50%	46%
38	Is the food in this prison good/very good?	9%	25%
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	56%
40a	Is it easy/very easy to get a complaints form?	80%	88%

Key to tables

Any percent highlighted in green is significantly better		
Any percent highlighted in blue is significantly worse		
Percentages which are not highlighted show there is no significant difference		
40b Is it easy/very easy to get an application form?	91%	97%
41a Do you feel applications are sorted out fairly?	46%	56%
41c Do you feel complaints are sorted out fairly?	18%	20%
45 Are you on the enhanced (top) level of the IEP scheme?	50%	58%
46 Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	64%
47a In the last six months have any members of staff physically restrained you (C & R)?	0%	6%
47b In the last six months have you spent a night in the segregation/care and separation unit?	0%	7%
48a Do you feel your religious beliefs are respected?	50%	60%
48b Are you able to speak to a religious leader of your faith in private if you want to?	34%	64%
50a Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	66%	73%
50b Do most staff, in this prison, treat you with respect?	59%	81%
52 Have you ever felt unsafe in this prison?	18%	27%
53 Do you feel unsafe in this establishment at the moment?	18%	2%
55 Have you been victimised (insulted or assaulted) by another prisoner?	17%	19%
56d Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	1%
56j Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	3%
57 Have you been victimised (insulted or assaulted) by a member of staff?	18%	21%
58d Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	18%	2%
58i Have you been victimised because of your religion/religious beliefs? (By staff)	0%	2%
60 Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	17%	24%
61 Have you ever felt threatened or intimidated by a member of staff in here?	9%	13%
62 Is it very easy/easy to get illegal drugs in this prison?	37%	42%
64 Do you think the overall quality of the healthcare is good/very good?	46%	42%
65a Is it very easy/easy to see the doctor?	50%	46%
65b Is it very easy/easy to see the nurse?	66%	64%

Key to tables

Any percent highlighted in green is significantly better			
Any percent highlighted in blue is significantly worse			
Percentages which are not highlighted show there is no significant difference		BME prisoners	White prisoners
70a Do you feel your job will help you on release?		41%	30%
70b Do you feel your vocational or skills training will help you on release?		41%	38%
70c Do you feel your education (including basic skills) will help you on release?		46%	46%
70d Do you feel your offending behaviour programmes will help you on release?		30%	38%
70e Do you feel your drug or alcohol programmes will help you on release?		27%	46%
71 Do you go to the library at least once a week?		50%	39%
73 On average, do you go to the gym at least twice a week?		92%	54%
75 On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)		17%	14%
76 On average, do you go on association more than five times each week?		83%	79%
77 Do staff normally speak to you at least most of the time during association time? (most/all of the time)		17%	20%
79 Did you first meet your personal officer in the first week?		8%	24%
81 Do you have a sentence plan?		42%	51%
91 Have you had any problems with sending or receiving mail?		34%	37%
92 Have you had any problems getting access to the telephones?		17%	26%
94 Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)		59%	66%
99 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?		45%	47%