

Report on an announced inspection of

HMP Featherstone

20–24 October 2008

by HM Chief Inspector of Prisons

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Introduction

Featherstone is a category C adult male training prison near Wolverhampton. After our last inspection we reported that the prison was progressing, but that there was plenty of scope for further modernisation and not all staff shared the management team's sense of direction. On our return for this full announced inspection, we were pleased to record further progress and found a reasonably safe, respectful and purposeful prison, with a strong emphasis on resettlement.

Efforts continued to be made to improve safety at Featherstone. Prisoners' early days in custody were well managed, and safer custody and violence reduction arrangements received an appropriately high profile, although the quality of investigations into bullying required improvement. There had also been considerable success in reducing the flow of illicit drugs into the prison and improved support was available from the integrated drug treatment system (IDTS). Arrangements for vulnerable prisoners were supportive, but could be further developed. Use of force and of segregation were low, but too many disciplinary charges were referred to the independent adjudicator.

Despite this progress, the scale of risk and need presented by prisoners was graphically and tragically illustrated by the fact that there had still been three recent apparent self-inflicted deaths in custody. However, even before the Prisons and Probation Ombudsman's investigation reports, the prison had put in place immediate action plans in an attempt to ensure that any lessons were learned.

The accommodation at Featherstone was generally clean and of a good standard, although there were many complaints about prison kit and the inability to wear own clothes. Staff-prisoner relationships were observed to be generally mutually respectful, with little sign of the outdated staff attitudes that we previously criticised. However, prisoner perceptions of some staff remained negative, and the personal officer scheme remained underdeveloped. There was impressive work to support black and minority ethnic prisoners and foreign nationals but, again, there remained perceptions of unequal treatment. Progress in improving health services had been adversely affected by the ongoing vacancy for a healthcare manager.

Featherstone provided plenty of time out of cell and kept most prisoners purposefully occupied. There was sufficient work, learning and skills and much of this was of good quality, although there remained scope to expand the curriculum and increase access to vocational qualifications. The library needed to be better promoted, but the breadth of physical education provision was good.

The strategic management of resettlement was impressive, although implementation of the offender management model remained in its infancy and in-scope prisoners were not allocated to individual offender supervisors. Assessment of need was thorough and effective. Some innovative services were in place across the resettlement pathways.

This inspection has been able to record continued progress at Featherstone. It is now reasonably safe, respectful and purposeful, with a commendable emphasis on its resettlement responsibilities. There is, of course, much more that needs to be done, but Featherstone is now essentially an effective training prison, and managers and staff deserve credit for the considerable progress made over a relatively short period.

Anne Owers
HM Chief Inspector of Prisons

January 2009

Fact page

Task of establishment

Category C adult male (closed) training prison.

Area organisation

West Midlands

Number held

675

Certified normal accommodation

671

Operational capacity

687

Last inspection

13-15 March 2006

Brief history

Built in 1976; house blocks 5, 6 and 7 were added later.

Description of residential units

House block 1	Normal location
House block 2	Normal location
House block 3	Normal location
House block 4	Normal location
House block 5	Induction
House block 6	Enhanced
House block 7	Healthy lifestyle unit

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 services were good and focused on prisoner safety. The management of safer custody was satisfactory, but the quality of investigations into bullying required further development. The segregation unit was well managed and decent, and use of force was not excessive. However, the very

high number of adjudications referred to the independent adjudicator was disproportionate. There had been a marked reduction in drug use, and the integrated drug treatment system (IDTS) provided a reasonable service, despite limited support for its staff. Interventions to support vulnerable prisoners on house block 5 to reintegrate with the general population were developing well. Featherstone was performing reasonably well against this healthy prison test.

- HP4 Escorts to Featherstone were normally well planned and late arrivals rare. There were good relationships between escort and reception staff. The reception environment and communal areas were bright and welcoming, and holding rooms were clean, with up to date information for prisoners. Staff-prisoner relationships were particularly good, and officers focused on potential risks to new arrivals. A prisoner Listener was also available in reception. However, new arrivals remained in reception for excessive periods before they were taken to residential units.
- HP5 Nearly all new arrivals were initially located on the first night and induction unit on house block 5, where the focus on prisoner safety was good. Formal first night interviews and initial needs assessments took place quickly, and written records indicated that prisoners were supported effectively. There was good use of prisoner Insiders to welcome new arrivals, and staff support for the Insiders was effective. There were no dedicated first night cells, but handover procedures ensured that night staff were aware of the location of all new arrivals and any specific needs.
- HP6 A five-day rolling induction programme covered key information for prisoners. Modules were delivered by a variety of staff, departments and prisoners, with good use of prisoner Insiders and representatives for diversity, foreign nationals and race. Sessions were seldom cancelled. There were effective tracking arrangements to ensure that prisoners received induction, and they were usually allowed association during gaps in the programme.
- HP7 A violence reduction strategy had been published in August 2008, supported by a safer custody needs analysis. The safer custody meeting oversaw both violence reduction and self-harm and suicide prevention work, although prolific bullies were targeted through the security department and intelligence management structures. Care plans were opened for both bullies and victims, but there were no formal bullying investigation reports, and recorded observations indicated only limited engagement by staff. Since January 2008, 64 violence reduction logs and 59 care support plans had been opened. The three-stage management process rarely got beyond stage one. Records suggested an average of five prisoner-on-prisoner assaults a month. In our survey, prisoners generally indicated that they currently felt safe in the prison.
- HP8 There had been three self-inflicted deaths since April 2004, but only one report from the Prisons and Probation Ombudsman was available. However, the prison had drawn up immediate action plans in the aftermath of each incident. There was a crisis suite on house block 4 and two risk reduction cells on house blocks 2 and 4. There had been steps to ensure sufficient numbers of prisoner Listeners, and there was good support from the Samaritans. Samaritans telephones were also available on each house block. Six assessment, care in custody and teamwork (ACCT) self-harm monitoring files were open during our inspection. The quality of assessments was generally good and reviews took place at required intervals, although attendance at them was variable. The quality of many ACCT entries showed insufficient staff engagement, and quality assurance arrangements were underdeveloped.

- HP9 The flow of intelligence to the security department was reasonable, and a trained intelligence analyst processed approximately 340 security information reports efficiently each month. Most reports related to drugs. The introduction of the national intelligence model had helped the prison to identify key priorities, with strategic senior management ownership and oversight, and the prison was alert and responsive to the security challenges it faced. The prison had established good relationships with the local police to assist its drug supply reduction action plan. Security and the application of rules were now applied in a balanced, proportionate and evidence-led manner.
- HP10 The care and separation unit (CSU) was a small but clean segregation unit. It had 11 cells, two of which had in-cell electricity and two were identified as reduced risk cells. The exercise area was austere but, subject to risk assessment, prisoners could exercise with others. The three prisoners in the unit at the time we inspected spoke highly of their treatment by the dedicated team of CSU staff, and reported that they had daily access to showers and telephones. The regime was limited to in-cell education, although prisoners there had a weekly group session in the gym. Good order or discipline (GOOD) reviews were multidisciplinary and extremely high standard, with positive prisoner engagement and appropriate challenges to behaviour.
- HP11 There had been 922 adjudications to date in 2008, approximately 30% of which had been referred to the independent adjudicator, predominantly for positive mandatory drug testing (MDT) results. Our analysis showed that in the six months to September 2008, 110 prisoners were awarded 2,341 additional days in custody as a result of these referrals. We also found examples of inconsistency in the referral of charges resulting in a significant disparity in awards for a similar offence. A quarterly standardisation meeting was introduced in 2008, but had met only twice before our inspection.
- HP12 Use of force was relatively low with only 51 incidents in the first nine months of 2008. The overall standard of completed documentation was reasonable, and in most cases there was evidence that de-escalation techniques were used to good effect. In a few cases, however, we were not completely assured that force was used as an absolute last resort. Planned removals had not been routinely videoed, but this was due to change. The special cell had been used on only one occasion in 2008, for approximately 20 minutes. A use of force committee chaired by the deputy governor had been introduced approximately six months previously and was due to meet quarterly.
- HP13 The random MDT positive rate was 4.7%, against a target of 15%, which was a significant reduction from the 2007 average of 17.8%. There was evidence that the use of opiates was decreasing, but the brewing of hooch (illegal alcohol) was rising. Target testing programmes were in place, but only 20% of the 47 suspicion tests in the previous six months were positive. The level of integrated drug treatment system (IDTS) clinical input was also insufficient, and nurses lacked training as well as management support. However, prisoners benefited from flexible treatment options and good counselling, assessment, referral, advice and throughcare service (CARATs) support.
- HP14 A reintegration regime was offered on house block 5 to prisoners who were described as poor copers, victims of bullying or debtors. They were helped to boost their confidence, with support and supervision led principally by staff from CARATs, psychology and the deputy safer custody coordinator. A poor copers programme had

also been piloted recently and was being amended to gain area validation. Although the regime was helpful to prisoners, about half used it as a hiding place while awaiting transfer. The approach needed to be more structured, for example, with regular case reviews of individuals.

Respect

HP15 The prison was commendably clean, and cells were generally of a good standard. Prisoners and staff raised concerns about poor access to kit, and prisoners were unable to wear their own clothes. Staff showed a positive attitude to their role and had respectful relationships with prisoners, despite the negative perceptions of some prisoners. Personal officer arrangements were not yet well embedded, and the incentives and earned privileges (IEP) scheme needed better quality assurance. There was impressive work to support black and minority ethnic and foreign national prisoners, but some prisoner perceptions remained negative and these needed to be addressed. The management of applications and complaints was satisfactory, as was the provision of chaplaincy services. Several aspects of health services required further development and improvement. The prison was performing reasonably well against this healthy prison test.

HP16 The standard of accommodation was generally good, but varied across the prison. The best accommodation was on house block 7, but there were a few single cells holding two prisoners on the older units. Single cells on house blocks 1 to 4 had no privacy screening for toilets. Prisoners valued the introduction of individual lockable safes in all cells on house blocks 1 to 5. There was some evidence that the offensive displays policy had not been adhered to, but cell bell response times were very well monitored. Communal and external areas were generally very clean and well maintained. Association areas were large, and some house blocks had enhanced rooms with good facilities. There were poor survey findings and negative comments from prisoners about access to clean sheets and clothing. Only house blocks 6 and 7 had laundries, and only enhanced prisoners on these house blocks could wear their own clothes.

HP17 The published incentives and earned privileges (IEP) policy was understood by staff and prisoners, although residential managers had recognised that it was not consistently applied to best effect to motivate prisoners. There were very few prisoners on the basic level of the IEP scheme, and they were normally not on this level for long. Reviews were held within the required timescales and outcomes were recorded in wing files. However, we were not assured that prisoners were able to attend review boards, make written representations, or agree to appropriate targets to address improvements in their behaviour. More robust monitoring and quality assurance arrangements were needed to ensure improvements.

HP18 Our survey revealed that just under three-quarters of respondents believed that staff treated them with respect, which was consistent with the comparator¹ for the category C estate. However, many prisoners also reported strong negative views of staff attitudes, notably regarding what they saw as staff unhelpfulness. By contrast, many prisoners were positive about their experience of staff. Our own observations were consistent with this latter view. The atmosphere in the prison was relaxed but

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

purposeful, and we saw evidence of constructive and respectful engagement between staff and prisoners.

- HP19 A revised personal officer scheme had recently been introduced, but was not well embedded. The policy described a clear role for staff that included direct links with offender supervisors and supporting sentence planning targets. While there was some effective work, more was needed to achieve the objectives. In our survey, only 58% of respondents said their personal officer was helpful, significantly worse than the 65% comparator. Wing history records had regular management checks, but staff comments varied in frequency and quality. The newly devised personal officer quality assurance system had yet to be implemented.
- HP20 The kitchen was medium sized and reasonably clean, and employed about 30 prisoners. A three-week menu cycle catered for a range of diets. The prison had conducted a food survey in May 2008, but there was no evidence that findings had been used to inform future menu choices. Breakfast cereals were issued to prisoners a week in advance, but milk was issued the evening before use without appropriate storage facilities. Wing serveries were exceptionally clean, but food complaints books were completed mainly by wing representatives. There was some evidence that food was kept in heated trolleys for too long, and lunch was served too early at 11.45am. The prison shop had a reasonable stock of 300 items and a range of black and minority ethnic specific items. Respondents to our survey were more negative about the quality of the food and the shop service than in comparator prisons.
- HP21 The management of diversity generally had improved since our last inspection. A good disability policy had been published and a full-time diversity manager managed its implementation effectively. New arrivals had initial disability assessments, and the diversity manager saw all prisoners with identified needs. Individual care plans were in place and residential staff were aware of the specific needs of their prisoners. Work on the broader diversity agenda, particularly protocols for older prisoners, was less well developed.
- HP22 The race equality structure and policy were managed effectively by a well-constructed and well-attended race equality action team (REAT), supported by a motivated race equality officer. Prisoner race representatives were also well supported, and there had been some imaginative initiatives to focus the wider population on the work of the REAT. Good quality race impact assessments had been completed, and resulting development plans incorporated into an overarching race equality action plan. The quality of investigations into alleged racist incidents was particularly good, and good management checks and external validation helped to ensure the integrity of the system. In spite of some very good work, in our survey, black and minority ethnic respondents expressed some negative perceptions of their treatment compared with white prisoners.
- HP23 A practical policy document set out strategic priorities for the management of foreign national prisoners, as well as describing the legal rights and entitlements available. There were effective systems to identify foreign nationals, and all were seen by the foreign nationals coordinator and prisoner peer supporter during their first week. Progress in individual cases was tracked and monitored by a well-organised administration officer supported by a trained legal services officer. All foreign national prisoners were invited to weekly information surgeries, and prisoner representatives were well supported by staff. Again, despite some very good structures, many foreign national prisoners said that they felt isolated and insufficiently supported, and their

survey responses on their respectful treatment were significantly worse than those for British nationals.

- HP24 Applications logs were held on each wing and recorded date of receipt and initial actions, but not their resolution. The complaints process worked well, and most were responded to within required timescales. Most complaints related to property, residential issues and concerns about recategorisation to category D. Many responses were impersonal, and often failed to address issues. Quality assurance arrangements were new and not well embedded. There was a full-time legal services officer, and legal services were promoted on wing notice boards, but the legal services officer did not interview all new arrivals. A significant number of legally privileged letters were opened in error by staff.
- HP25 There was a small but well-integrated chaplaincy team with two full-time chaplains, including a Muslim chaplain, and a supporting team of part-time and sessional chaplains. There was good chaplaincy involvement in the broader work of the prison, notably in the coordination of foreign nationals work. Approximately 50 prisoners regularly attended Muslim prayers, but attendance at Christian services was poorer. Chaplaincy facilities were good.
- HP26 The recent lack of a healthcare manager had affected the delivery of care, and in some instances staff were working to out-of-date policies and procedures. Prisoners had poor perceptions of health services, and all our survey findings on the quality of care from health services were significantly lower than the comparators. Primary care services were basic, with the wait to see a GP at least six days, even for new arrivals. Some patients also had their treatment altered without being seen by the GP. The risk assessment for in-possession medication was not comprehensive, and in some cases there was no individual assessment. Dental and optician services were insufficient. Mental health services were developing, with both primary and secondary services available. Some clinical governance processes were in place, including clinical audit, and staff had access to professional development training, although this was not always linked to the needs of the patients.

Purposeful activity

HP27 The quality of learning and skills provision was satisfactory. Many prisoners attained good levels of achievement, but the curriculum and opportunity for progression were too narrow, and basic skills support was variable. There was a good range of employment-focused vocational training, but this needed to be extended to more parts of the regime. Full-time activity was available for all prisoners, and access to time out of cell and association was good. The library was adequate, but needed to be better promoted. The breadth of provision in PE was also good. Featherstone was performing reasonably well against this healthy prison test.

HP28 The principal education provider was Derby College, although the prison had agreements with several colleges for the provision of training and assessment in different elements of the regime. There were places for about 60 prisoners in each education session. Teaching and learning were satisfactory overall, but there were good pass rates on many courses. The curriculum was limited, particularly in opportunities for progression to higher level learning for longer stay and more able prisoners. Provision of English for speakers of other languages (ESOL) was

insufficient, and basic skills support varied across the prison. There was a good range of employability-focused vocational training, with good standards of work in many areas, and some good training on industry-class machinery in engineering workshops. However, there was little accredited or vocational learning in some significant elements of the regime, for example, gardens and waste management. Some areas, such as brickwork and plastering, had also been slow to implement qualifications.

- HP29 There were high levels of employment with virtually all prisoners engaged in full-time activity. However, several workshops operated at 75% capacity and punctuality was poor with late starts frequent. This, and the frequent interruptions in activity areas, undermined the work ethic in many activities. Generally, the work in the workshops was worthwhile and included engineering, industrial cleaning and various construction trades. However, some work, such as tea bag packing, was repetitive and mundane. Rates of pay were satisfactory and equitable.
- HP30 The library was spacious and light with reasonably good opening times, and received about 6,000 visits per year. In our survey, however, significantly fewer respondents than the comparator said that they went to the library at least once a week. Promotion of the library service was insufficient, and it was not used well to support learning and skills. Book stocks were poor, although there was some material for foreign national prisoners.
- HP31 Recreational physical education was offered during the day, in the evenings and at the weekend, and prisoners could go to PE on two or more occasions a week. There was a good balance of competitive, social and minority sports and leisure activities, as well as a range of accredited courses. Facilities included a weights room, cardiovascular area, sports hall, external grass pitches and a small multi-sports area, as well as small cardiovascular areas on three house blocks. Specialist sessions were provided for remedial work, over 55s, unemployed prisoners and inductions, and a specialist treatment room and ultrasound equipment enabled staff to treat sports injuries.
- HP32 For the majority of prisoners, the maximum time out of cell was about 9.75 hours a day, close to our expectation of 10 hours. Adherence to unlock routines was reasonable, and there was plenty of free time for prisoners to use amenities such as telephones and showers. Prisoners could also exercise in the open air, although the exercise yards were small and we saw few prisoners taking advantage of this opportunity. Access to association was good.

Resettlement

- HP33 The reducing reoffending strategy was comprehensive, had meaningful development targets, and was supported by effective needs analysis. The resettlement needs of individual prisoners were identified soon after their arrival, and follow-up arrangements, both for immediate referral and for consideration before release, worked effectively. Offender management structures were undermined by the absence of individual case allocation and variability in the amount of contact offered by offender supervisors. There were identified lead managers for the seven resettlement pathways. Much of the work to support the pathways showed creativity and initiative. The prison was performing well against this healthy prison test.

- HP34 The reducing reoffending strategy and action plan were detailed, comprehensive, incorporated all the key elements of resettlement, and focused appropriately on both offender management and the resettlement pathways. The quarterly offender management risk reduction strategy group managed the strategy and was supported by a monthly pathways meeting. The annual needs analysis was properly oriented to the seven resettlement pathways, and was used to identify development objectives under each pathway. The general management of resettlement was good, with an average of about 24 prisoners released each month. All prisoners were initially reviewed during induction against pathway needs and referrals were made. There was a further review of need three months before their release, which was also linked to the pathways. Prisoners could also attend pre-release monthly resettlement clinics, which reinforced this work.
- HP35 Nine offender supervisors managed 262 prisoners subject to phase two of offender management. There were good links with community-based offender managers, helped by the geographic allocation of cases. Offender supervisor work focused on offering support and advice on practical issues, and was less well oriented to identifying and supporting reduction in risk factors. Quality assurance systems ensured appropriate completion of offender assessment system (OASys) assessments, but there was insufficient attention to engagement with prisoners or case management. The frequency of offender supervisor contact with prisoners also varied considerably. There were appropriate public protection arrangements to manage the 388 prisoners identified, but links to offender supervisors were inconsistent.
- HP36 Offender supervisors also managed the 27 lifers and 46 prisoners on indeterminate sentence for public protection (IPP), although these cases were also allocated by geographic area rather than to individual supervisors. There were IPP and lifer prisoner representatives on each unit, and monthly lifer and IPP meetings. The psychology and probation departments undertook some dedicated one-to-one lifer work, but the numbers were low.
- HP37 A full-time dedicated housing worker provided housing interventions, supported by two prisoner orderlies who helped prisoners complete application forms and gave advice. The housing worker saw about 40 prisoners a week. There were extremely good links with community providers, and a wide range of accommodation and support was offered. Most prisoners were discharged with accommodation, with five prisoners released with no fixed address since April 2008.
- HP38 There was a good range of education and training programmes to support resettlement, and these were focused on employability skills. A project offered through Stoke-on-Trent College helped prisoners released into North Staffordshire and Birmingham into employment, with mentor support for other needs. Information, advice and guidance (IAG) was strong throughout the prisoner's sentence, and the IAG provider, In Training, worked well with Derby College to provide an accredited preparation for employment course. There was also a job club, and employers sometimes came into the prison for job fairs. Since April 2008, 27% of discharged prisoners had gone out to employment and 11% to training.
- HP39 A full-time debt adviser from Citizens Advice offered a good range of support and guidance. The education department also offered a 30-hour budget and money management course.

- HP40 Health services were well integrated into the resettlement strategy and played a part in the resettlement clinics. Prisoners due to be released were aware of health services input into the resettlement clinics. Support included a useful booklet on how to access health services in the community. The prison also actively promoted healthy living through the PE department and the healthy living unit on house block 7.
- HP41 Drug and alcohol strategies were in place and a range of needs assessments had been completed. CARATs provided a good range of support, with an open caseload of 189. IDTS groupwork modules, a CARATs gym session, and a peer support scheme were on offer. Services to alcohol abusers were limited to Alcoholics Anonymous groups and a two-day alcohol awareness course. There was a well-run P-ASRO (prison addressing substance related offending) programme, which exceeded its delivery targets.
- HP42 The visitors' centre was excellent, and its facilities and staff attracted positive comments from visitors. However, it was difficult for visitors to get through on the visits booking line, which was frequently engaged. The visits room was welcoming and well run. Legal visits took place each morning, and family visits between Tuesday and Sunday. Enhanced family visits were offered every six weeks for prisoners who had completed the parentcraft course, and were open to both standard and enhanced prisoners. Work on this resettlement area was developing, and good links with a range of voluntary organisations was due to lead to several initiatives to improve services for children and families further.
- HP43 There was a reasonable range of accredited programmes, primarily provided through the psychology department. These included P-ASRO, enhanced thinking skills (ETS), controlling anger and learning to manage it (CALM) and cognitive skills booster programmes. Demand was very high, with 203 prisoners waiting for ETS and a further 133 for CALM. There were also some non-accredited programmes approved under the effective regimes model, which included alcohol awareness and the relationships improvement programme.

Main recommendations

- HP44 The number of adjudications referred to the independent adjudicator should be reduced.
- HP45 All incidents of bullying should be investigated.
- HP46 There should be a strategy to address and improve prisoners' negative perceptions of staff.
- HP47 A healthcare manager should be appointed as soon as possible.
- HP48 There should be more opportunities for prisoners to progress to higher level education.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 There were good relations between the prison and the escorting service provider. Late arrivals were rare, and prisoners arrived in time to benefit from full reception and first night procedures.
- 1.2 Relationships between escort and reception staff were appropriate. Information about prisoners was shared systematically and reception staff used this appropriately to inform initial risk assessments. Prisoner escort records were properly completed and legible. Nearly all arrivals were planned. Prisoners arrived as expected and late arrivals were rare.
- 1.3 The cellular vehicles we inspected were clean and had appropriate space for prisoners' property.

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.

- 1.4 The reception area was clean and well ordered, and holding rooms were adequately equipped and had informative notices. Initial risk assessments took place in private, and staff were friendly and caring. However, new arrivals often stayed in the holding rooms for long periods following processing if they arrived over the staff lunch period. New arrivals received formal first night assessments and were supported appropriately during their first night. There was good use of prisoner Insiders to support new arrivals. The induction programme was appropriate, multidisciplinary and made good use of prisoner support workers, and sessions were seldom cancelled.

Reception

- 1.5 The reception was open from 8am to 12.30pm and 1.30pm to 8pm, Monday to Friday, and 8.30am to 12.30pm on Saturday and Sunday. The prison received an average of 20 new prisoners a week and discharged about three a day, including some transfers to court. The main reception area was adequate, with three holding rooms, a screened search area and a private interview room used for initial health screening. Holding rooms were clean, comfortable and free from graffiti. The largest of the three rooms had a television, which showed an induction video that explained most of the prison's services, rules and procedures. Notice boards displayed up to date information on what prisoners could expect from their first few

days in custody, including how to access Listeners and make applications and complaints. Information leaflets in 12 languages were available in all the holding rooms, as well as magazines and newspapers in English.

- 1.6 The reception environment was generally relaxed and welcoming. We saw positive interaction between supervising staff, who focused on safety issues, and prisoners. Initial risk assessments were carried out thoroughly. Staff told prisoners how they could access their stored property. New arrivals were processed at a central desk, but were seen individually by trained reception officers in privacy. A prisoner Listener worked in reception, and new arrivals told us that they had good access to him.
- 1.7 Searches were carried out sensitively. In our survey, 81% of respondents said that they were searched in a respectful way, and 76% said they were treated well in reception, which were significantly better than comparators of 73% and 72% respectively.
- 1.8 However, many new arrivals stayed in reception for unnecessarily long periods. Most transferred in from other prisons and arrived between 11am and noon. As residential staff were at lunch from 12.30pm to 1.30 pm, new arrivals remained locked in reception holding rooms after they were processed until officers returned from lunch to receive them on to the induction unit on house block 5. This meant that most new arrivals stayed in reception for over two hours, and reception staff often had to work through their lunch break to supervise them.

First night

- 1.9 A first night officer, accompanied by a prisoner peer support worker (Insider), collected new arrivals from reception and took them to the first night and induction unit on house block 5. The unit had a good focus on prisoner safety. Insiders saw all new arrivals in groups and individually to explain how to use prison systems to meet their initial needs and how to get help if needed.
- 1.10 Trained first night officers interviewed all new arrivals in private and carried out a comprehensive assessment of their immediate needs. A record of this assessment was kept in the prisoner's induction plan. Identified needs were dealt with and initial progress was tracked. Staff entries in files showed that they were aware of the importance of dealing with immediate risks and anxieties associated with the first night in prison. All new arrivals were offered a free telephone call, shower and written information on what they could expect from the induction process. They were located in cells that were clean and well equipped
- 1.11 There was no dedicated first night accommodation, but handover procedures ensured that staff coming on duty, particularly night staff, were aware of the location of new arrivals and any special needs.

Induction

- 1.12 A five-day rolling induction programme began on the morning after prisoners arrived. It was delivered by dedicated induction officers, visiting specialists, and prisoner support workers. Prisoners had a personal interview with induction staff on the day after their arrival to ensure that they understood the aims of the programme.
- 1.13 The induction programme made particularly good use of prisoner support workers. Insiders and race, foreign nationals and diversity representatives (see paragraph 3.42) held formal sessions that covered what prisoners could expect from prison life, the resettlement services

provided, and who to see about specific problems. The sessions were based on a written information booklet for new arrivals that covered the prison's policies, procedures and rules. Prisoners were encouraged to ask questions and discuss concerns. Records were kept to ensure that all prisoners had attended.

- 1.14 Prisoners' resettlement needs were assessed and they were given practical help to deal with any immediate problems. There were systematic referrals to appropriate service providers, such as counselling, assessment, referral, advice and throughcare service (CARATs), housing, employment and benefits advisers, who saw referrals within five days of their arrival.

Recommendation

- 1.15 Staff should be available to receive prisoners on to residential units as soon as they have been processed through reception.

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 All communal and external areas were very clean and reasonably well maintained. Cell call bell response times were well monitored. Rooms for enhanced status prisoners, cardiovascular suites and individual cell safes had been introduced. Prisoners reported difficulties in using telephones. There was good access to showers, but problems with acquiring suitable clean clothing and bedding. Only prisoners on house blocks 6 and 7 could wear their own clothes.

Accommodation and facilities

- 2.2 All communal and external areas were very clean and reasonably well maintained. Wing observation books included feedback from managers on cleanliness and indicated areas for attention and improvement. Waste bins had been installed in communal areas on residential units, and notice boards were well presented.
- 2.3 Accommodation varied considerably across the seven residential house blocks. House blocks 1 to 4 provided accommodation for the general prisoner population, and housed up to 120 each. Each house block had four cells designed for single occupancy that were used as doubles. These cells were small and not suitable to accommodate two prisoners. Some had only one chair. There were no toilet screening facilities in the single cells on these house blocks, but toilets in the shared cells were screened by a partition and full-length curtain. Toasters had recently been provided, although some had had to be withdrawn following their misuse by prisoners. This was being addressed through the prisoner council meetings.
- 2.4 House blocks 5 and 6 were newer additions. House block 5 held a maximum of 100 prisoners in double cells, who were those on induction and a small number on the reintegration programme (see paragraph 3.98). All cells had toilet cubicles. House block 6 housed a maximum of 35 prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme. All cells were single, and prisoners had keys to their cells and continuous access to the shared shower and toilet facilities. Each landing had a fridge, toasters and a microwave. Some of the floor covering in communal areas and cells was damaged, and some paintwork in communal areas was stained and needed attention.
- 2.5 House block 7, the healthy lifestyle unit, was the newest residential accommodation. It provided a light, bright environment for a maximum of 72 prisoners, who had keys to their rooms. The cells were very clean and equipped with en suite toilet, washbasin and shower. Eight double cells on the house block were of an appropriate size.
- 2.6 Prisoners on house blocks 1 to 5 had access to a small lockable safe in their cells, and those on house blocks 6 and 7 had lockable lockers in their cells.
- 2.7 All house blocks had large association areas with pool, snooker and table tennis tables and table football. Equipment was in a reasonable state of repair. House blocks 3, 4 and 7 had

cardiovascular suites and house blocks 1-4 and 6 had recently introduced enhanced rooms with sofas and large screen televisions. Prisoners on house blocks 1-4 told us these rooms were not always open during association.

- 2.8 In our survey, 48% of respondents, significantly better than the comparator of 41%, said their cell call bell was normally answered within five minutes. The deputy governor routinely monitored cell call bell response times, and the records showed that most responses were within five minutes. When responses fell outside this timeframe, there was feedback to unit managers and staff in the wing observation book.
- 2.9 The offensive displays policy was publicised on each residential unit. We found a few examples where the policy was not adhered to.
- 2.10 Prisoners did not report problems with sending or receiving mail. However, the number of telephones fell below our expected ratio of one per 20 prisoners, and prisoners reported problems with accessing telephones and complained of queues. This was confirmed in our survey, in which 24% of respondents said they had difficulties in accessing telephones, against the comparator of 21%.
- 2.11 The monthly prisoner council meeting, chaired by the deputy head of residence, was well attended by staff and prisoner representatives from each house block. The agenda covered a broad range of prisoner concerns. However, individual wing meetings, which supported the monthly meeting, were held less frequently than scheduled.

Clothing and possessions

- 2.12 Both staff and prisoners complained to us about insufficient clean suitable clothing for prisoners. In our survey, only 45% of respondents, significantly worse than the comparator of 63%, said they were normally offered enough clean suitable clothes for the week. We saw prisoners on house blocks 1 to 4 washing prison-issue clothes in their cells rather than use the weekly clothing exchange. We also noted some cells where prisoners appeared to have an excess of prison clothing. The issue had been discussed at the monthly prisoner council meeting, but there was no clothing exchange policy. Only prisoners on house blocks 6 and 7 were permitted to wear their own clothes, which had to be bought through an approved provider, and only while they were on the unit. Only house blocks 6 and 7 had wing-based laundries.
- 2.13 In our survey, 35% of respondents, against the comparator of 31%, said they were able to get stored property if they needed to. Most applications to reception were dealt with within a week. Prisoners being discharged were given a suitable bag for their property and clothing.

Hygiene

- 2.14 Cells were generally clean, and most prisoners could normally get cell cleaning equipment every week.
- 2.15 Access to showers was good. There was a shower room on each spur of house blocks 1 to 4 and on each landing of house block 5. There were shower curtains for privacy, although a few were missing. The showers were reasonably well maintained. Ventilation in the upper shower room on house block 6 appeared poor and mildew was apparent. Two showers on house block 5 were out of action during the inspection, and the second landing shower room had some dislodged and broken tiles.

- 2.16 In our survey, only 67% of respondents, against a comparator of 84%, said they received clean sheets every week. Prisoners were issued with two sheets, but could only replace one per week. Only enhanced prisoners could buy duvets and duvet covers through the approved supplier. Staff on house block 3 told us it was difficult to acquire new mattresses, but had begun a mattress replacement programme using their allocated new mattresses.

Recommendations

- 2.17 Cells designed to hold one prisoner should not be used to hold two.
- 2.18 All double cells should have sufficient furniture for both occupants.
- 2.19 All in-cell toilets should be properly screened.
- 2.20 The flooring and paintwork in house block 6 should be maintained to a reasonable standard.
- 2.21 The published offensive displays policy should be consistently enforced.
- 2.22 The number of telephones on house blocks should be increased to one per 20 prisoners.
- 2.23 All prisoners should have the opportunity to wear their own clothes.
- 2.24 Each house block should have a laundry facility.
- 2.25 A clothing exchange policy should be introduced.
- 2.26 Communal showers should be maintained in good condition, be well ventilated, and missing shower curtains should be replaced.
- 2.27 All prisoners should be able to exchange sheets on a weekly basis.

Staff-prisoner relationships

Expected outcomes:

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

- 2.28 The quality of staff-prisoner relationships was generally good and respectful, and the atmosphere was relaxed and ordered, but some prisoners had very negative perceptions of staff.

- 2.29 In our survey, 73% of respondents said that staff treated them with respect, which was close to the comparator of 74%. However, in discussions with prisoners, a significant number were very negative about staff attitudes, particularly their unhelpfulness. This perception was supported by findings in the prison's recent measuring the quality of prison life (MQPL) survey, in which

staff were described as petty, lazy and slow in dealing with requests. Similarly, in our survey, 28% of respondents said they had been victimised by staff, significantly higher than the comparator of 20%, although we saw no evidence to support this.

- 2.30 Alongside these views, many prisoners spoke positively of their experience of staff. In our survey, 77% of respondents said there was a member of staff they could turn to for help, significantly higher than the 72% comparator. Our own observations were consistent with this more positive view. The atmosphere in the prison was relaxed but purposeful, and we saw evidence of constructive and respectful engagement between staff and prisoners. In our survey, for example, 23% of respondents said that they normally spoke to staff during association, significantly higher than the 19% comparator.
- 2.31 Although there was evidence of recent improvements to what had been a traditional staff culture, staff use of prisoners' preferred names and titles was not widespread. There were also relatively few staff supervising the large house units, which may have contributed to the perception among some prisoners that staff were slow to deal with their issues. The prison needed to do more to address prisoners' negative perceptions of staff.

Recommendation

- 2.32 Managers should encourage staff to address prisoners by their preferred names and titles.

Personal officers

Expected outcomes:

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

- 2.33 The personal officer scheme had recently been reintroduced, but had yet to be embedded, and interaction and engagement with prisoners varied across the house blocks. Links with the offender management unit (OMU) and sentence planning had yet to be established consistently, and the quality assurance system was still to be implemented.
- 2.34 The personal officer scheme had been relaunched in September 2008, although in some cases, such as on house block 7, it had only been implemented a fortnight before our inspection. The policy document was comprehensive, detailed and cited examples of a model approach to working with prisoners. However, there was little evidence that the new approach had been embedded.
- 2.35 All prisoners were allocated a personal officer on the basis of their cell location. While this made it easy for prisoners to identify their personal officer, their personal officer changed if they moved cell, which affected consistency. Nevertheless, most prisoners knew who their personal officer was.
- 2.36 The quality of personal officer entries in prisoners' wing files varied considerably. In most cases, entries were regular and met the fortnightly frequency target. However, many were observational and showed little insight into the needs or concerns of individual prisoners. There were other examples, such as on house block 7, where comments were more detailed and indicated a good awareness of individual issues.

- 2.37 The new policy expected personal officers to be aware of prisoners' sentence planning targets and risk factors identified by the offender management unit (OMU), but virtually no files that we reviewed included the prisoner's targets – although we were told that targets were copied to the wings after sentence planning boards. Personal officers rarely attended sentence planning boards or liaised directly with offender supervisors. None of the prisoners in the care and separation unit (CSU) during our inspection had retained any contact with their wing-based personal officer, despite such an expectation in the policy. Personal officers did not have a specific role with their prisoners within suicide prevention or anti-bullying procedures. In our survey, only 59% of respondents, against the comparator of 65%, said that their personal officer was helpful.
- 2.38 Although the new policy included a quality assurance scheme – based on an extension of the current file management checks undertaken by wing managers – this had not yet been introduced.

Recommendations

- 2.39 Personal officers should retain responsibility for individual prisoners as long as they are on the wing, rather than by allocation to cells.
- 2.40 Prisoners' risk factors and sentence planning targets should be available in wing files and understood by personal officers.
- 2.41 Personal officers should attend sentence planning boards.
- 2.42 Personal officers should attend reviews and be directly involved with their prisoners who are subject to anti-bullying or suicide prevention procedures.
- 2.43 The quality assurance scheme for personal officers should be fully implemented.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 Governance arrangements for safer custody were good. There was a new violence reduction strategy, but this was not yet fully embedded. The security department collected a wide range of information on bullying, but not all unexplained injuries were referred from healthcare to safer custody staff, and there were no formal interventions for bullies. There had been no recent staff training on safer custody.
- 3.2 A safer custody committee oversaw arrangements for violence reduction and suicide and self-harm prevention. A new full-time safer custody coordinator had been appointed recently and he was supported by a full-time deputy coordinator, with access to administrative support. A safer custody committee met monthly and was generally well attended.
- 3.3 A recent safer custody needs analysis had attracted a 10% response rate. Of those who responded, 41% said there were places in the prison where they felt unsafe. In our survey, 32% of respondents, against a comparator of 29%, said they had felt unsafe in the prison, although only 16% said they currently felt unsafe.
- 3.4 A new violence reduction strategy had been launched in August 2008. This outlined a three-stage process for managing bullying behaviour. In the previous year, 64 violence reduction intervention logs had been opened for bullies and 59 care management support plans for victims. Almost all bullies had been managed at stage one of the strategy, and only one had been escalated to stage two. During our inspection, two intervention logs and four care management support plans were open.
- 3.5 Entries by staff in logs and care plans were usually frequent, but tended not to be based on direct contact with the subject. Reviews of logs and care plans were occasionally perfunctory, and did not involve other departments in the prison. The paperwork was cumbersome and needed to be streamlined to assist wing staff to make entries. There were no formal investigations into incidents of bullying, and no formal interventions to enable bullies to understand and tackle their behaviour (see main recommendation HP45).
- 3.6 Support for victims of bullying included the reintegration programme and referral to the Samaritans, chaplaincy and Listeners. A telephone line for families to raise concerns was advertised in the visitors' centre. When we tried the line, an answering machine advised callers to leave a message. The prison has received seven calls on this line since January 2008.
- 3.7 There had been 86 security information reports related to incidents of bullying in the previous six months. Prisoner-on-prisoner assaults averaged five a month. The security department gathered a wide range of intelligence and developed action plans on prolific bullies and victims, and worked with safer custody staff. A violence reduction log was available to staff on

the prison intranet, and details of prisoners on bullying or victim logs were displayed in the secure area of the gate house.

- 3.8 Although there was some cross-referencing with healthcare staff in communicating unexplained injuries, the violence reduction log indicated that not all unexplained injuries were referred to safer custody staff for investigation. The safer custody coordinator regularly checked wing observation logs.
- 3.9 Twenty four members of staff had undergone assessment, care in custody and teamwork (ACCT) foundation and ACCT awareness training in the previous six months, although the safer custody coordinator had not yet been on a formal induction and training programme.

Recommendations

- 3.10 Staff should record evidence of direct contact with bullies and victims in intervention logs and care plans.
- 3.11 Reviews of violence reduction logs and care support plans should be formalised and should include all staff working with the bully or victim.
- 3.12 Safer custody and healthcare staff should work more closely to ensure that all unexplained injuries are evaluated.
- 3.13 There should be regular staff training in safer custody.
- 3.14 There should be a formal induction and training programme for the safer custody coordinator.
- 3.15 Violence reduction paperwork should be streamlined to assist staff in its completion.

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.

3.16 There had been three deaths in custody since April 2004. Self-harm monitoring processes were well understood, the quality of initial assessments was good, and staff responded to the individual needs of vulnerable prisoners. Listeners were available, but there had been a recent reduction in their number.

3.17 There was a safer custody strategy outlining areas of vulnerability and staff responsibilities. There had been three deaths in custody since April 2004. None had been on an open ACCT self-harm monitoring document at the time. Only one Prisons and Probation Ombudsman report had been received, and the prison had developed an action plan based on the two recommendations specific to it. The primary care trust had also developed a wide-ranging

action plan to respond to a number of deaths in prisons in the West Midlands. Reports on the other two deaths were awaited, although immediate action plans had been completed in the aftermath of incidents. There had been 16 instances of self-harm in the previous six months.

- 3.18 There were six open ACCTs during our inspection. The quality of ACCT assessments was good, and ACCT assessors came from a range of departments, including chaplaincy and psychology staff. The quality of entries was usually good, but some comments did not indicate direct contact with the prisoner, and some night observations took place at regular intervals. ACCTs were regularly signed by duty governors, and they often encouraged staff to improve contact or entries. There had been post-closure reviews in almost all the closed ACCT documents we reviewed. ACCT reviews were not always multidisciplinary, and quality assurance processes needed to become more formalised, with individual feedback provided when required. Night staff knew the location of prisoners on ACCT documents and all carried anti-ligature shears.
- 3.19 There were six trained Listeners. Two were about to transfer out, although a further 11 were about to complete their training. The reduced pool of Listeners had increased demand on the few in post, who reported difficulties in managing this. Listeners felt well supported by the Samaritans, and they had weekly meetings. There was a large crisis support suite on house block 4 with three beds, a TV and DVD player, some books and games as well as tea and coffee. The suite had an en suite toilet and hand basin. There were two risk reduction cells on house blocks 2 and 4. Samaritans telephones were available throughout the prison, and ACCT documents indicated that they were regularly offered to prisoners in distress.
- 3.20 We noted several instances where staff were responsive to prisoners' individual needs. In one case, an adjudication was moved from the care and separation unit (CSU) to a house block to reduce anxiety for a prisoner on an open ACCT. In another, a prisoner who had self-harmed was permitted to stay in the crisis suite for over 24 hours, and he was supported by Listeners and staff who were briefed on his personal situation.

Recommendations

- 3.21 More direct contact with prisoners should be evidenced in assessment, care in custody and teamwork (ACCT) documents.
- 3.22 Night observations should take place at irregular intervals.
- 3.23 ACCT reviews should be multidisciplinary.
- 3.24 There should be formal quality assurance processes for ACCT.
- 3.25 There should be sufficient Listeners for the establishment, and succession planning arrangements for training should be scheduled.

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.

- 3.26 A disability policy had been published and its implementation was managed effectively by a full-time diversity manager. All new arrivals had an initial disability assessment, and the few with identified needs were supported appropriately. Services to meet the needs of older prisoners were underdeveloped.
- 3.27 A full-time diversity manager, accountable to the deputy governor, had recently been appointed to ensure consistent implementation of the diversity policies. There were separate policies covering race, foreign nationals, disability and equal opportunities. She was also the disability liaison officer and had experience of the care of prisoners with disabilities. Her role was well advertised and known to staff and prisoners.
- 3.28 A disability policy had been published that described, in simple language, how the needs of prisoners with disabilities would be met. We found copies in all residential units and staff were generally aware of its content.
- 3.29 All new arrivals had an initial disability needs assessment during their reception. Healthcare staff identified and recorded needs during a reception interview, and drew up individual care plans. An initial disability questionnaire was also given to new arrivals in their first week to allow them to declare any disabilities. Responses that indicated prisoners with special needs were given to the diversity manager, who interviewed them, identified their needs, and drew up care plans that were passed to staff on residential units. The number of prisoners with disabilities was monitored through a disability register. There had been a needs analysis to ensure that identified requirements were appropriately addressed.
- 3.30 The day-to-day care of identified prisoners with disabilities was generally good. At the time of inspection, six prisoners with disabilities were registered. Residential staff were aware of their location and ensured that their everyday needs were met. Prisoners with disabilities told us that they were comfortable and knew how to seek help if needed.
- 3.31 The assessment of the impact of policies on older prisoners was underdeveloped. Although older prisoners were not excluded from any activities, there few age-appropriate services and there had been no analysis of their needs.

Recommendations

- 3.32 There should be an assessment of the impact of local policies on older prisoners.
- 3.33 There should be a protocol or strategy, based on a comprehensive needs analysis, for the management of older prisoners.

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.

- 3.34 The race equality structure and policy were managed effectively. There had been good quality impact assessments, the overarching race equality action plan was comprehensive, there was

innovative use of prisoner representatives, and the quality of investigations into alleged racist incidents was good. Despite this, black and minority ethnic prisoners had poor perceptions of their treatment.

Race equality

- 3.35 A comprehensive race equality policy document described the roles and responsibilities of all staff, particularly managers, in promoting race equality while setting out definitions of prejudice and discrimination. Its promotion had been given a high priority, and we found copies in all communal areas, including the residential units, visits and reception.
- 3.36 Implementation of the policy was monitored and managed by a properly constructed race equality action team (REAT) that met monthly, chaired by the deputy governor. Its membership represented all areas of the prison and included all senior managers, residential staff, prisoners, the local community and the chaplaincy. Minutes showed that there were good discussions on relevant issues and action was taken as required. The REAT monitored equality of treatment using range-setting methodology, and results were published to prisoners and staff through notices and REAT minutes.
- 3.37 A trained full-time race equality officer (REO) had been appointed, was directly supported by the full-time diversity manager, and had direct access to the REAT and the deputy governor. Generally, staff and prisoners had a good understanding of the role, which was well advertised on notices throughout the prison, and all prisoners we spoke to said that they knew how to contact the REO if required.

Managing racist incidents

- 3.38 There were effective systems for reporting and dealing with racist incidents. Racist incident report forms were available in designated areas on the residential units. All wings had locked boxes in which prisoners could post completed forms in confidence.
- 3.39 There had been 69 racist incident forms submitted from January to September 2008. All reported incidents were thoroughly investigated by the trained REO and subsequent reports were submitted to the deputy governor for approval. All completed investigations were validated by the diversity manager, and samples of forms were scrutinised by an independent community group (Consort).
- 3.40 Replies were prompt and respectful. Complainants were kept updated on progress in complicated cases where outcomes were expected to take more than two weeks. The action taken to resolve issues was inclusive and involved consultation with the complainant. Victim support plans were used to help prisoners deal with resulting issues.

Race equality duty

- 3.41 There were established methods to assess the impact of local policies and practices on black and minority ethnic prisoners, and 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 every month. There were strong links with the security department through the REO's attendance at security committee meetings, and there were systems to

ensure that prisoners convicted of racially aggravated offences and all incidents of racial bullying were reported.

- 3.42 A group of trained full-time prisoner diversity representatives had been appointed as a contact between prisoners and the prison management team, and to represent the views of prisoners concerning their treatment on race, nationality, age or sexual orientation issues. They were supported by prisoner race equality representatives appointed on all residential units, who provided information to prisoners on a day-to-day basis. Links between prisoner representatives, diversity representatives and the REAT were strong, and governance arrangements were effective. Diversity representatives met the diversity manager and REO daily to share relevant information and give feedback on any emerging issues. They attended all REAT meetings and took turns to organise monthly meetings with residential unit race equality representatives.
- 3.43 There were only two operational staff from black and minority ethnic backgrounds, which was not representative of the prison population or the local community.
- 3.44 Despite the strong systems to support and promote race equality, black and minority ethnic prisoners reported that some staff were unaware of the issues that affected them, and that they were generally treated less fairly than white prisoners. In our survey, only 64% of black and minority ethnic respondents said that they were treated with respect by staff, which was significantly worse than the 78% response from white prisoners.

Recommendation

- 3.45 **The prison should investigate the reasons for the negative perceptions by black and minority ethnic prisoners of their treatment by staff, and put in place a strategy to address these perceptions.**

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.

- 3.46 The published foreign nationals policy document clearly described the procedures and protocols to meet the needs of foreign national prisoners. The foreign nationals committee managed the policy effectively. The nominated foreign nationals coordinator had a good knowledge of the needs of foreign nationals and had set up structures to ensure they were supported appropriately.
- 3.47 There were 72 foreign national prisoners at the time of our inspection. None was held solely under immigration administrative powers.
- 3.48 A foreign nationals policy document had been published and distributed throughout the establishment. It clearly set out protocols, procedures and entitlements for foreign national prisoners and described the strategic direction of the prison and its expected outcomes. It also included information for staff on the cultural differences between groups of foreign national

prisoners and how these could affect their behaviour. Staff said that they were aware of its content, and we saw them supporting foreign national prisoners.

- 3.49 The Muslim chaplain had been appointed as the foreign nationals coordinator. He understood the needs of foreign national prisoners, was well supported by the senior management team, and his role was known to prisoners and staff. He had set up solid structures to support foreign nationals, including a weekly drop-in surgery where they could discuss personal issues with him and get advice on their case.
- 3.50 A trained administration officer, supported by the legal services officer (who was also foreign national liaison officer – see paragraph 3.72) ensured that immigration paperwork was managed properly and that information on individual cases arrived at the prison on time. Despite this, some prisoners said that they were not clear about what independent legal services they could access, that the role of the legal services officer was not adequately explained during induction, and that it was sometimes difficult to get an appointment to see him (see recommendation 3.78).
- 3.51 There were effective systems to identify foreign national prisoners and detainees during their reception and induction and address their immediate needs. Records were kept and monitored effectively by induction officers, the foreign nationals coordinator and the administration officer. A foreign national prisoner representative saw all new foreign national arrivals to help deal with any anxiety and isolation. He reported to the foreign nationals coordinator each day to ensure that information on individual prisoners was not missed.
- 3.52 A multidisciplinary foreign nationals committee represented the needs of prisoners and ensured that the policy was implemented. It met monthly and was well attended by representatives of most departments, including the race equality officer, heads of departments and residential staff. Minutes showed that relevant issues were discussed and appropriate action taken and monitored. All foreign national prisoners were invited to attend. Those we spoke to said that they felt that this gave them a meaningful opportunity to raise concerns and actively encouraged peer support.
- 3.53 Language needs were identified, translation services were used, and lists of staff and prisoners who spoke foreign languages were kept.

Recommendation

- 3.54 The role of the legal services officer and the legal services available should be explained during induction.

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.

- 3.55 Application processes were clear and well documented, but we had no response to our test applications. Most complaints related to property and residential issues, but there was no

analysis of aggregated data to make improvements. Quality assurance processes had only recently been introduced and were weak.

- 3.56 Application forms were available on most wings. Wing logs detailed the receipt of applications and the date they were passed to other departments. However, they failed to note when applications were dealt with, so we were not sure how many were concluded. We submitted three test applications on the first day of the inspection and had not had any responses by the end of the week. In our survey, only 45% of respondents said that applications were dealt with promptly, against a comparator of 53%. There was only one generic application form and no separate form for healthcare applications; this could compromise patient confidentiality.
- 3.57 The complaints process was outlined in the induction booklet, but this did not detail the required timescales for responses. There had been 1,107 complaints in the previous six months. The three main areas for complaint had been property, residential issues and category D status. Aggregate performance data covered the number and type of complaints, originating house blocks, and whether they were resolved within agreed timescales. However, there was no ongoing analysis of the key problem areas or how to improve processes.
- 3.58 Complaint forms were collected from house blocks by the night orderly officer and passed to the complaints clerk, who distributed them at the morning meeting for action. We saw evidence that complaints referred back to previous prisons were progressed chased. The prison reported that 97% of complaints were responded to within the required timescales. However, we noted that complaints that required involvement from another department were marked as closed without a final response from them. Responses were impersonal and often curt. Several responses failed to deal adequately with the complaint raised.
- 3.59 The prison did not facilitate direct access for prisoners to the primary care trust complaints procedure. All healthcare complaints were managed via the internal complaints process (see paragraph 4.18).
- 3.60 Quality assurance of complaints had only been introduced in the previous two months. Under this process, departmental heads reviewed a 10% sample. However, this included responses from their own staff, and so was not sufficiently objective.
- 3.61 There were processes for managing confidential access complaints, and the complaints clerk maintained a database of these. Complaints that appeared to have a racial element were cross-referenced with the REO. In the previous three months, 43% of complaints had been upheld, 47% rejected and 10% carried forward.

Recommendations

- 3.62 Application logs should record the date of completion.
- 3.63 Applications should be responded to promptly.
- 3.64 There should be separate healthcare application forms.
- 3.65 Prisoners should be informed of the required timescale for responses to complaints.
- 3.66 Complaints should not be marked as closed until final responses have been received from all departments involved.

- 3.67 Responses to complaints should be personalised and polite, and attempt to resolve the issues raised.
- 3.68 Prisoners should be advised of the primary care trust complaints processes.
- 3.69 Quality assurance of complaints should be more robust and independent.
- 3.70 There should be a more detailed analysis of complaints, and areas that are frequently highlighted, such as property, should be improved.

Legal rights

Expected outcomes:

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

- 3.71 The legal services officer was full time and also the foreign national liaison officer. Access to legal visits appeared to be good. There had been approximately 15 recorded occasions in 2008 when staff had opened mail from legal advisers in error.
- 3.72 The experienced legal services officer (LSO) was full time and also acted as foreign national liaison officer. However, he did not interview all new arrivals personally. They were asked during induction if they required the support of the LSO, and told to make an application where necessary.
- 3.73 A legal services notice board on each residential unit gave information about how to contact the LSO, information for appellants, and contact addresses for the Criminal Cases Review Commission and other organisations.
- 3.74 The LSO had received and dealt with 82 prisoner applications since April 2008. There was no backlog of applications. Most of the LSO's time was spent on documentation relating to immigration proceedings, appeals and civil court matters.
- 3.75 The prison had a good database to record and track the progress of prisoners subject to licence recall. There were 46 recalled prisoners actively under review at the time of the inspection, and there had been eight oral hearings during 2008.
- 3.76 Legal visits were held in the social visits area each weekday morning, and up to 10 visits could be accommodated. Although there were no private interview rooms, the visits room was large enough to ensure conversations could not be overheard. In our survey, 61% of respondents, significantly better than the comparator of 55%, said it was easy to attend legal visits.
- 3.77 In our survey, 48% of respondents said staff had opened letters from their solicitor or legal representative when they were not present, which was significantly worse than the comparator of 40%. A team of administrative staff processed incoming mail received on weekdays. Legal mail opened by a member of the team was recorded, with the reason why. These records showed that there had been approximately 35 occasions in 2008 when mail had been opened in error. Incoming mail received on Saturday was dealt with by house block staff, but they did not record legal mail opened in error.

Recommendations

- 3.78 The legal services officer should see all new arrivals.
- 3.79 Staff should only open mail from solicitors or legal advisers in the presence of the prisoner.

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.

- 3.80 The introduction of the integrated drug treatment system (IDTS) had given prisoners access to substitute prescribing and increased psychosocial support, but current clinical input was insufficient and not integrated with primary health services. There had been a fall in the mandatory drug testing (MDT) rate following the prison's active approach to addressing drug supply problems.

Clinical management

- 3.81 In our survey, 23% of respondents said they arrived at the prison with a drug problem, against a comparator of 14%. The prison had introduced the integrated drug treatment system (IDTS) in October 2007 and the local primary care trust (PCT) provided an interim service. Inclusion had been contracted to deliver the clinical elements of IDTS since April 2008.
- 3.82 The prison had prioritised dealing with unmet need in its own population, which was appropriate. The main local prison, HMP Birmingham, was in the process of implementing IDTS, and good communication had been established in preparation for the transfer of prisoners under the IDTS.
- 3.83 To date, just over 100 prisoners had engaged in clinical treatment: 30 completed detoxification; 12 transferred to other establishments while on treatment; and 30 were released on maintenance regimes. At the time of the inspection, 29 prisoners were in treatment, but this figure had been as high as 38 previously.
- 3.84 The team from Inclusion consisted of a band 5 nurse, a healthcare assistant and a specialist GP who offered one session per week. A band 6 clinical lead post was vacant. Establishment support was provided by a drug strategy/IDTS lead principal officer, and an IDTS officer who supervised prisoners waiting for their medication.
- 3.85 The nurses and healthcare assistant were overstretched and demoralised. They received insufficient management support and lacked access to clinical supervision and training. Neither had previous experience of working with substance users or in a prison. The clinical team worked in isolation from health services, had no treatment room for the GP clinic, and no easy access to patients' full clinical records (see paragraph 4.15). There was no administrative support or access to information technology and, as a result, record keeping was poor. Clinical

provision was insufficient, especially as demand for the service would rise when HMP Birmingham started to transfer prisoners under IDTS.

- 3.86 Opiate-dependent prisoners could access methadone or buprenorphine treatment. Prescribing regimes were flexible and based on individual need. Those we spoke to appreciated the clinical and psychosocial support they received. Counselling, assessment, referral, advice and throughcare (CARAT) staff offered key working and IDTS groupwork sessions, which were co-facilitated by the healthcare assistant.
- 3.87 There was a good level of joint work. CARAT workers attended weekly clinical reviews, and the teams met regularly with a primary care registered mental health nurse to share information and provide service updates. There was a referral pathway from IDTS to the mental health in-reach team for dual-diagnosis clients, and close links with drug intervention programmes to ensure the continuation of treatment in the community.

Drug testing

- 3.88 The year-to-date random mandatory drug testing (MDT) positive rate was 4.7% at the beginning of October 2008 against a target of 15%; it had been as high as 17.8% in 2007. The prison had been active in addressing the supply of illegal drugs, had involved the Prison Service professional standards unit in tackling staff corruption, and developed good links with the local police force. A comprehensive searching policy had been developed, and 41 substance-related finds were made between April and October 2008. The majority of security information reports related to drugs, but hooch (illegal alcohol) use was also evident – there had been 13 finds and 25 adjudications in the previous six months.
- 3.89 In our survey, 37% of respondents still said that it was easy to get drugs in the prison, against a comparator of 31%. The main drug of choice was opiates, but while 27 prisoners tested positive during the first quarter of 2008, this had dropped to 13 in the second quarter as more prisoners benefited from clinical treatment.
- 3.90 MDT weekend testing targets were met, data collection and analysis were high quality, and the level of refusals and sample adulteration was low. Frequent, risk and reception testing programmes were in operation. There had been 47 suspicion tests between April and October 2008, although these only resulted in a 20% positive rate. MDT staff had previously been redeployed, but two dedicated MDT officers now came under the drug strategy function and were able to test more consistently.
- 3.91 Supply and demand reduction initiatives were well integrated, and there was a good level of information sharing between security and drug strategy staff.

Recommendations

- 3.92 Integrated drug treatment system (IDTS) nurses should have access to regular clinical supervision and undertake training in the management of substance misuse.
- 3.93 The level of clinical input should be increased to meet current and future demand for the service.
- 3.94 IDTS staff should have easy access to patients' full clinical records.

- 3.95 Clinical reviews should be carried out in a suitable environment, such as the GP surgery room in the health services department.
- 3.96 The IDTS team should have administrative support and access to an IT system to improve record keeping and service monitoring.

Vulnerable prisoners

- 3.97 The prison had introduced a reintegration programme targeted at poor copers, victims of bullying and debtors seeking sanctuary. The programme operated from house block 5 and offered several activity sessions each week. Prisoners on the programme were not reviewed regularly.
- 3.98 Vulnerable prisoners could participate in a reintegration programme introduced in 2008. The key participants were poor copers, victims of bullying and prisoners who had accrued debts. Participants in the reintegration programme were usually located on house block 5, along with prisoners on the induction programme.
- 3.99 The programme included formal sessions to enhance self-confidence and self-esteem, led by staff from CARATs, psychology and the deputy safer custody coordinator. A poor copers programme had been piloted with the group and was undergoing further revision by psychology staff with a view to area validation.
- 3.100 Fourteen prisoners were currently on the reintegration programme. Participants in the reintegration regime had access to their own library and gym sessions, as well as some work sessions in a separate workshop. Some prisoners used the programme as a hiding place until they could be transferred out to other establishments, but almost half of those moved out had been reintegrated to house blocks and the main regime. There was no formal review of progress for prisoners on the programme.
- 3.101 The prison had five security priorities that included vulnerable prisoners, and security action plans were developed and reviewed monthly.

Recommendation

- 3.102 There should be regular reviews of prisoners on the reintegration programme.

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 The recent lack of a healthcare manager had affected the delivery of care, and in some instances staff were working to out-of-date policies and procedures. Prisoners had a poor perception of the quality of care from health services. There were some clinical governance processes, including clinical audit, and staff had access to professional development training, although this was not always linked to the needs of patients. Primary care services were basic, and there were long waiting lists for the GP, dentist, optician and vaccinations. Not all patients were consulted when their care was planned. There was some monitoring of lifelong conditions. Some prisoners had their medications stopped because of alleged passing on without an adjudication to establish the facts. Fewer prisoners than at other category C prisons were allowed to keep their medications in possession. Mental health services were developing and both primary and secondary services were available, but there were no day services for those less able to cope on the house blocks. There had been no mental health awareness training for discipline staff until a few months before the inspection.

General

- 4.2 Health services were commissioned by South Staffordshire primary care trust (PCT). Primary care nursing services were provided by the PCT, while other services were commissioned separately.
- 4.3 The PCT undertook an annual health needs assessment and there was a prison health delivery plan. However, we found discrepancies between the plan and actual provision. The prison partnership board, which included representation from all six prisons in the PCT area, met quarterly.
- 4.4 The health services department had been refurbished and there were some suitable clinical rooms. The waiting area was light and airy and displayed a range of health promotion materials. The Health Protection Agency had carried out an infection control audit in May 2008, but some of the discrepancies identified had still not been addressed.
- 4.5 The treatment room was clean and tidy, with a purpose-built double hatch through which medicines were supplied to the patients. Two nurses could attend to two patients standing next to each other at the hatches, which affected patient confidentiality. There was poor visibility of patients taking their medications.
- 4.6 Medicines were stored in lockable cupboards in the treatment room, and all were locked. Some external creams were stored in drawers that could not be locked. The named-patient medication, stock medication and dual-labelled pre-packs were all stored separately. The storage of the patient-named medication was not well ordered. Although the pharmacy supplied each patient's medication in an individually labelled plastic bag, nurses appeared to discard these and medication was in danger of being mixed up. There were some loose blister strips in these cupboards. All medicines were labelled in accordance with Medicines Act

requirements. Nurses or a visiting pharmacy technician carried out expiry date checks, but these were not documented. There appeared to be no out-of-date medicines.

- 4.7 Special sick remedies were stored in trolleys that were secured to the walls of the treatment room when not in use. These were used during the early morning treatment time on the wings. However, when the trolleys were taken out of the department they were unlocked beforehand, rather than only during use.
- 4.8 Heat-sensitive medicines were stored in a pharmacy fridge, which had a maximum/minimum thermometer. A fridge temperature record was kept, although maximum temperatures of above 8 degrees Celsius had been recorded for most days in October 2008.
- 4.9 The dental surgery was spacious, well ventilated, clean and tidy. The PCT had recently carried out a surgery inspection, although the dentist had not yet received documentation relating to this. The extensive cabinetry was wood faced and required replacement to meet infection control guidelines. The X-ray machine was sited in a small cluttered room off the dental surgery, and it was difficult to obtain certain X-ray angulations. There was a second small room off the dental surgery with a sink and a recently acquired washer/disinfector, which was faulty. There were insufficient hand instruments to use the washer/disinfector for all instruments due to the lengthy cycle time.
- 4.10 A presentation about health services for the prisoner induction programme had some out-of-date information, and nurses were not always available to give it. The main prison information booklet had no detailed information about health services.

Clinical governance

- 4.11 The post of health services manager (band 7) had been vacant for several months. This had affected both the delivery of care to prisoners and staff morale. There was a prison health manager and professional lead for the prison cluster who spent some time at the establishment. There were eight nurses in post, with one other seconded to training to become a registered mental health nurse (RMN). The nurses included one band 6 and one healthcare assistant NVQ level 4; the rest were all band 5. There were five registered general nurses (RGNs) and two RMNs, although another RMN worked bank shifts to cover the RMN vacancy. There were two administrative assistants, one of whom was part-time. All the staff were employed by the PCT. Other primary care services, such as the GP and dentist, were commissioned separately.
- 4.12 PCT staff had access to professional development and training, but there had been no training needs analysis and there were some problems with sourcing short courses from the PCT's training department to give nurses the skills and competences to meet the needs of the population.
- 4.13 There was a clinical governance development plan, and clinical audit was carried out as part of the PCT's overall clinical audit arrangements. However, other objectives of the plan were not in place; for example, staff did not receive clinical supervision. A healthcare operational/clinical governance and medicines management meeting, chaired by the deputy governor, met monthly. It was attended by PCT and prison staff, including the PCT/prison pharmacy adviser and PCT clinical audit lead. Action points were allocated to individuals and monitored robustly. There was evidence of recent improvements in some areas, such as the number of prisoners failing to attend appointments.

- 4.14 Health services staff were not responsible for all the resuscitation equipment around the prison, and none of it was available for use when they were not on duty. Resuscitation equipment, including an automated external defibrillator (AED) was kept in the health services department and was checked weekly. A separate kit was also kept in house block 3 under lock and key. The gymnasium had an AED, but this was not subject to regular checks and all the defibrillator pads were out of date. Some staff told us that this AED was only used for training purposes, but others said it would be used if required. All the nurses had received resuscitation training within the previous year, and all three night senior officers had recently been trained in first aid, but not in the use of an AED.
- 4.15 There was no electronic clinical information system, although one was due to be installed. Clinical records were stored in filing cabinets in the health services department duty room. The records we reviewed had reasonable entries. The department did not have a comprehensive information-sharing policy, and integrated drug treatment system (IDTS) staff had been told that they could not remove clinical notes from the department. This meant that the IDTS doctor did not have the patient's full clinical notes when he saw them, which was poor practice (see recommendation 3.94)
- 4.16 Prescriptions were written on standard prescription and administration charts, which were faxed to the pharmacy. Some diagnoses were missing from the charts. The prescription charts we inspected indicated that nursing staff made the necessary annotations following administration of treatments and special sick. The special sick records were added retrospectively from record sheets used during the special sick treatment time. There appeared to be a large quantity of painkillers supplied, particularly paracetamol, which was supplied in 16-tablet manufacturer's original packs. The nurses did not have patients' charts available during the morning treatment times, and did not know until they returned to the department if paracetamol or other homely remedies had been supplied previously by another nurse. There were no audits of special sick supplies.
- 4.17 Dental record keeping was on NHS paper records, which were stored in filing boxes in the dental surgery. Standards of record keeping and radiograph management were good. Signed, dated medical history sheets were usually present, but dental treatment was not recorded in the prisoner's clinical records. Personal dental treatment plan forms were not used as required for compliance with General Dental Services regulations.
- 4.18 Prisoners could complain about health services through the prison's general complaints system, and unresolved complaints were referred to the PCT. According to the minutes of the prison partnership board, 46 informal complaints had been received from prisoners in Featherstone in June and July 2008 (78% of the total complaints received), but it was unclear whether this number included all those received by the prison or just those that were unresolved. It was also unclear how prisoners were informed about the complaints system (see paragraph 3.59 and recommendation 3.68).
- 4.19 There was a communicable diseases policy, but the pandemic flu policy was only in draft form.
- 4.20 Clinical waste was stored satisfactorily in the dental surgery and collected under the healthcare contract. There seemed to be no contract or knowledge of arrangements for disposal of hazardous waste. Documentation relating to Control of Substances Hazardous to Health (COSHH) and risk assessments and written policies were not held in the prison dental surgery.

Primary care

- 4.21 A nurse saw new arrivals in reception for a comprehensive health assessment. In our survey, 91% of respondents said that they were seen by a member of the health services team on arrival, against the comparator of 89%. However, new arrivals who were identified as needing to see a doctor could wait at least a week to see the GP. There was no clear protocol to ensure that a prisoner on medication arriving from another establishment received his medications without gaps or delays.
- 4.22 A prisoner who wanted to see a nurse for triage had to speak to an officer on his wing during the evening association period preceding the clinic. Triage clinics were held on four mornings a week, and only two prisoners from each house block were given appointments. Prisoners thought that this was unfair. Nurses used triage guidance from the local hospital. It was not possible to audit easily how many prisoners were referred to the GP by the triage nurse, or how many were dealt with satisfactorily by the nurse. Prisoners who wanted to see the GP had to speak to a nurse during the morning administration of homely remedies (see paragraph 4.34) and were then booked for the GP or the triage nurse. During the week of our inspection, the next routine appointment for a GP was in six days' time.
- 4.23 Prisoners could also submit a healthcare application, although this was on the back of a general application form and was not confidential (see recommendation 3.64). We put three separate healthcare applications into application boxes on wings on the first day of the inspection, and they had not been received in the health services department by the end of the week.
- 4.24 There was a GP surgery every morning and the GP was on call until 6.30pm. Out-of-hours medical cover was provided under contract by the local out-of-hours service, and included coming to the prison rather than just telephone advice.
- 4.25 New arrivals with lifelong conditions were noted at reception and their details recorded on a computer. The healthcare assistant managed their care. The community diabetes specialist nurse saw diabetics at regular intervals, while the GP managed those with other conditions, such as asthma, epilepsy or coronary heart disease. National service framework monitoring did not always appear to be carried out. For example, we found evidence that the GP reviewed some asthmatics without measuring their peak flow readings. There were no nurse-led clinics and no lead nurse for older prisoners.
- 4.26 Health services offered a full range of vaccinations, including hepatitis B, influenza and meningitis C. However, the waiting list for the vaccination clinic was eight weeks, and some staff thought that vaccinations could only be administered when there was a GP present, which was not the case as they all had the relevant anaphylaxis training. There was a one to two week wait for the weekly blood tests clinic.
- 4.27 The last opticians clinic had been three months previously, and 64 prisoners were on the waiting list – one had been waiting over seven months. The commissioning arm of the PCT had recently appointed a new optician, but there appeared to be no urgency in organising sessions.
- 4.28 No genitourinary medicine (GUM) services were offered in the prison, and chlamydia screening was not readily available. The GP referred prisoners who required a GUM appointment to the local hospital. There was at least a six-week wait from referral to appointment, which was unacceptable.

- 4.29 Prisoners could obtain barrier protection (condoms, lubricants and dental dams) from health services staff, and there were posters about sexual health around the prison.
- 4.30 There were many health promotion activities, although these were not provided by the health services staff. For example, three officers on the healthy living unit had been trained in smoking cessation and provided a service in conjunction with the PCT to all prisoners who requested this. At the time of the inspection, over 30 prisoners were on the 12-week programme, and 63% of all participants had gone on to attend the quit smoking course four weeks later. Gym staff had recently run a course for prisoners to become health trainers, supported by the PCT, although health services staff we spoke to appeared unaware of the course or the participants. The gym also provided walking for life opportunities and an over-55s gym session, as well as remedial gym sessions, and gym staff could treat some soft tissue injuries.

Pharmacy

- 4.31 There were two treatment times in the health services department when patients could collect prescribed medication or have medication administered. One nurse told us that medication to be administered was removed from original packs in advance to speed up the process. Some prisoners told us that they had waited over an hour to collect their medications, which affected their attendance at work and education.
- 4.32 There was an in-possession policy with associated risk assessment tool. However, some overarching rules did not consider the individual prisoner's risk assessment or the fact that every prisoner had access to a safe or a privacy key for his cell. Two patients were on HIV medication, which was supplied by the local hospital in original, properly labelled manufacturers' containers. Because these patients were not allowed to have this medication in possession (one reason given was their high cost), the nurses supplied it in advance in unlabelled plastic bags for the patients to take back to their cells. This was secondary dispensing. Another category D prisoner was not allowed his analgesics in possession, and when he went out to a hospital appointment he had to take them very early in the morning, which was not clinically indicated. In our survey, only 72% of respondents on regular medication were allowed it in possession, which was significantly worse than the comparator of 91%.
- 4.33 We were concerned to note that in the previous week nurses had alleged that three prisoners had passed on their medications while receiving them through the hatches to the treatment room. As a result, the GP had reduced or stopped their medication, in one case without seeing the patient. None of these prisoners had had an adjudication hearing to defend the allegations.
- 4.34 Homely remedies were only administered in the mornings, when the nurses took medicine trolleys to the house blocks. Prisoners could speak to the nurse through the gate one at a time. Prisoners were not able to speak to a pharmacist.
- 4.35 If prisoners required homely medications at night, discipline staff could call the GP out-of-hours service for permission to administer paracetamol or indigestion remedies from a sealed box. They recorded medications administered in a book kept in this box. The out-of-hours services contract stated that it should fax the health services department with details of any calls dealt with. We followed up the last four prisoners noted in the book in the sealed box. There was no evidence in their clinical notes that they had required clinical attention or that they had received homely remedies.

- 4.36 Controlled drugs for substance misuse patients were administered from the IDTS unit. These drugs were stored in accordance with safe custody regulations. Running balances were maintained in the controlled drug register and regularly audited. The pharmacy supplied controlled drugs to the prison against valid requisitions.
- 4.37 The PCT had implemented patient group directions (PGDs), and there was evidence that nursing staff had been trained in these.

Dentistry

- 4.38 The dental service was commissioned by the PCT. The dentist employed the qualified and registered dental surgery assistant. Both normally attended on Tuesday mornings, and a hygienist attended on Friday mornings. We were unable to examine records relating to the dental staff's registration, indemnity, hepatitis B status, continuing professional development, cardiopulmonary resuscitation and radiography training, as these were not readily available.
- 4.39 Prisoners who wanted to see the dentist submitted an application, but not all applications were received in the health services department in a timely manner (see paragraph 4.23). At the time of the inspection, 156 patients were on the waiting list, which had recently increased. The oldest entry was for mid-August 2008.
- 4.40 Each week, the dentist triaged 10 patients from the top of the list, provided any urgent treatment then, and reappointed patients for routine treatment within two to three weeks. Patients therefore waited at least nine to 10 weeks from the receipt of their application to their first visit to the dentist. Approximately 15 routine patients were treated each session. Patients with acute problems between dental sessions were given analgesia and/or antibiotics by the prison doctor and were seen by the dentist at the next session. A full range of NHS treatments was offered and courses of treatment were completed promptly.
- 4.41 The dentist was usually available for out-of-hours cover, and patients were sometimes seen out of hours at a local dental access centre or A & E. Referrals for specialist treatment were infrequent and made to a local hospital dental department. There was no cover for the dentist's holidays or sick leave. Treatment time was sometimes lost through patients failing to attend.
- 4.42 The dentist and hygienist provided oral health education on a one-to-one basis.

Secondary care

- 4.43 Hospital appointments were organised by the administrative staff, who tried to ensure that these were at appropriate times. In the previous two months, 16 out of 89 appointments had been cancelled (18%), of which eight were due to escorting staff problems. These figures were reported at the monthly operational/clinical governance and medicines management meeting, and there was evidence that the prison was attempting to reduce the number of cancelled appointments.

Mental health

- 4.44 Secondary mental health services were commissioned from South Staffordshire and Shropshire Mental Health Foundation Trust. The team worked across all the adult prisons in the PCT area. At Featherstone it provided six community psychiatric nurse sessions per week, a senior occupational therapist and an approved social worker also attended for two to three

sessions a week depending on need. A consultant forensic psychiatrist attended for one session per fortnight.

- 4.45 Prisoners were referred to mental health services from a variety of sources, including self-referral. After they were assessed by one of the two primary care RMNs, a weekly meeting between the primary care and secondary care team decided the best course of action for them. This included referral to the chaplaincy, GP, primary care RMN support or mental health in-reach team.
- 4.46 The primary care mental health nurses did not run any group sessions for those less able to cope with life on the house blocks. They supported prisoners on a one-to-one basis.
- 4.47 The in-reach team had a caseload of approximately 24 patients at the time of the inspection. The team commenced or continued the enhanced care programme approach (CPA) and organised six-monthly CPA review meetings, including community mental health team staff where possible. It saw patients individually, although there had been some groupwork. The team used its own documentation, but also wrote in the clinical records.
- 4.48 In the past, in-reach staff had not been permitted by their employers to see prisoners or walk around the prison unescorted. Although this rule had apparently been relaxed, staff still expected a member of the primary care team to accompany them around the prison, which reduced the clinical time available to patients.
- 4.49 The team attended relevant assessment, care in custody and teamwork (ACCT) reviews and were involved in multi-agency public protection arrangements (MAPPAs) meetings when required. The team attended safer custody meetings on an ad hoc basis, and had good links with the resettlement team.
- 4.50 There had been no mental health awareness training for discipline staff until a few months before the inspection. The senior management team had undergone the training, and care and separation staff were due to be trained.

Recommendations

- 4.51 Health services staff need to be integrated into the prison so that they are aware of how their systems, processes and actions impact on the regime and individual prisoners.
- 4.52 The action points identified in the infection control audit of May 2008 should be undertaken expeditiously.
- 4.53 The hatch where prisoners receive their medications should be redesigned to ensure confidentiality for prisoners and visibility for staff to observe prisoners taking their medications.
- 4.54 Patient-named medication should be kept in an orderly fashion in the treatment room cupboard, and must remain in original manufacturers' packaging.
- 4.55 There should be a dedicated decontamination unit in the room that currently houses the washer/disinfectant.
- 4.56 The cabinetry in the dental surgery should be replaced to meet current infection control guidelines.

- 4.57 Prisoners should be given information about prison health services, including how to access them, in a format that they can understand.
- 4.58 There should be a training needs analysis and relevant training provided to ensure that staff have the relevant skills and competences to meet the needs of the population.
- 4.59 All resuscitation equipment should be checked regularly and should be available for use at all times by suitably trained staff.
- 4.60 There should be a comprehensive information-sharing policy.
- 4.61 All healthcare professionals should have access to a prisoner's full clinical records when planning prescribing care.
- 4.62 Nurses should have access to a prisoner's prescription chart when they administer homely remedies.
- 4.63 The system for prisoners to complain about health services should be clear to prisoners and staff.
- 4.64 Arrangements for the disposal of hazardous waste from the dental surgery should be clarified.
- 4.65 Prisoners should be able to receive medications without gaps or delays.
- 4.66 Appointments for triage should be based on clinical need not allocated per house block.
- 4.67 The process for obtaining a health services appointment should be clear.
- 4.68 Prisoners with lifelong conditions should be monitored in line with evidence-based practice.
- 4.69 There should be a lead nurse with sufficient seniority and knowledge to be responsible for older prisoners.
- 4.70 The new optician should start work expeditiously, and prisoners should not have to wait lengthy periods for an appointment.
- 4.71 Prisoners should have access to genitourinary medicine services in line with NHS targets.
- 4.72 Prisoners should be able to consult a pharmacist.
- 4.73 Medicines not in possession should be administered directly from the original dispensed container, and nurses should not remove them from their containers in advance.
- 4.74 Prescribed medication should generally be supplied in possession, and the in-possession policy should assess the individual patient as well as the medication prescribed.
- 4.75 Prisoners suspected of passing their medication to another should be subject to a formal adjudication process.

- 4.76 There should be a regular audit of medication administered out of hours to ensure that all clinical information is recorded in the patient's clinical records.
- 4.77 There should be sufficient dentistry sessions to meet the needs of the population, and there should be cover for the dentists' absences.
- 4.78 The Partnership Board should challenge the Mental Health Trust's apparent rules about the working practices of their staff, to ensure that maximum clinical time is spent on interaction by mental health staff with patients.

Housekeeping points

- 4.79 The medication trolleys should be locked while they are moved around the prison.
- 4.80 The fridge temperature records should be assessed. The temperature regulator should be adjusted as necessary to ensure that the fridge temperature remains in the range 2 to 8 Celsius. Medicines should not be used if there is any doubt about the suitability of their storage conditions.
- 4.81 The washer/disinfector should be repaired and sufficient instruments provided to manage the longer cycle.
- 4.82 Dental notes should be recorded in the patient's clinical records.
- 4.83 There should be copies of all relevant documentation and written policies in the dental surgery.
- 4.84 The dental X-ray room should be decluttered.

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 The overall quality of learning and skills was satisfactory, with good achievement of qualifications in many areas. Leadership and management and teaching and learning were also satisfactory, with some good teaching. Education was offered full or part time, and prisoners could go into education while employed in other work. There was a narrow range of literacy, numeracy, art, and information and communications technology courses, and insufficient progression to higher level awards. Accredited employability skills were embedded in some work areas. There were some social and life skills programmes, but English for speakers of other languages provision was insufficient. Punctuality in classes was poor. There were effective partnerships with local colleges and training providers, and a wide range of vocational training, although some programmes were not yet accredited. There was sufficient employment for the population, but prisoners were often late starting and the work ethic was poor. Contract workshops offered real employability skills development. The library facilities and book stock were poor.

5.2 Leadership and management of learning and skills were satisfactory. The acting head of learning and skills was supported by a manager for education and one for vocational training. Most education was provided by Derby College, but the Offender Learning and Skills Service (OLASS) contract was small with only 11,000 teaching hours a year. The curriculum included accredited programmes, such as personal development courses, social and life skills, literacy and numeracy and English for speakers of other languages (ESOL), information and communications technology (ICT), art and some short employment-related courses, including food hygiene and preparation for employment. Derby College had introduced a successful accredited healthy living course for prisoners on house block 7. This covered personal fitness, sexual health, nutrition, diet and overall health and linked well with the health services department and PE. In the previous year, 76 prisoners had commenced the programme and there had been 45 successful completions.

5.3 The day-to-day provision of learning and skills was well organised and responsive to prisoner needs. Staff had clear roles and responsibilities. Learning and skills were offered full and part time in structured classes – with approximately 60 places each morning and afternoon – and in the workshops and vocational training areas. There was no evening or weekend provision. There were few opportunities for learners to progress to higher level courses, particularly in ICT and desktop publishing. There were only 10 prisoners on higher level courses. Some education was offered in healthcare, but there was insufficient provision for segregated and vulnerable prisoners, and little attention to those serving longer sentences. ESOL classes were held on only two days a week, and the number of lessons was insufficient to meet the needs of the population. No learners had achieved a qualification in ESOL. The prison was aware of this and had recently changed the range of provision.

- 5.4 There was a range of appropriate strategic and operational objectives for the development of education and vocationally relevant training. A three-year development plan focused on learning and its contribution to successful resettlement and reducing offending. Links between the head of learning and skills and resettlement were productive. Prison managers made appropriate use of current information on skills and employment patterns to plan provision. Partnership working with external organisations was good, and there were links with local employers and plans to improve these (see also paragraph 8.35).
- 5.5 A good range of external partners provided education and training outside the OLASS contract. Construction provision had increased significantly, and there were plans to introduce programmes in tiling and flooring. However, the prison had recognised the need to enhance the accredited qualifications and skills for life support in vocational areas. There were insufficient arrangements to quality assure and improve the provision, and the prison depended on providers monitoring the quality of provision. Some provision was dependent on external funding.
- 5.6 Information, advice and guidance (IAG) was provided by In Training, and provision across the prison was good. All prisoners received good quality IAG and support during their induction, before transfer and upon release, and had very effective follow-up sessions. Advisers used a wide range of effective techniques and materials to help prisoners reach realistic decisions.
- 5.7 The range of vocational learning opportunities was good, and offered skills in manufacturing and engineering operations, construction, warehousing, industrial cleaning, catering, PE, lift truck operations and information technology. Generic qualifications such as customer service, safeguarding children and team leading were also available. The construction courses offered progression from three-week taster programmes to longer diploma courses, although these were relatively new and not yet fully developed. The Streetworks course was successful and provided good employment opportunities on release. Trainers used practical resources to good effect. Experienced staff ensured high standards of tidiness and health and safety in workshops. In the contract workshops, staff provided satisfactory training to ensure that prisoners met the requirements of the work. In the furniture assembly workshops, prisoners were moved around tasks to become proficient in all the skills. Pass rates were good on many education and vocational training programmes.
- 5.8 Some practical areas, such as waste management and garden work, did not have accredited qualifications, and the prison had been slow to introduce appropriate training and qualifications in other areas, particularly catering, brickwork and plastering. There were no processes to recognise and record progress and achievement in non-accredited learning.
- 5.9 Induction and the initial assessment of prisoners' literacy and numeracy needs were thorough, and used well to inform individual needs and support. Additional literacy, numeracy and language support was available in the kitchen and workshops. Stoke-on-Trent College, which provided training and assessment for some construction courses, also offered good employability skills development in the workshops, and learners made good progress.
- 5.10 The number of prisoners who completed courses was good on most programmes, except construction. The number who stayed on courses was significantly lower in carpentry and woodwork and engineering qualifications. There were frequent interruptions for prisoners to attend appointments, which disrupted learning in classes and workshops.
- 5.11 Teaching, training and learning were satisfactory. In the better sessions, lessons were well planned with a good range of stimulating learning activities. There was good development of practical skills in many areas. In some areas, learning was contextualised and teachers used a

wide range of teaching and learning styles to support learners. In some lessons, there was too much emphasis on paper-based resources and little use of information and learning technology in the classrooms. In industrial cleaning, learners were developed to act as trainers and assessors. Experienced and well-qualified teachers worked well to support learners and help them develop competence and self-confidence.

- 5.12 There were sufficient full- and part-time work places (approximately 680) to meet the needs of the population, and nearly all prisoners were employed. Contract workshops provided the majority of work places, and the prison had contracts that provided real work skills and accreditation in many areas. These included welding and fabrication of cell doors and windows, furniture assembly, textile work and stores. The engineering workshop offered prisoners the chance to learn paint spraying, and use computerised numerical control machinery for cutting. Waiting lists for construction courses were high and often exceeded 100 prisoners. The work ethic was poor in many workshops. Prisoners arrived up to 25 minutes late from lunch and then proceeded to make a drink. This was insufficiently challenged. During the inspection some workshops operated with only 75% of the available work places filled.
- 5.13 A few prisoners were engaged in some mundane and repetitive work, such as wing cleaning and the assembly of breakfast packs. The pay policy was fair and those participating in education were not disadvantaged.

Library

- 5.14 The library was operated by Staffordshire Library and Information Services. It was spacious, light and airy, and easily accessible. Staff shortages due to illness had affected some library activities. It was open Monday to Thursday morning and afternoon, Friday morning and alternate Saturday mornings. Prisoners had access to the library on a rota basis and free movement there if they had made an application and had an entry slip. Although there had been over 6,000 visits to the library in the last 12 months, in our survey only 35% of respondents said they went to the library at least once a week, significantly below the comparator of 47%. The library was underutilised and not well promoted across the prison.
- 5.15 The library had good links with the IAG provider, which passed on initial assessment results and information on prisoners' first language. This allowed library staff to highlight any prisoners suitable for the Toe-by-Toe programme or stock suitable reading material for foreign national prisoners. The library had a range of fiction and non-fiction books, easy reads and foreign language books, as well as spoken word CDs and language packs. Storybook Dads operated from the library and was popular with prisoners.
- 5.16 The library was understocked at 16% down on the required 10 items per prisoner. This reflected the 16% book loss highlighted at the stock take in November 2007. The quality of books was poor, and the book rooms in the workshops were poorly managed.

Recommendations

- 5.17 The range and levels of education courses should be improved.
- 5.18 There should be more English for speakers of other languages (ESOL) provision to meet the needs of the population.
- 5.19 The range of planned formal nationally recognised accredited skills training programmes should be implemented.

- 5.20 There should be better punctuality and movement of prisoners to learning, skills and work, together with the reinforcement of the work ethic in all areas.
- 5.21 Quality assurance and improvement strategies and processes should be improved and implemented.
- 5.22 The library should be better promoted across the prison, and included in the induction programme.
- 5.23 The library should be better integrated into learning and skills activities.
- 5.24 The library should increase the quantity and quality of book stock.

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.

- 5.25 More than half the prison population accessed the PE provision. There was a good balance of competitive, social and minority sports and leisure activities, including specialist sessions for remedial work, over 55s, unemployed prisoners and inductions. There were some accredited courses in weights and gym instruction. Physical education staff were well qualified and experienced, and were supported by prisoner gym orderlies. Facilities included a weights room, cardiovascular area, sports hall, external grass pitches and a small multi-sports area, with small cardiovascular areas on some house blocks. Communal shower facilities were limited and not private.
- 5.26 Recreational physical education was offered during the day, evenings and at the weekend. Prisoners could access PE frequently – on two or more occasions a week – and participated in a good range of activities. About 55% of the prison population used the provision. There were sufficient staff to manage the PE department. Staff were well qualified and had many specialist skills. They were supported by four part-time prisoner gym orderlies.
- 5.27 There was fair allocation of sessions to all groups of prisoners. They could take part in league competitions at weekends and numerous internal events throughout the year. There was good use of an annual health fair. There was extensive use of notice and photo display boards, personal officers and prisoner champions for comprehensive and effective health promotion. The materials were of a professional standard, attractive and positively encouraged prisoners to join in.
- 5.28 The range of accredited courses offered included the Community Sport Leader Award, rugby courses, weightlifting programmes, Heartstart and the Focus gym instructors award. There were low achievements on the CYQ (Central YMCA Qualifications) fitness instructor programme. There was a narrow range of key skills, and insufficient links with education to integrate literacy, numeracy and language support into PE courses. Staff were not qualified in teaching and training.

- 5.29 Specialist sessions catered for remedial work, over-55s, unemployed prisoners and those on induction. The addition of a specialist treatment room and ultrasound equipment allowed staff to treat sports injuries.
- 5.30 Facilities included a medium weights room, cardiovascular area, a four-court sports hall, external grass pitches, and a small artificial surface multi-sports area. Disability access to the first floor sports hall was difficult but could be managed. There were small cardiovascular activity areas in three of the seven house blocks. These were monitored and regulated by qualified prisoners.
- 5.31 All prisoners received a full induction, including Heartstart and manual handling instruction. Generic kit was issued to all prisoners, and specialist kit and equipment was available for squad sports. Prisoners were encouraged to shower after every session, but communal showers and toilet facilities were limited, and there was no privacy screening for showers. There had been no serious accidents and/or complaints. Minor injuries were investigated by the senior officer and reports were sent to healthcare.
- 5.32 Non-user and user views were sought through bi-annual surveys, which were collated into a useful action and development review document.

Recommendations

- 5.33 The PE department should develop better links to education to improve integration of literacy, numeracy and language development for prisoners on all courses.
- 5.34 The prison should provide teacher training for PE staff.
- 5.35 The range of key skills qualifications should be expanded and achievements on the CYQ fitness instructor programme should be increased.
- 5.36 Showers in the PE department should be equipped with privacy screening.

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.

5.37 The chaplaincy team was small but well integrated, and contributed well to the broader life of the prison. Facilities were good, but there was limited faith-based activity alongside the main services.

5.38 There was a small but well-integrated chaplaincy team. There were two full-time chaplains, a coordinating chaplain and a Muslim chaplain, with a supporting team of part-time and sessional chaplains. Approximately 50 of the 83 Muslim prisoners regularly attended Muslim prayers. Attendance at Christian services was lower, with 30 regular attendees at Anglican services and 20 at Catholic services. Additional faith-based activity was limited to only one weekly evening study group, which was not well attended.

- 5.39 The chaplaincy had good involvement in the broader work of the prison. The team coordinated input from Alcoholics Anonymous and Narcotics Anonymous and supported Listeners. Both full-time chaplains were also members of the senior management team and contributed fully to safer custody work and the race equality action team. The Muslim chaplain was also the foreign nationals coordinator (see paragraph 3.49).
- 5.40 The team shared statutory responsibilities and saw all new arrivals as part of the induction process. However, in our survey only 39% of respondents said that they saw a chaplain within 24 hours of arrival, significantly lower than the 51% comparator. Similarly, only 53% of respondents said they could speak to a religious leader in private if they wished to, against the comparator of 59%. However, Muslim respondents were more positive than non-Muslims about respect for their religious beliefs, at 90% against 55%. The chaplaincy had given staff very comprehensive advice on the observance of Ramadan, and we were told this had helped to ensure their sensitivity to and awareness of the needs of Muslim prisoners then.
- 5.41 Chaplaincy facilities were good and included a spacious chapel, a world faith room – which the Muslim chaplain said was sufficient for Muslim prayers – and a properly furnished meeting room.

Recommendation

- 5.42 The chaplaincy should provide more faith-based activity in addition to weekly services.

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.

- 5.43 Access to time out of cell was reasonable, and most prisoners were unlocked for more than nine hours a day. Core day routines were properly adhered to, with good access to association and exercise, although take up of exercise was poor.
- 5.44 The prison reported an average time out of cell figure of about 10.5 hours a day. However, prisoners on house blocks 6 and 7 had better unlock arrangements, which would have inflated the average figure. For example, prisoners on house block 7 were not locked in cell during meal times, and those on house 6 were never locked in cell and effectively subject to a semi-open regime. For the majority of prisoners, the maximum time available out of cell, according to the published core day, was nearer 9.75 hours, just short of our expectation of 10 hours. In our survey, only 10% of respondents said they spent 10 or more hours out of cell, which was significantly lower than the 18% comparator.
- 5.45 The evidence suggested that adherence to core day routines was reasonable, and we noted that movement to activity was monitored and recorded daily. Managers were visible during movement times, which helped to reinforce the importance of this aspect of the daily routine. This discipline in the application of the core day also reassured us that prisoners had plenty of free time to access amenities such as telephones and showers.
- 5.46 Access to time in the open air was available at 11.30am each day, and at 4.30pm during the summer. We observed some delays in unlocking the exercise yards. The morning exercise

took place at the same time as the serving of meals and appeared to be unsupervised. Our observations suggested that take-up of exercise was limited, and this was confirmed in our survey, in which only 45% of respondents, significantly lower than the 50% comparator, said that they went out on exercise three or more times a week. Some of the exercise yards were small and had only limited outdoor furniture.

- 5.47 Access to evening association was good and was available four evenings a week. Prisoners were unlocked for up to one hour and 40 minutes, according to the core day, and evidence suggested it was rarely cancelled. In our survey, 87% of respondents said that they could go on association more than five times a week, which was significantly better than the 74% comparator.

Recommendation

- 5.48 **All prisoners should be allowed 10 hours or more out of their cell every day.**

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 Intelligence management systems were good and were based on the national intelligence model. This model ensured strategic management oversight of and responsibility for identified priorities. Security was balanced and proportionate. The management of recategorisation procedures was generally good.

Security

- 6.2 The security department was managed by the head of operations. Staffing included a principal officer, three senior officers and 12 prison officers, although there were currently two vacancies. The department was responsible for the two dog handlers, and two active and two passive dogs were in operation. A new police intelligence officer took up post during the week of the inspection.
- 6.3 The prison had adopted the national intelligence model in April 2008 as part of a West Midlands area pilot. As a result, the department had established a separate intelligence unit staffed by a full-time intelligence officer and a full-time clerk. Senior managers had worked with the police to identify five key strategic intelligence priorities, and the management and oversight of each priority was allocated to a senior manager.
- 6.4 An average of 342 security information reports (SIRs) were received each month from a range of departments. They were processed in a timely and effective manner by the intelligence officer, who was a trained analyst. The majority of SIRs in the previous six months related to drugs and threats.
- 6.5 The monthly security committee was chaired by the deputy governor and was reasonably well attended. Under the national intelligence model, meetings were structured into three levels – unrestricted, restricted and confidential. The full membership attended the unrestricted meeting, which addressed procedural and physical security considerations, monitored and analysed trends identified in SIRs, reported incidents, adjudications and the number and location of general and fire alarm bells activated. A summary of this information was shared electronically with all staff each month. The restricted and confidential meetings had a smaller, discrete membership and facilitated the active development and assessment of all intelligence, including that related to professional standards. These intelligence management systems ensured the prison was alert and responsive to the challenges it faced.
- 6.6 Routine and intelligence-led searching was primarily the responsibility of wing staff, and local searching targets were met. Approximately 500 staff had received comprehensive security awareness training in June 2008, and managers felt this had contributed to an improvement in

searching procedures. The department had sound systems for recording searching finds, and records indicated there had been 13 finds of fermenting liquid (hooch) in the previous six months. Most other illicit items found in the same period were mobile telephones and drugs. The published searching strategy required all full searches to be recorded.

- 6.7 Eighteen prisoners were subject to closed visits at the time of the inspection. These arrangements were reviewed each month by the head of operations, but were not discussed at the security committee meeting. The department had developed good relationships with the local police to address the prison's drug supply reduction action plan.
- 6.8 The security department contributed appropriately to a range of risk assessments, including allocation to activity and recategorisation applications and reviews. The intelligence analyst attended the work allocation board, but final decisions did not rest with the department. Staff managed the conduct of prisoners during association and movement around the prison in a relaxed way, but this was generally orderly. Security measures and procedures were balanced and proportionate for the population.

Rules

- 6.9 Rules of the prison were outlined in the induction booklet. Only prisoners on house blocks 6 and 7 signed a separate compact that included an explanation of the rules.

Categorisation

- 6.10 Since April, 432 prisoners had been considered for category D status. Approximately 27% (119) had been successful. The management of recategorisation was generally good. All cases due to be considered were subject to risk assessment by one of only three staff, including the deputy head of offender management, which ensured a generally consistent approach. Appropriate staff, including offender managers and supervisors, prepared reports, and boards were run regularly. Prisoners were informed of recommendations at the time of the board. There were good systems to manage transfers to open conditions, and prisoners could identify their preference. At the time of the inspection, 23 prisoners were waiting for a category D transfer.

Recommendations

- 6.11 The number of prisoners on closed visits should be monitored and reviewed at the security committee meeting.
- 6.12 Prisoners should sign a compact during their induction programme that includes clear guidance on the prison rules.

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.

6.13 The recently introduced adjudications standardisation meeting was beginning to collate and analyse comprehensive data. The number of adjudications referred to the independent adjudicator was high and in some cases inconsistent, resulting in significant disparities in awards for similar offences. Use of force was relatively low and documentation was completed to a reasonable standard. There was evidence that de-escalation was used in most cases, but it was not clear that force was used as a last resort in some incidents. The care and separation (segregation) unit was very clean. The regime was limited, but in-cell work and education were available. There was limited data to analyse and monitor the use of the unit. Weekly reviews were high standard, with positive prisoner engagement.

Disciplinary procedures

- 6.14 There had been 1,457 adjudications in 2007 and 922 in 2008 to date. The most frequent charges were for possession of an unauthorised article, disobeying a lawful order, and positive mandatory drug testing (MDT) results. Adjudications were heard in a suitably furnished room in the care and separation unit (CSU). The adjudication waiting room had a television and reading material.
- 6.15 The prison had introduced an adjudication standardisation meeting, which had met on two occasions before the inspection. The meeting was reviewing comprehensive adjudication data to identify and monitor trends. The data included the charges laid, location of offence, outcome and range of punishments awarded. The meeting had also introduced a system of reviews of completed adjudications to provide feedback to adjudicators.
- 6.16 In the adjudications we observed, prisoners were addressed respectfully, given the opportunity to participate fully, and provided with writing materials. In the sample of completed adjudications we reviewed there was evidence that charges were fully investigated and cases were adjourned appropriately for the presence of witnesses or to allow the prisoner to seek legal advice. A reasonable number of adjudications were dismissed each month. Adjudications were heard in a timely manner, and only a few were outstanding at the time of the inspection.
- 6.17 Approximately 30% of adjudications in 2008 were referred to the independent adjudicator, which was a high rate. The majority of referrals were for positive MDT results. Our analysis of data from the adjudication clerk showed that in a six-month period in 2008, 110 prisoners received 2,341 additional days in custody as a result of these referrals. We also found evidence of some inconsistency in the referral of charges, which resulted in a significant disparity in awards for similar offences. For example, in September 2008, one prisoner had received an award from an adjudicating governor of seven days' stoppage of earnings at 50% and seven days' exclusion from work for possession of a fermenting liquid. In the same month, the independent adjudicator had awarded a prisoner an additional 23 days in custody for the same offence.

The use of force

- 6.18 Use of force was relatively low. There had been 77 recorded uses of force in 2007, and 51 incidents in the first nine months of 2008, of which 36 had involved the use of control and restraint (C&R). Of the 15 cases that involved use of restraints only, the reasons for their use were not always clearly recorded in the use of force paperwork. The prison had six C&R instructors, and 95% of staff were trained in the use of C&R techniques.

- 6.19 Use of force paperwork was generally completed to a reasonable standard. In most cases, officers' descriptions of the incident were full and demonstrated efforts at de-escalation. However, in a few cases, the documentation we examined did not completely assure us that force was used as an absolute last resort.
- 6.20 Following a use of force, a log number was issued from the CSU. The supervising officer was responsible for collating all necessary paperwork. Completed injury to inmate forms (F213s) were filed appropriately with use of force paperwork, but a few appeared to indicate that the prisoner had not been seen by a member of healthcare staff until some days after the incident.
- 6.21 Planned removals had not been routinely videoed, but we were told that under a new protocol all future incidents would be recorded.
- 6.22 The special cell had been used seven times in 2007 and only once in 2008 to date, for approximately 20 minutes. Special cell authorisation paperwork was completed satisfactorily.
- 6.23 A use of force meeting chaired by the deputy governor had been introduced in 2008, and the second meeting, in October 2008, had been attended by a member of the Independent Monitoring Board. The meeting was still developing its role, but had begun to collate and monitor data on the use of force to inform its work.

Segregation unit

- 6.24 The care and separation (segregation) unit (CSU) was very clean. There were 11 cells over two landings and one special cell. Two cells had in-cell electricity, and two were designated reduced risk cells. There were three residents in the unit during the week of the inspection; one was serving an award of cellular confinement and two were located there under good order or discipline (GOOD). All three residents spoke positively about their interaction with staff in the unit and access to regime facilities.
- 6.25 All staff were specially selected to work in the unit and were required to be trained in basic C&R techniques. There was no mentor or peer support system. Staff training records were readily available in the unit. Although CSU staff had not received training in mental health awareness, this was due later in the year. A poster with the names and photographs of CSU managers and staff was incomplete, and displayed in an area of the unit to which prisoners had no access.
- 6.26 Prisoners arriving on the unit were risk assessed to determine whether they were strip searched. The outcome of the risk assessment and level of search conducted were recorded in the prisoner's CSU file. The unit regime was displayed on notice boards and in each cell. Prisoners had daily access to telephones and showers. The unit had one exercise area, which was austere with no landscaping or seating. However, subject to a risk assessment, prisoners could use the yard in pairs. The regime was limited, but prisoners could access some in-cell work and education, and were able to visit the gym for one session each week as a group. Prisoners undertaking offending behaviour work could continue to attend courses while in the unit.
- 6.27 Personal officers could visit their prisoners in the unit, and the name of each prisoner's personal officer was recorded on the unit roll board. However, the only evidence of personal officer contact we saw recorded in unit files was when the personal officer of a prisoner located there had been working in the unit providing cover. Unit files entries were regular, but many were observational and few demonstrated positive engagement with the prisoner. Unit staff

were aware of a prisoner's incentives and earned privileges (IEP) status and actively assessed their suitability for their current IEP level. Care plans were not used, but prisoners were referred for a mental health assessment when they had been in the unit for 10 days.

- 6.28** The information collated to monitor and analyse the use of the CSU was limited. There was no segregation monitoring and review group, and the prison did not produce a quarterly report. Our analysis of the data available showed that, in the previous three months, the average roll of the unit was five prisoners. During this period, only a few prisoners were located in the unit in their own interests. Most were in the unit under GOOD, with an average length of stay of 10 days. The majority of these prisoners were transferred to other establishments.
- 6.29** Safety algorithms were completed on prisoners in the unit and weekly multidisciplinary reviews were held. Reviews were attended by the prisoner, unit staff, the Independent Monitoring Board (IMB) and healthcare. Governors shared the responsibility for chairing reviews, and each prisoner in the unit was allocated a governor responsible for their time in the unit and preparations for moving on. The reviews we observed were a very high standard, with positive prisoner engagement and appropriate challenging of behaviour. Behaviour targets were set as a result of reviews.

Recommendations

- 6.30** The adjudications standardisation meeting should develop clear guidance regarding cases referred to the independent adjudicator to ensure that referrals are consistent and proportionate, and acknowledge the impact of awards on prisoners individually and generally.
- 6.31** The use of force committee should review all use of force incidents to consider the legitimacy of the action, and to act on any lessons learned or training needs identified.
- 6.32** All planned removals should be videoed and viewed by the use of force committee to monitor the practice of staff and identify areas for improvement.
- 6.33** A member of healthcare staff should see all prisoners involved in a use of force incident as soon as possible after force is removed, and record their findings on the injury to inmate form (F213).
- 6.34** Where handcuffs are used, the evidence to support their use should be clearly recorded on the use of force paperwork.
- 6.35** Personal officers should visit their prisoners while they are in the care and separation unit (CSU), and these visits should be recorded in their CSU file.
- 6.36** Wing file entries for prisoners in the CSU should demonstrate positive engagement by staff.
- 6.37** Clear records of the use of the CSU, including the number of prisoners located there, the reasons why and the length of their stay, should be collated, monitored and analysed by the senior management.

Housekeeping point

- 6.38 Details on the poster about care and separation unit (CSU) personnel should be complete and up to date, and it should be displayed in an area accessible to 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.

- 6.39 The incentives and earned privileges (IEP) scheme was well publicised on residential units. There were few prisoners on the basic level. Reviews were held within the required timescales, but staff did not use the review pro forma in the published policy. There were no effective quality assurance arrangements, and practical application of the scheme did not always reflect the written strategy.
- 6.40 The incentives and earned privileges (IEP) scheme had been revised in April 2008. The scheme was well publicised on residential unit notice boards. Although the published policy outlined the aim of the scheme as encouraging progression and positive engagement with the regime, residential managers had identified that staff did not use the IEP scheme to best effect to motivate prisoners and reward and encourage good behaviour. There was little reference to prisoners' sentence plan targets in wing files and, although behaviour warnings were issued for refusals to attend allocated activities, there was little evidence that the reasons for such refusals were explored and addressed. A further review of the scheme was planned.
- 6.41 The prison operated a three-tier traffic light warning system – green, amber and red warnings could be recommended by any member of staff. Once a prisoner had been recommended for a warning, the residential unit senior manager was informed and issued the warning, including the targets required to improve behaviour. We saw some warnings that did not include targets for improvement. Warnings remained in force for one month from the date of issue. Any prisoner receiving a red warning was referred to a review board.
- 6.42 The scheme was understood by staff and prisoners. However, the practical application of the scheme did not always adhere to the published policy. For example, we found little evidence that wing managers recorded IEP reviews on the published pro forma. The outcome of reviews was more commonly recorded in prisoners' wing files. Such entries did not refer to who was present at the review, whether the prisoner attended or made written representations, and whether he was informed of his avenue of appeal.
- 6.43 There were 10 prisoners on the basic level of the scheme during our inspection. Those prisoners we spoke to said they had not attended the IEP review board and were not aware of any behaviour targets set at the review. Prisoner records did not indicate that staff engaged directly with prisoners on the basic level to motivate them to improve their behaviour. Wing files showed that reviews of prisoners on the basic level generally took place within the timescales outlined in the policy, and that they did not appear to spend long periods on the basic level.

- 6.44 Apart from those on basic level, approximately half of prisoners were on the enhanced level and half on the standard level. The main differentials between three levels were increases in access to private cash, visits, time unlocked, access to in-cell television and items on the facilities list. Prisoners could retain their enhanced status on transfer into the prison, and we saw evidence of this recorded in wing files.
- 6.45 Prisoners on the standard level could apply through their personal officer or wing staff to be considered for enhanced status provided they met the published criteria, which included having had no adjudications or failing a voluntary drug test (VDT) in the previous three months. Prisoners told us applications for enhanced could take some time to process. The published policy did not stipulate if or when routine reviews of a prisoner's IEP status would be conducted. Some wing files were stamped to record a prisoner's arrival date at Featherstone and the date their six-week IEP review was due. However, in many files this information was not complete, and where a review date had been stipulated there was no evidence in the wing files that the review had been conducted.
- 6.46 Prisoners on the enhanced level could apply to be considered for the enhanced unit on house block 6. Waiting lists for house block 6 were managed by residential staff, and all applications had to be approved by the security department. Prisoners on the unit had more time out of cell than those on enhanced level located elsewhere in the prison. Prisoners were required to sign a separate compact, which stated that their location would be reviewed in the event of an adjudication. Staff told us that prisoners placed on adjudication were removed from the unit. This seemed to be a matter of routine, rather than based on a staff review of their individual circumstances.
- 6.47 Although the published policy contained an IEP monitoring form, group managers did not routinely complete and return these. The absence of robust quality assurance arrangements and effective monitoring meant that senior managers did not have the information to assure themselves that the scheme operated equitably and effectively across the prison.

Recommendations

- 6.48 Entries in wing history sheets should consistently demonstrate the use of the incentives and earned privileges (IEP) scheme as a motivational tool to encourage prisoners to engage with regime interventions and sentence plan targets.
- 6.49 Prisoners on the basic level of the scheme should be set behaviour improvement targets, and staff should demonstrate they are actively monitoring behaviour through daily wing file entries.
- 6.50 Prisoner applications for the enhanced unit should be logged and tracked to ensure they are processed in a timely manner.
- 6.51 Prisoners on house block 6 who receive an adjudication should not be removed automatically.
- 6.52 There should be a robust quality assurance and monitoring system for the IEP scheme.

Housekeeping point

- 6.53 Wing managers should always record incentives and earned privileges (IEP) reviews on the published pro forma.

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 Kitchen facilities were reasonable, but needed deep cleaning. Prisoners were unhappy with the quality of food, which we considered average. Food distribution was well managed by wing food representatives. Lunch was served early. Prisoners could now dine in association.
- 7.2 The kitchen employed approximately 30 prisoners full time, and a catering manager, two deputies and five other staff. Prisoners who worked in the kitchen could attend education or other scheduled appointments.
- 7.3 The kitchen was medium sized and had several separate storage areas. Although it was deep cleaned twice a year, the floor was grubby in places. Food was transported to the wings in heated trolleys, and was sometimes stored there beyond the required 45-minute limit. There was evidence that temperature checks were taken regularly. All servery workers wore kitchen whites, but not all prisoners wore hats and not all staff behind servery counters wore protective clothing. Serveries were very clean, and had separate storage for halal utensils.
- 7.4 Lunch was served from 11.45am, which was too early, although the evening meal was served from 5.45pm. Breakfast packs of cereal were distributed for a week in advance, but milk was issued the previous evening and kept in cells without proper storage.
- 7.5 A three-week rolling menu appeared to cater for all diets, and had a reasonable range of culturally diverse dishes. Consultation with prisoners had primarily been through the prisoner council meetings, but there had been a recent catering meeting with catering staff and wing representatives. This consultation had been introduced, as response rates to a food survey earlier in 2008 had been low. It was difficult to see from the notes of the meeting how changes to the menu would be conveyed to prisoners on wings.
- 7.6 Food representatives had been appointed on each wing and were responsible for ensuring prisoners received the correct meal. This process ensured that meal queues were well managed. Portion control operated, but entries in food comments books gave regular examples of insufficient food. The kitchen usually dealt with these instances quickly. Wing representatives also recorded regular comments about food quality and portions in the wing food comments books, and kitchen staff reviewed these regularly.
- 7.7 The food we sampled was of average quality, but some was tepid or affected by having been on a heated trolley for too long. In our survey, only 27% of respondents said that the food was good, against a comparator of 33%, although foreign national and Muslim respondents were more favourable. Black prisoners had been involved in the preparation of several Caribbean dishes for a black history event during our inspection. Gym food packs with sandwiches, yoghurt and crisps were available for prisoners who went to the gym. There were many displays about healthy eating and good nutrition around the prison.

- 7.8 Since our last inspection, the prison had introduced the facility for a few prisoners to dine in association on most wings. Prisoners used this facility, but some dining areas had chairs on tables, which was unwelcoming.

Recommendation

- 7.9 The kitchen should be deep cleaned at the earliest opportunity.
- 7.10 Lunch should be served from noon onwards.
- 7.11 Milk for cereal should be issued on the day of use and stored in chilled conditions.
- 7.12 Catering staff should provide feedback to prisoners when menus change as a result of consultation.
- 7.13 Prisoners and staff working behind servery counters should wear hats and protective clothing.
- 7.14 Dining areas should be laid out in a way that encourages prisoners to dine in association.

Prison shop

Expected outcomes:

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

- 7.15 There was generally a wide range of items in the prison shop, but black and minority ethnic prisoners complained that the range was not diverse enough to meet all their needs.
- 7.16 The prison shop was managed by Charles Fellows, but the contract was due to be switched to DHL in January 2009.
- 7.17 Weekly orders from prisoners were processed, bagged and delivered to them on their residential units. The delivery of orders was well managed. Any complaints with orders were dealt with at the time they were made, and prison staff monitored outcomes to ensure that ongoing problems were resolved. All new arrivals were offered a smoker's or non-smoker's pack in reception. Prisoners could also order a range of items from mail order catalogues that were available on the residential units.
- 7.18 Shop order forms listed 325 items, and a list of goods that prisoners could order was published on all residential units. Although the range of items was varied and included a variety of food and cosmetics, it did not fully reflect the diverse needs of the prisoner population. Prisoners from black and minority ethnic groups complained that there were not enough skincare and food products to meet their needs. In our survey, only 31% of respondents, against a comparator of 49%, said the shop sold a wide enough range of goods to meet their needs.

Recommendation

- 7.19 The range of goods available in the prison shop should reflect the diverse needs of the prisoner population.

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 There was a comprehensive reducing reoffending document, supported by annual needs assessments and appropriate strategic meetings.
- 8.2 A detailed reducing reoffending action plan had been updated in September 2008. The document was closely linked to the equivalent West Midlands area document and identified objectives under each of the seven resettlement pathways. The document was supported by an annual needs analysis, centred on the seven pathways, conducted by the psychology department. There were specific targets and development objectives for each area of the strategy, including the offender management unit (OMU) and each pathway, which were closely monitored.
- 8.3 Two separate, but related, meetings supported the overarching strategy. The offender management/reducing reoffending strategy group met bi-monthly, with good attendance and representation. Minutes indicated detailed discussions and clear action points with named leads. The monthly pathways meeting, chaired by the resettlement manager and attended by pathways leads, supported this group. It monitored developments against objectives and fed into the strategic meeting.
- 8.4 Although 57% of the population were serving sentences of more than four years, an average of 24 prisoners a month were released into the community. There was a reasonable system to ensure resettlement needs were identified and addressed before release. The resettlement department saw all new arrivals during induction for an initial screening assessment. The assessment focused on each of the pathways and, where specific needs were identified, referrals were made to appropriate departments. However, assessments were not copied to the OMU, and offender supervisors did not necessarily know what work might be undertaken by other departments. Three months before their release, prisoners were interviewed to assess current resettlement needs, and referrals could be made. These interviews were compulsory and refusal to attend could lead to an incentives and earned privileges (IEP) warning. Although the primary focus of these pre-release assessments was on training and employment, other pathways were also covered.
- 8.5 Despite these arrangements, in our survey significantly fewer respondents than the comparators knew who to contact at the prison about nearly all resettlement areas, although significantly fewer than the comparators said they would have problems on release. There was a reasonable amount of information about pre-release provision on most notice boards, but there was no handout or booklet with such information for prisoners on reception or pre-release.
- 8.6 There was a monthly resettlement clinic for prisoners close to release to pick up any relevant issues. Prisoners had at least two opportunities to attend these clinics before release.

- 8.7 The resettlement team had recently begun pre-release exit interviews to establish the usefulness of provision and areas for improvement. These had yet to be collated and analysed. Questionnaires were also sent to community offender managers, but only one had been returned to far.

Recommendations

- 8.8 Initial resettlement assessments should be copied to the offender management unit (OMU).
- 8.9 New arrivals should be given written information on the provision available under each resettlement pathway.
- 8.10 Pre-release questionnaires should be analysed and their results used to inform the needs analysis and resettlement strategy.

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 Offender management was appropriate, but there was no individual case allocation. Lifer management had been introduced recently and was appropriate, and public protection arrangements were adequate.

Sentence planning and offender management

- 8.12 At the time of our inspection, all but one of the 675 population were serving sentences over 12 months and therefore subject to the offender assessment system (OASys) and sentence planning. Thirty-eight per cent (262) were in scope for offender management phase two, and were managed by one of the nine offender supervisors in the OMU, all of whom were officer grades.
- 8.13 A policy on offender management, supporting the role of the offender supervisors, had been in place since August 2008. The policy was comprehensive and gave details on the supervisor role, key functions and examples of good practice. There were good links between OMU and offender managers in the community for prisoners in scope, facilitated by the management of cases by four geographic areas. While this model improved relationships with offender managers, offender supervisors were not allocated specific prisoner responsibility. For example, prisoners in the West Midlands could be handled by four different offender supervisors, which reduced continuity and could lead to confusion.
- 8.14 Because there was no individual case allocation, the role of offender supervisors remained unclear. Offender supervisors described their role as mainly to be supportive to prisoners and act as a conduit between them and offender managers. Each wing had a weekly offender supervisor surgery for each geographic area. Contact between offender supervisors and prisoners was rarely planned, and casework notes gave little indication of offender supervisor

engagement to assess or address risk factors, rather than to deal with practical issues or respond to queries. Liaison with between offender supervisors and personal officers to assess prisoner behaviour on the wings was rare. The frequency of contact with prisoners also varied, and in some cases there had been none for several months.

- 8.15 Prisoners not subject to offender management had effectively annual contact with the OMU. Cases were allocated proportionally, with approximately five new cases a month for each offender supervisor. There was no continuity, and offender supervisors did not necessarily see the same prisoner again. Sentence planning meetings usually included just an offender supervisor and probation service officer, and no one had specific responsibility to encourage or support the completion of objectives. Personal officers rarely attended sentence planning boards (see recommendation 2.41).
- 8.16 There was a basic quality assurance system. The executive officer for the OMU quality assured all OASys reports, and the head of offender management checked at least 10% a month. At the time of the inspection, there were no outstanding OASys assessments. Bi-monthly meetings between the unit executive officer and each offender supervisor also offered some support, but tended to focus on general issues. There was no wider work, such as checks on the level and quality of contact, or quality assurance system similar to that planned for personal officers (see paragraph 2.38). There were also no regular team meetings to review cases or consider wider team development.
- 8.17 There were appropriate systems to manage home detention curfew (HDC) and release on temporary licence (ROTL). Thirty of the 58 boards for HDC since April 2008 (52%) had been granted. Of the 50 prisoners who had applied for ROTL, six had been successful.

Public protection

- 8.18 Public protection arrangements were generally appropriate. All new arrivals had an initial public protection screening review within their first fortnight. Where appropriate, they were reviewed subsequently through the monthly risk management team meeting. The public protection clerk compiled very comprehensive reports for each individual to be reviewed, and minutes from the meetings indicated that there were reasonably comprehensive systems to ensure cases were appropriately managed. The information from meetings relayed to offender supervisors was inconsistent. A new key worker contact log allowed different departments to update one file per prisoner, but had yet to be consistently implemented.
- 8.19 At the time of the inspection, there were 388 prisoners subject to some public protection management. There were 48 prisoners subject to mail and telephone monitoring, including eight subject to full restraining orders.

Indeterminate-sentenced prisoners

- 8.20 The prison had a maximum allocation of 30 life sentenced prisoners, of whom there were 27 at the time of the inspection, and 46 on indeterminate sentence for public protection (IPP). Although only the latter group met the criteria for allocation to offender supervisors under phase three of offender management, it had been decided, appropriately, to include all indeterminate prisoners in the model. As with other OMU cases, allocation was to one of the four geographical groups and not to individuals. The OMU had only recently taken over this responsibility, and many indeterminate-sentenced prisoners felt this was a positive move.

- 8.21 Each wing had identified lifer and IPP representatives to support new indeterminate-sentenced prisoners on the house blocks, represent them at monthly forums, and liaise with OMU in taking forward their specific concerns. Lifer representatives we spoke to were reasonably positive about their experiences. A new newsletter had been launched in the previous month, and there were plans for a lifer family day.
- 8.22 The probation and psychology departments provided some one-to-one work, although the numbers engaged were low, at only three in the previous six months. The probation department consisted of only a proportion of one senior officer, who covered three other establishments in the area, and 1.5 officers along with a probation services officer. The department offered some victim awareness work, but there had been only two cases of these in the previous three months. There was no chartered psychology support to supervise individual work.

Recommendations

- 8.23 Offender supervisors working within the geographical area teams should be allocated specific cases for whom they are responsible. This should include indeterminate-sentenced prisoners.
- 8.24 There should be an effective quality assurance scheme for the offender management unit (OMU), which extends across all its work.
- 8.25 Offender supervisors should engage with prisoners to assess and address identified risk factors, and this should be reflected in records of contact.
- 8.26 Contact between offender supervisors and prisoners should be regular and as frequent as their need determines.
- 8.27 The role of personal officers in relation to the OMU should be clearly defined, especially for prisoners not subject to offender supervisor support.
- 8.28 Information from the risk management meetings should be clearly relayed to offender supervisors.
- 8.29 There should be appropriate psychology staff support to enable necessary one-to-one work.

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

- 8.30 Provision for prisoners being released to the community was generally good. Accommodation and debt provision was reasonably comprehensive, and there was a good range of training and education. Healthcare support was well integrated.

Accommodation

- 8.31 A full-time dedicated housing support worker from the Depaul Trust had been at Featherstone for two years. A good range of support and guidance was provided, and there was evidence of extensive community links. Work had recently been established with a network of private landlords in the West Midlands. Where appropriate, supported housing on release could be arranged.
- 8.32 Two prisoner orderlies had been employed specifically to offer prisoners housing support and guidance. They had an impressive knowledge of national housing policy and local initiatives. As well as providing support with housing applications and guidance on where to get help, they offered specific sessions to prisoners with limited literacy skills.
- 8.33 Approximately 40 prisoners on average were seen each week, primarily by appointment. In the six months since April 2008, five prisoners had been released with no fixed address (NFA), but an accommodation rate of 96% had been achieved. Prisoners released without immediate accommodation were given an NFA pack that included specific advice and guidance.

Education, training and employment

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

- 8.34 The prison provided a good range of education and training programmes, which focused on employability skills and resettlement. These included engineering contract workshops and construction courses where prisoners developed good standards of practical work. Short courses were offered in food hygiene, parentcraft, budgeting and financial management, healthy living and preparation for employment.
- 8.35 Very effective partnerships with local colleges and private training providers offered a mix of training and assessment towards accredited qualifications for employment. Over the last three years, Stoke-on-Trent College had been working on a reconstruction project that helped prisoners released to North Staffordshire and Birmingham into employment. It also provided mentor support for other resettlement needs, such as housing. Since April 2008, 27% of discharged prisoners had gone into employment and 11% into training.
- 8.36 Information, advice and guidance (IAG) was strong throughout the prisoner's sentence. The IAG provider, In Training, worked well with the education provider, Derby College, to offer an accredited preparation for employment modular course. This was accessible to all prisoners at any time during their sentence. A job club also provided support. Employers sometimes visited the prison to help with job fairs.

Finance, benefit and debt

- 8.37 A full-time financial casework supervisor from Wolverhampton Citizens Advice Bureau was employed as the pathway lead. The worker also undertook the initial assessments of all new arrivals to establish any specific resettlement needs and make the necessary referrals.
- 8.38 Since April 2008, 132 new cases had been opened with debts totalling over £250,000. A wide range of support and advice was available, including direct advocacy. In the previous 12 months, three prisoners had been supported through the process of bankruptcy. In recent months, an agreement had been reached with Expedia to undertake free credit checks.
- 8.39 The education department had recently begun a budgeting and money management course. The programme had been run on six occasions since April 2008, and consisted of 30 hours' contact over two to three weeks.

Mental and physical health

- 8.40 Health services were integrated into the resettlement strategy and played a part in the resettlement clinics. Prisoners due to be released were aware of health services' input into the resettlement clinics. Prisoners were given assistance in finding a GP and told how to access other health services in the community. A leaflet issued at the resettlement clinic was easy to read and gave them useful information. All prisoners were expected to see the GP before their release. On release, they received a small health promotion pack that included condoms and useful telephone numbers.
- 8.41 There was no specific palliative care policy, but staff assured us that they could work with palliative care services in the community if required. However, it was unclear whether there was a formal arrangement for the transfer of a prisoner requiring 24-hour health services to another suitable prison.
- 8.42 The mental health in-reach team organised a multidisciplinary team meeting for patients known to them who were due to be released. Where possible, this included the community mental health team from the area where the prisoner was due to be released.

Recommendation

- 8.43 There should be a formal arrangement to ensure the continuing care of prisoners requiring 24-hour health services on release.

Good practice

- 8.44 *Health services staff made good efforts to ensure that prisoners were able to access health services on release.*

Drugs and alcohol

- 8.45 An integrated drug and alcohol strategy had been developed, which was well managed and coordinated. Prisoners could access a wide range of interventions, but alcohol services were insufficient to meet the needs of the population.
- 8.46 The head of offender management was in charge of the drug and alcohol strategy. Her deputy chaired monthly substance misuse meetings, at which relevant departments were represented. A dedicated drug strategy/integrated drug treatment system (IDTS) principal officer had been appointed to implement and monitor strategy initiatives, and this worked well, although this role was temporary. There were good links with local drug action teams and drug intervention programmes (DIPs).
- 8.47 The drug and alcohol strategy policy documents were comprehensive and had action plans and performance measures, but action plans required updating. Different departments carried out separate annual needs analyses for the alcohol and drug strategies, as well as voluntary drug testing (VDT). There was no combined analysis to inform one overall substance misuse policy and help the prison to integrate services.
- 8.48 Prisoners with drug-related problems could access a wide range of support, but alcohol services were less well developed. In our survey, 17% of respondents reported alcohol problems on arrival, against a comparator of only 6%. A further 3%, compared with 1%, said they had developed an alcohol problem while at the prison.
- 8.49 The prison had successfully piloted an intensive 30-session alcohol programme, but was not resourced to continue offering this. Since August 2008, prisoners could only access a two-day alcohol awareness course facilitated by the programmes department, as well as Alcoholics Anonymous self-help groups, which was not sufficient to meet the needs of the population. The counselling, assessment, referral, advice and throughcare service (CARATs) contract excluded work with primary alcohol users, and the team had to discourage referrals from other departments.
- 8.50 The CARATs team consisted of a senior practitioner and four workers from Inclusion. There were vacancies for a trainee and a CARATs officer post. There were appropriate management and supervision arrangements, and the service was well integrated into the prison. A duty worker system had been introduced to ensure that all new arrivals were seen within 24 hours (excluding weekends). The team offered weekly induction input and was due to exceed the annual target of 156 triage assessments.
- 8.51 CARAT and IDTS nurses worked closely together to offer an integrated service. CARAT staff referred clients requiring stabilisation and attended clinical reviews, and the teams met weekly to coordinate their work. Prisoners could undertake the full range of IDTS short groupwork modules, eight of which were run each month. These were co-facilitated by the IDTS healthcare assistant. One-to-one work was supplemented with in-cell packs.
- 8.52 The CARAT team's open caseload was 189 in October 2008; a further 173 files had been suspended. Case files evidenced good quality care plans. Once fully staffed, an evening drop-in session was planned to increase easy access to services. CARATs workers also offered support to prisoners on house block 4 as part of the reintegration regime. Prisoners could be referred to CARAT gym sessions, and workers had started offering information and support to family members at the visitors' centre.

- 8.53 In our survey, 89% of respondents knew who to contact within the prison for help with drug or alcohol problems, against a comparator of 82%. Of this number, 82% said they had received help (against a comparator of 73%), and 75% had found the help offered useful (against 67%).
- 8.54 A CARAT peer support scheme had been set up. Seven prisoners had been trained under this initiative, including those who had completed the P-ASRO (prison addressing substance related offending) programme (see below). They had monthly meetings and individual supervision to offer ongoing support.
- 8.55 There was a wide range of joint working protocols. CARATs had established good links with offender management, contributed to monthly resettlement clinics, and was represented at relevant multi-agency meetings. Some DIP workers visited their clients before their release, and Wolverhampton DIP also offered regular induction input to make prisoners aware of their services. In our survey, 73% of respondents knew who to contact about external drug or alcohol services, against a comparator of 52%.
- 8.56 CARAT staff could also refer their clients to the P-ASRO programme, which was well established. The team consisted of a treatment manager, two civilian facilitators and an officer. The drug strategy coordinator was the programme manager and the CARATs senior practitioner was the continuity and throughcare manager.
- 8.57 The P-ASRO programme had an annual target of 96 starts and 62 completions. In 2008, 60 prisoners had commenced and 53 had completed it by October. There was good institutional support, and care plans had improved in quality. The course was open to vulnerable prisoners, unless their movement was restricted. A pre-programme gym session provided a good opportunity for team building, but there were no ongoing P-ASRO gym sessions for participants. There were also no counselling services for those with complex needs.
- 8.58 P-ASRO facilitators worked closely with the CARAT team and offender supervisors, and family members frequently attended programme reviews. Prisoners due to complete the course told us they felt well supported by their key workers, but were not yet aware of the new peer support scheme.
- 8.59 All P-ASRO programme participants had signed compliance drug testing compacts and were tested three times during the five-week course. Enhanced prisoners on house blocks 6 and 7, peer supporters and workers were also compliance tested.
- 8.60 A VDT scheme operated independent of location. Altogether, 388 prisoners had signed compacts against a target of 300. The programme was well coordinated, and the required level of testing took place.

Recommendations

- 8.61 The drug strategy coordinator post should be permanent.
- 8.62 A comprehensive annual needs analysis should inform an integrated drug and alcohol strategy policy, which should include up to date action plans.
- 8.63 The establishment and the national interventions group should address the currently insufficient level of services for prisoners with alcohol problems.

- 8.64 Prisoners participating in the P-ASRO (prison addressing substance related offending) programme should have access to dedicated PE sessions and be made aware of the peer support scheme.

Good practice

- 8.65 *The drug and alcohol strategy was well managed and coordinated.*
- 8.66 *The counselling, assessment, referral, advice and throughcare service (CARATs) had trained a group of prisoners to act as peer supporters.*

Children and families of offenders

- 8.67 It was difficult for visitors to book visits, although they appreciated the good facilities in the visitors' centre. The visits rooms was large and clean. There was a children's play area, but this was not always available, and refreshment facilities were good, but needed more healthy options. Prisoners welcomed the enhanced family visits.
- 8.68 A new visits policy had been introduced earlier in 2008, and this highlighted requirements for staff and visitors. There had been two visitor surveys in the previous year and responses to most aspects of visits were favourable, except access to the visits booking line.
- 8.69 Prisoners received information on booking visits in their induction booklet. Families were required to book visits by telephone, but when we tried the line it was engaged on at least seven occasions. Visitors in the visitors' centre also reported problems in accessing the booking line. Visits could not be booked by email or in person at the visitors' centre or visits hall.
- 8.70 The visitors' centre was clean and welcoming and included a tea bar, indoor and outdoor children's play area, and toilets and baby changing facilities. Visitors, especially those who had travelled some distance, appreciated the fresh sandwiches available. Staff treated visitors respectfully and there were positive interactions. However, not all staff appeared to know about the facilities available for disabled visitors as outlined in the visits policy, including car parking and lift access. Two touch screen information points for visitors were due to be installed in the visitors' centre.
- 8.71 Visitors were called across to the visits room in blocks of six, which cut into the two hours of the visits period. A drug dog was usually present, and visitors had to walk past the dog before they were searched. Staff managed this process well.
- 8.72 The visits hall had capacity for 45 domestic visits and eight closed visits. The room was large and clean, and the closed visits area was behind frosted glass to ensure anonymity. Prisoners could have up to three adult visitors, and chairs were in a fixed position. The Friends of Featherstone volunteers and prisoners staffed a refreshments bar. This sold fresh tea and coffee and baby milk, but foods were mainly processed, sweets and biscuits. There was a children's play area, but this had limited toys and books, which were geared to younger ages, and, according to prisoners, it was often taped off. Trained play workers were not routinely available, but did participate in enhanced family visits. There were toilet facilities for visitors.

- 8.73 Enhanced family visits were offered to all prisoners who had completed the parentcraft course. These took place every six weeks and were longer and less formal than standard visits. Approximately 10 families at a time could benefit from these sessions, which encouraged play and positive communication between prisoners and their children. Sessions were planned and overseen by the family services coordinator.
- 8.74 The prison had benefited from the recent secondment of a family services coordinator who was part-funded by Wolverhampton Family Information Services and the Families do Matter project. Her prime focus had been to revitalise the enhanced family visits, and this had made a positive impact on the content and range of activities and support available. There was a link to the Bookstart programme, which was used to increase the literacy level of prisoners' children.
- 8.75 The coordinator could also offer advice to prisoners via the application process, and details of the service were well publicised on the wings. The prison was due to introduce a time for families course for prisoners and their partners, and had received 33 expressions of interest. The family support workers attended the monthly resettlement workshops to offer advice and direct prisoners to appropriate community groups on release.
- 8.76 There were developed plans to involve prisoners in a curriculum development programme in which the library stocked books for prisoners to support their children's school work. This positive initiative would enable prisoners to have greater understanding of their child's work in school and offer assistance and motivation.

Recommendations

- 8.77 Visitors should be able to book future visits while they are at the prison or by email.
- 8.78 Facilities for disabled visitors should be more widely promoted.
- 8.79 The prison should improve the speed at which visitors are taken across from the visitors' centre to the visits hall.
- 8.80 The children's play area in the visits hall should be supervised by play workers, routinely available to child visitors, and include a range of books and games for older children.

Housekeeping point

- 8.81 Healthy eating options should be available in the visits hall refreshments bar.

Attitudes, thinking and behaviour

8.82 There was a reasonably extensive range of accredited offending behaviour programmes, although waiting times remained long. There were also non-accredited programmes, but overall support and post-programme integration required further development. Work oriented to victims was underdeveloped.

- 8.83 A reasonable range of accredited offending behaviour programmes was available at Featherstone, including P-ASRO (see paragraphs 8.56-59), enhanced thinking skills (ETS), controlling anger and learning to manage it (CALM) and cognitive skills booster.

- 8.84** Although each programme achieved its identified annual completion target, substantial waiting lists remained. Because the prison prioritised access to the programmes on a range of criteria such as proximity to release and/or review (for lifers and IPP prisoners), some prisoners could wait up to two years to take part. Despite this, in our survey, 64% of respondents, significantly better than the comparator of 52%, felt offending behaviour programmes would help them on release. There were plans to increase the number of CALM and ETS programmes in 2009-10.
- 8.85** The prison had introduced some non-accredited effective regime programmes to fill some of the gaps in offending behaviour provision, identified in part by the most recent needs analysis. These included an alcohol awareness course (see paragraph 8.49), anger management, the relationship improvement programme (TRIP) and coping skills. The numbers starting these courses was relatively small, and the coping skills, TRIP and anger management courses had been run only once since April 2008. However, waiting lists for these groups were considerably shorter than for the formally accredited programmes. The effective regime programmes were a positive attempt to offer appropriate courses to meet need, but there were no post-programme meetings and we saw little indication of how this work was followed up by offender supervisors to aid the evaluation of risk and/or the need for further work.
- 8.86** There was little work on victim awareness. A victim awareness programme was being piloted during our inspection, but it was not certain that it would be delivered regularly. The probation and psychology departments provided some victim awareness work, but their staff numbers were low.

Recommendations

- 8.87** The number of accredited offending behaviour programmes should be extended to meet the needs of the population.
- 8.88** There should be detailed post-programme reports for non-accredited programmes that outline details of progress and identify further work, where appropriate.
- 8.89** Victim awareness provision should be extended to meet prisoner need.

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 The number of adjudications referred to the independent adjudicator should be reduced. (HP44)
 - 9.2 All incidents of bullying should be investigated. (HP45)
 - 9.3 There should be a strategy to address and improve prisoners' negative perceptions of staff. (HP46)
 - 9.4 A healthcare manager should be appointed as soon as possible. (HP47)
 - 9.5 There should be more opportunities for prisoners to progress to higher level education. (HP48)

Recommendation

To NOMS

-
- 9.6 The number of accredited offending behaviour programmes should be extended to meet the needs of the population. (8.87)

Recommendation

To the national interventions group and the Governor

-
- 9.7 The establishment and the national interventions group should address the currently insufficient level of services for prisoners with alcohol problems. (8.63)

Recommendations

To the Governor

First days in custody

-
- 9.8 Staff should be available to receive prisoners on to residential units as soon as they have been processed through reception. (1.15)

Residential units

-
- 9.9 Cells designed to hold one prisoner should not be used to hold two. (2.17)
 - 9.10 All double cells should have sufficient furniture for both occupants. (2.18)
 - 9.11 All in-cell toilets should be properly screened. (2.19)

- 9.12 The flooring and paintwork in house block 6 should be maintained to a reasonable standard. (2.20)
- 9.13 The published offensive displays policy should be consistently enforced. (2.21)
- 9.14 The number of telephones on house blocks should be increased to one per 20 prisoners. (2.22)
- 9.15 All prisoners should have the opportunity to wear their own clothes. (2.23)
- 9.16 Each house block should have a laundry facility. (2.24)
- 9.17 A clothing exchange policy should be introduced. (2.25)
- 9.18 Communal showers should be maintained in good condition, be well ventilated, and missing shower curtains should be replaced. (2.26)
- 9.19 All prisoners should be able to exchange sheets on a weekly basis. (2.27)

Staff-prisoner relationships

- 9.20 Managers should encourage staff to address prisoners by their preferred names and titles. (2.32)

Personal officers

- 9.21 Personal officers should retain responsibility for individual prisoners as long as they are on the wing, rather than by allocation to cells. (2.39)
- 9.22 Prisoners' risk factors and sentence planning targets should be available in wing files and understood by personal officers. (2.40)
- 9.23 Personal officers should attend sentence planning boards. (2.41)
- 9.24 Personal officers should attend reviews and be directly involved with their prisoners who are subject to anti-bullying or suicide prevention procedures. (2.42)
- 9.25 The quality assurance scheme for personal officers should be fully implemented. (2.43)

Bullying and violence reduction

- 9.26 Staff should record evidence of direct contact with bullies and victims in intervention logs and care plans. (3.10)
- 9.27 Reviews of violence reduction logs and care support plans should be formalised and should include all staff working with the bully or victim. (3.11)
- 9.28 Safer custody and healthcare staff should work more closely to ensure that all unexplained injuries are evaluated. (3.12)
- 9.29 There should be regular staff training in safer custody. (3.13)

- 9.30 There should be a formal induction and training programme for the safer custody coordinator. (3.14)
- 9.31 Violence reduction paperwork should be streamlined to assist staff in its completion. (3.15)

Self-harm and suicide

- 9.32 More direct contact with prisoners should be evidenced in assessment, care in custody and teamwork (ACCT) documents. (3.21)
- 9.33 Night observations should take place at irregular intervals. (3.22)
- 9.34 ACCT reviews should be multidisciplinary. (3.23)
- 9.35 There should be formal quality assurance processes for ACCT. (3.24)
- 9.36 There should be sufficient Listeners for the establishment, and succession planning arrangements for training should be scheduled. (3.25)

Diversity

- 9.37 There should be an assessment of the impact of local policies on older prisoners. (3.32)
- 9.38 There should be a protocol or strategy, based on a comprehensive needs analysis, for the management of older prisoners. (3.33)

Race equality

- 9.39 The prison should investigate the reasons for the negative perceptions by black and minority ethnic prisoners of their treatment by staff, and put in place a strategy to address these perceptions. (3.45)

Foreign national prisoners

- 9.40 The role of the legal services officer and the legal services available should be explained during induction. (3.54)

Applications and complaints

- 9.41 Application logs should record the date of completion. (3.62)
- 9.42 Applications should be responded to promptly. (3.63)
- 9.43 There should be separate healthcare application forms. (3.64)
- 9.44 Prisoners should be informed of the required timescale for responses to complaints. (3.65)
- 9.45 Complaints should not be marked as closed until final responses have been received from all departments involved. (3.66)

- 9.46 Responses to complaints should be personalised and polite, and attempt to resolve the issues raised. (3.67)
- 9.47 Prisoners should be advised of the primary care trust complaints processes. (3.68)
- 9.48 Quality assurance of complaints should be more robust and independent. (3.69)
- 9.49 There should be a more detailed analysis of complaints, and areas that are frequently highlighted, such as property, should be improved. (3.70)

Legal rights

- 9.50 The legal services officer should see all new arrivals. (3.78)
- 9.51 Staff should only open mail from solicitors or legal advisers in the presence of the prisoner. (3.79)

Substance use

- 9.52 Integrated drug treatment system (IDTS) nurses should have access to regular clinical supervision and undertake training in the management of substance misuse. (3.92)
- 9.53 The level of clinical input should be increased to meet current and future demand for the service. (3.93)
- 9.54 IDTS staff should have easy access to patients' full clinical records. (3.94)
- 9.55 Clinical reviews should be carried out in a suitable environment, such as the GP surgery room in the health services department. (3.95)
- 9.56 The IDTS team should have administrative support and access to an IT system to improve record keeping and service monitoring. (3.96)

Vulnerable prisoners

- 9.57 There should be regular reviews of prisoners on the reintegration programme. (3.102)

Health services

- 9.58 Health services staff need to be integrated into the prison so that they are aware of how their systems, processes and actions impact on the regime and individual prisoners. (4.51)
- 9.59 The action points identified in the infection control audit of May 2008 should be undertaken expeditiously. (4.52)
- 9.60 The hatch where prisoners receive their medications should be redesigned to ensure confidentiality for prisoners and visibility for staff to observe prisoners taking their medications. (4.53)
- 9.61 Patient-named medication should be kept in an orderly fashion in the treatment room cupboard, and must remain in original manufacturers' packaging. (4.54)

- 9.62 There should be a dedicated decontamination unit in the room that currently houses the washer/disinfector. (4.55)
- 9.63 The cabinetry in the dental surgery should be replaced to meet current infection control guidelines. (4.56)
- 9.64 Prisoners should be given information about prison health services, including how to access them, in a format that they can understand. (4.57)
- 9.65 There should be a training needs analysis and relevant training provided to ensure that staff have the relevant skills and competences to meet the needs of the population. (4.58)
- 9.66 All resuscitation equipment should be checked regularly and should be available for use at all times by suitably trained staff. (4.59)
- 9.67 There should be a comprehensive information-sharing policy. (4.60)
- 9.68 All healthcare professionals should have access to a prisoner's full clinical records when planning prescribing care. (4.61)
- 9.69 Nurses should have access to a prisoner's prescription chart when they administer homely remedies. (4.62)
- 9.70 The system for prisoners to complain about health services should be clear to prisoners and staff. (4.63)
- 9.71 Arrangements for the disposal of hazardous waste from the dental surgery should be clarified. (4.64)
- 9.72 Prisoners should be able to receive medications without gaps or delays. (4.65)
- 9.73 Appointments for triage should be based on clinical need not allocated per house block. (4.66)
- 9.74 The process for obtaining a health services appointment should be clear. (4.67)
- 9.75 Prisoners with lifelong conditions should be monitored in line with evidence-based practice. (4.68)
- 9.76 There should be a lead nurse with sufficient seniority and knowledge to be responsible for older prisoners. (4.69)
- 9.77 The new optician should start work expeditiously, and prisoners should not have to wait lengthy periods for an appointment. (4.70)
- 9.78 Prisoners should have access to genitourinary medicine services in line with NHS targets. (4.71)
- 9.79 Prisoners should be able to consult a pharmacist. (4.72)
- 9.80 Medicines not in possession should be administered directly from the original dispensed container, and nurses should not remove them from their containers in advance. (4.73)

- 9.81 Prescribed medication should generally be supplied in possession, and the in-possession policy should assess the individual patient as well as the medication prescribed. (4.74)
- 9.82 Prisoners suspected of passing their medication to another should be subject to a formal adjudication process. (4.75)
- 9.83 There should be a regular audit of medication administered out of hours to ensure that all clinical information is recorded in the patient's clinical records. (4.76)
- 9.84 There should be sufficient dentistry sessions to meet the needs of the population, and there should be cover for the dentists' absences. (4.77)
- 9.85 The Partnership Board should challenge the Mental Health Trust's apparent rules about the working practices of their staff, to ensure that maximum clinical time is spent on interaction by mental health staff with patients. (4.78)

Learning and skills and work activities

- 9.86 The range and levels of education courses should be improved. (5.17)
- 9.87 There should be more English for speakers of other languages (ESOL) provision to meet the needs of the population. (5.18)
- 9.88 The range of planned formal nationally recognised accredited skills training programmes should be implemented. (5.19)
- 9.89 There should be better punctuality and movement of prisoners to learning, skills and work, together with the reinforcement of the work ethic in all areas. (5.20)
- 9.90 Quality assurance and improvement strategies and processes should be improved and implemented. (5.21)
- 9.91 The library should be better promoted across the prison, and included in the induction programme. (5.22)
- 9.92 The library should be better integrated into learning and skills activities. (5.23)
- 9.93 The library should increase the quantity and quality of book stock. (5.24)

Physical education and health promotion

- 9.94 The PE department should develop better links to education to improve integration of literacy, numeracy and language development for prisoners on all courses. (5.33)
- 9.95 The prison should provide teacher training for PE staff. (5.34)
- 9.96 The range of key skills qualifications should be expanded and achievements on the CYQ fitness instructor programme should be increased. (5.35)
- 9.97 Showers in the PE department should be equipped with privacy screening. (5.36)

Faith and religious activity

- 9.98 The chaplaincy should provide more faith-based activity in addition to weekly services. (5.42)

Time out of cell

- 9.99 All prisoners should be allowed 10 hours or more out of their cell every day. (5.48)

Security and rules

- 9.100 The number of prisoners on closed visits should be monitored and reviewed at the security committee meeting. (6.11)
- 9.101 Prisoners should sign a compact during their induction programme that includes clear guidance on the prison rules. (6.12)

Discipline

- 9.102 The adjudications standardisation meeting should develop clear guidance regarding cases referred to the independent adjudicator to ensure that referrals are consistent and proportionate, and acknowledge the impact of awards on prisoners individually and generally. (6.30)
- 9.103 The use of force committee should review all use of force incidents to consider the legitimacy of the action, and to act on any lessons learned or training needs identified. (6.31)
- 9.104 All planned removals should be videoed and viewed by the use of force committee to monitor the practice of staff and identify areas for improvement. (6.32)
- 9.105 A member of healthcare staff should see all prisoners involved in a use of force incident as soon as possible after force is removed, and record their findings on the injury to inmate form (F213). (6.33)
- 9.106 Where handcuffs are used, the evidence to support their use should be clearly recorded on the use of force paperwork. (6.34)
- 9.107 Personal officers should visit their prisoners while they are in the care and separation unit (CSU), and these visits should be recorded in their CSU file. (6.35)
- 9.108 Wing file entries for prisoners in the CSU should demonstrate positive engagement by staff. (6.36)
- 9.109 Clear records of the use of the CSU, including the number of prisoners located there, the reasons why and the length of their stay, should be collated, monitored and analysed by the senior management. (6.37)

Incentives and earned privileges

- 9.110 Entries in wing history sheets should consistently demonstrate the use of the incentives and earned privileges (IEP) scheme as a motivational tool to encourage prisoners to engage with regime interventions and sentence plan targets. (6.48)
- 9.111 Prisoners on the basic level of the scheme should be set behaviour improvement targets, and staff should demonstrate they are actively monitoring behaviour through daily wing file entries. (6.49)
- 9.112 Prisoner applications for the enhanced unit should be logged and tracked to ensure they are processed in a timely manner. (6.50)
- 9.113 Prisoners on house block 6 who receive an adjudication should not be removed automatically. (6.51)
- 9.114 There should be a robust quality assurance and monitoring system for the IEP scheme. (6.52)

Catering

- 9.115 The kitchen should be deep cleaned at the earliest opportunity. (7.9)
- 9.116 Lunch should be served from noon onwards. (7.10)
- 9.117 Milk for cereal should be issued on the day of use and stored in chilled conditions. (7.11)
- 9.118 Catering staff should provide feedback to prisoners when menus change as a result of consultation. (7.12)
- 9.119 Prisoners and staff working behind servery counters should wear hats and protective clothing. (7.13)
- 9.120 Dining areas should be laid out in a way that encourages prisoners to dine in association. (7.14)

Prison shop

- 9.121 The range of goods available in the prison shop should reflect the diverse needs of the prisoner population. (7.19)

Strategic management of resettlement

- 9.122 Initial resettlement assessments should be copied to the offender management unit (OMU). (8.8)
- 9.123 New arrivals should be given written information on the provision available under each resettlement pathway. (8.9)
- 9.124 Pre-release questionnaires should be analysed and their results used to inform the needs analysis and resettlement strategy. (8.10)

Offender management and planning

- 9.125 Offender supervisors working within the geographical area teams should be allocated specific cases for whom they are responsible. This should include indeterminate-sentenced prisoners. (8.23)
- 9.126 There should be an effective quality assurance scheme for the offender management unit (OMU), which extends across all its work. (8.24)
- 9.127 Offender supervisors should engage with prisoners to assess and address identified risk factors, and this should be reflected in records of contact. (8.25)
- 9.128 Contact between offender supervisors and prisoners should be regular and as frequent as their need determines. (8.26)
- 9.129 The role of personal officers in relation to the OMU should be clearly defined, especially for prisoners not subject to offender supervisor support. (8.27)
- 9.130 Information from the risk management meetings should be clearly relayed to offender supervisors. (8.28)
- 9.131 There should be appropriate psychology staff support to enable necessary one-to-one work. (8.29)

Resettlement pathways

- 9.132 There should be a formal arrangement to ensure the continuing care of prisoners requiring 24-hour health services on release. (8.43)
- 9.133 The drug strategy coordinator post should be permanent. (8.61)
- 9.134 A comprehensive annual needs analysis should inform an integrated drug and alcohol strategy policy, which should include up to date action plans. (8.62)
- 9.135 Prisoners participating in the P-ASRO (prison addressing substance related offending) programme should have access to dedicated PE sessions and be made aware of the peer support scheme. (8.64)
- 9.136 Visitors should be able to book future visits while they are at the prison or by email. (8.77)
- 9.137 Facilities for disabled visitors should be more widely promoted. (8.78)
- 9.138 The prison should improve the speed at which visitors are taken across from the visitors' centre to the visits hall. (8.79)
- 9.139 The children's play area in the visits hall should be supervised by play workers, routinely available to child visitors, and include a range of books and games for older children. (8.80)
- 9.140 There should be detailed post-programme reports for non-accredited programmes that outline details of progress and identify further work, where appropriate. (8.88)

9.141 Victim awareness provision should be extended to meet prisoner need. (8.89)

Housekeeping points

Health services

- 9.142 The medication trolleys should be locked while they are moved around the prison. (4.79)
- 9.143 The fridge temperature records should be assessed. The temperature regulator should be adjusted as necessary to ensure that the fridge temperature remains in the range 2 to 8 Celsius. Medicines should not be used if there is any doubt about the suitability of their storage conditions. (4.80)
- 9.144 The washer/disinfector should be repaired and sufficient instruments provided to manage the longer cycle. (4.81)
- 9.145 Dental notes should be recorded in the patient's clinical records. (4.82)
- 9.146 There should be copies of all relevant documentation and written policies in the dental surgery. (4.83)
- 9.147 The dental X-ray room should be decluttered. (4.84)

Discipline

- 9.148 Details on the poster about care and separation unit (CSU) personnel should be complete and up to date, and it should be displayed in an area accessible to prisoners. (6.38)

Incentives and earned privileges

- 9.149 Wing managers should always record incentives and earned privileges (IEP) reviews on the published pro forma. (6.53)

Resettlement pathways

- 9.150 Healthy eating options should be available in the visits hall refreshments bar. (8.81)

Examples of good practice

- 9.151 Health services staff made good efforts to ensure that prisoners were able to access health services on release. (8.44)
- 9.152 The drug and alcohol strategy was well managed and coordinated. (8.65)
- 9.153 The counselling, assessment, referral, advice and throughcare service (CARATs) had trained a group of prisoners to act as peer supporters. (8.66)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Marie Orrell	Inspector
Gordon Riach	Inspector
Andrea Walker	Inspector
Samantha Booth	Researcher
Laura Nettleingham	Researcher
Michael Skidmore	Researcher

Specialist inspectors

Sigrid Engelen	Substance use inspector
Elizabeth Tysoe	Healthcare inspector
Jen Davies	Dental inspector
Jill Williams	Pharmacy inspector
Sally Lester	HMI Probation
Bob Cowdrey	Ofsted team leader
Nigel Bragg	Ofsted inspector
Beverly Clarke	Ofsted inspector
Julie Pomone	Ofsted inspector

Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	675	100
Civil prisoners	0	0
Detainees (single power status)	0	0
Detainees (dual power status)	0	0
Total	675	100

(ii) Sentence	Number of prisoners	%
6 months-less than 12 months	1	0.1
12 months-less than 2 years	24	3.6
2 years-less than 4 years	269	39.8
4 years-less than 10 years	294	43.6
10 years and over (not life)	16	2.4
Life	26	3.8
IPP	45	6.7
Total	675	100

(iii) Length of stay	Number of prisoners	%
Less than 1 month	83	12.3
1 month to 3 months	127	18.8
3 months to 6 months	156	23.1
6 months to 1 year	178	26.4
1 year to 2 years	118	17.5
2 years to 4 years	11	1.6
4 years or more	2	0.3
Total	675	100

(iv) Main offence	Number of prisoners	%
Violence against the person	191	28.3
Sexual offences	5	0.7
Burglary	105	15.6
Robbery	119	17.6
Theft and handling	14	2.1
Fraud and forgery	10	1.5
Drugs offences	165	24.4
Other offences	64	9.5
Offence not recorded/ Holding warrant	2	0.3
Total	675	100

(v) Age	Number of prisoners	%
21 years to 29 years	328	48.6
30 years to 39 years	215	31.8
40 years to 49 years	95	14.1
50 years to 59 years	25	3.7
60 years to 69 years: <i>maximum age - 69</i>	12	1.8
Total	675	100

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	548	81.2
Between 50 and 100 miles of the prison	47	6.9
Over 100 miles from the prison	56	8.3

Overseas	2	0.3
NFA	22	3.3
Total	675	100

(vii) Nationality	Number of prisoners	%
British	603	89.3
Foreign nationals	72	10.7
Total	675	100

(viii) Ethnicity	Number of prisoners	%
<i>White:</i>	448	66.3
British	424	62.8
Irish	1	0.1
Other White	23	3.4
<i>Mixed:</i>	23	3.4
White and Black Caribbean	21	3.1
Other Mixed	2	0.3
<i>Asian or Asian British:</i>	86	12.7
Indian	28	4.2
Pakistani	26	3.8
Bangladeshi	2	0.3
Other Asian	30	4.4
<i>Black or Black British:</i>	114	16.8
Caribbean	71	10.5
African	13	1.9
Other Black	30	4.4
<i>Chinese or other ethnic group:</i>	4	0.5
Chinese	1	0.1
Other ethnic group	3	0.4
Total	675	99.7

(ix) Religion	Number of prisoners	%
Baptist	5	0.7
Church of England	184	27.2
Roman Catholic	87	12.8
Other Christian denominations	18	2.6
Muslim	83	12.3
Sikh	17	2.5
Hindu	3	0.4
Buddhist	4	0.5
Jewish	1	0.1
Other	12	1.7
No religion	261	38.6
Total	675	100.4

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 30 September 2008, the prisoner population at HMP Featherstone was 680. The sample size was 137. Overall, this represented 20% 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. Eight respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

Methodology

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

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

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; 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, 115 respondents completed and returned their questionnaires. This represented 17% of the prison population. The response rate was 84%. In addition to the eight respondents who refused to complete a questionnaire, nine questionnaires were not returned and five were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2008 against comparator figures for all prisoners surveyed in Category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 38 category C trainer prisons since April 2003.
- A comparison within the 2008 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2008 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2008 survey between Muslim and non-Muslim prisoners.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

Summary

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

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

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

Appendix IV: Summary of prisoner survey results

Section 1: About You

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

- Q1.1** What wing or houseblock are you currently living on?
- Q1.2** How old are you?
- | | |
|------------------|-----|
| Under 21..... | 0% |
| 21 - 29..... | 53% |
| 30 - 39..... | 30% |
| 40 - 49..... | 11% |
| 50 - 59..... | 4% |
| 60 - 69..... | 3% |
| 70 and over..... | 0% |
- Q1.3** Are you sentenced?
- | | |
|--------------------------------|-----|
| Yes..... | 92% |
| Yes - on recall..... | 8% |
| No - awaiting trial..... | 0% |
| No - awaiting sentence..... | 0% |
| No - awaiting deportation..... | 0% |
- Q1.4** How long is your sentence?
- | | |
|---|-----|
| Not sentenced | 0% |
| Less than 6 months..... | 0% |
| 6 months to less than 1 year..... | 1% |
| 1 year to less than 2 years..... | 4% |
| 2 years to less than 4 years..... | 32% |
| 4 years to less than 10 years..... | 49% |
| 10 years or more..... | 4% |
| IPP (Indeterminate Sentence for Public Protection)..... | 7% |
| Life..... | 3% |
- Q1.5** Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?
- | | |
|----------------------------|-----|
| Not sentenced | 0% |
| 6 months or less..... | 28% |
| More than 6 months..... | 72% |
- Q1.6** How long have you been in this prison?
- | | |
|------------------------------|-----|
| Less than 1 month..... | 7% |
| 1 to less than 3 months..... | 10% |

	3 to less than 6 months.....	18%		
	6 to less than 12 months.....	34%		
	12 months to less than 2 years.....	20%		
	2 to less than 4 years.....	10%		
	4 years or more.....	1%		
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)			
	Yes.....	12%		
	No.....	88%		
Q1.8	Is English your first language?			
	Yes.....	94%		
	No.....	6%		
Q1.9	What is your ethnic origin?			
	White - British..... 61%	Asian or Asian British - Bangladeshi..... 1%		
	White - Irish..... 3%	Asian or Asian British - Other..... 1%		
	White - Other..... 2%	Mixed Race - White and Black Caribbean..... 7%		
	Black or Black British - Caribbean..... 10%	Mixed Race - White and Black African..... 0%		
	Black or Black British - African..... 2%	Mixed Race - White and Asian..... 0%		
	Black or Black British - Other..... 2%	Mixed Race - Other..... 0%		
	Asian or Asian British - Indian..... 5%	Chinese..... 0%		
	Asian or Asian British - Pakistani... 4%	Other ethnic group..... 2%		
Q1.10	What is your religion?			
	None..... 28%	Hindu..... 1%		
	Church of England..... 30%	Jewish..... 0%		
	Catholic..... 23%	Muslim..... 11%		
	Protestant..... 1%	Sikh..... 4%		
	Other Christian denomination..... 1%	Other..... 1%		
	Buddhist..... 0%			
Q1.11	How would you describe your sexual orientation?			
	Heterosexual/ Straight.....	100%		
	Homosexual/Gay.....	0%		
	Bisexual.....	0%		
	Other.....	0%		
Q1.12	Do you consider yourself to have a disability?			
	Yes.....	12%		
	No.....	88%		
Q1.13	How many times have you been in prison before?			
	0	1	2 to 5	More than 5
	22%	10%	38%	30%

Q1.14 Including this prison, how many prisons have you been in during this sentence/remand time?

1	2 to 5	More than 5
6%	79%	14%

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

Yes.....	56%
No.....	44%

Section 2: Courts, transfers and escorts

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons? How was ...

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van	10%	33%	20%	21%	11%	4%	2%
Your personal safety during the journey	13%	44%	22%	10%	8%	1%	3%
The comfort of the van	3%	9%	14%	40%	31%	1%	2%
The attention paid to your health needs	5%	15%	29%	25%	14%	2%	11%
The frequency of toilet breaks	4%	8%	21%	22%	24%	3%	19%

Q2.2 How long did you spend in the van?

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
25%	51%	16%	3%	5%

Q2.3 How did you feel you were treated by the escort staff?

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
13%	45%	28%	10%	2%	4%

Q2.4 Please answer the following questions about when you first arrived here:

	Yes	No	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	82%	16%	3%
Before you arrived here did you receive any written information about what would happen to you?	16%	83%	1%
When you first arrived here did your property arrive at the same time as you?	91%	9%	0%

Section 3: Reception, first night and induction

Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you)

<i>Didn't ask about any of these</i>	21%	<i>Money worries</i>	18%
<i>Loss of property</i>	17%	<i>Feeling depressed or suicidal</i>	51%

<i>Housing problems</i>	22%	<i>Health problems</i>	58%
<i>Contacting employers</i>	9%	<i>Needing protection from other prisoners</i>	18%
<i>Contacting family</i>	42%	<i>Accessing phone numbers</i>	40%
<i>Ensuring dependants were being looked after</i>	16%	<i>Other</i>	0%

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

<i>Didn't have any problems</i>	44%	<i>Money worries</i>	16%
<i>Loss of property</i>	14%	<i>Feeling depressed or suicidal</i>	15%
<i>Housing problems</i>	16%	<i>Health problems</i>	20%
<i>Contacting employers</i>	7%	<i>Needing protection from other prisoners</i>	5%
<i>Contacting family</i>	27%	<i>Accessing phone numbers</i>	16%
<i>Ensuring dependants were looked after</i>	5%	<i>Other</i>	4%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	91%	8%	1%
When you were searched, was this carried out in a respectful way?	81%	18%	1%

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
21%	54%	16%	6%	3%	0%

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

<i>Information about what was going to happen to you</i>	48%
<i>Information about what support was available for people feeling depressed or suicidal</i>	46%
<i>Information about how to make routine requests</i>	39%
<i>Information about your entitlement to visits</i>	41%
<i>Information about health services</i>	59%
<i>Information about the chaplaincy</i>	42%
<i>Not offered anything</i>	21%

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

<i>A smokers/non-smokers pack</i>	92%
<i>The opportunity to have a shower</i>	42%
<i>The opportunity to make a free telephone call</i>	51%
<i>Something to eat</i>	88%
<i>Did not receive anything</i>	1%

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

<i>Chaplain or religious leader</i>	39%
---	-----

	Someone from health services.....	81%
	A listener/Samaritans.....	23%
	Did not meet any of these people	16%
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes.....	10%
	No.....	90%
Q3.9	Did you feel safe on your first night here?	
	Yes.....	83%
	No.....	13%
	Don't remember.....	4%
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course	7%
	Within the first week.....	70%
	More than a week.....	18%
	Don't remember.....	5%
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	7%
	Yes.....	55%
	No.....	29%
	Don't remember.....	9%

Section 4: Legal rights and respectful custody

Q4.1	How easy is to?						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	16%	39%	13%	20%	6%	6%
	Attend legal visits?	14%	47%	17%	6%	3%	13%
	Obtain bail information?	8%	8%	26%	11%	7%	41%
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters						12%
	Yes.....						48%
	No.....						40%
Q4.3	Please answer the following questions about the wing/unit you are currently living on:						
				<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>
	Are you normally offered enough clean, suitable clothes for the week?	45%	54%	0%	1%		

Are you normally able to have a shower every day?	97%	3%	0%	0%
Do you normally receive clean sheets every week?	67%	31%	2%	1%
Do you normally get cell cleaning materials every week?	74%	26%	0%	0%
Is your cell call bell normally answered within five minutes?	48%	43%	7%	2%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	25%	0%	0%
Can you normally get your stored property, if you need to?	35%	33%	23%	9%

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
2%	25%	21%	30%	21%

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

<i>Have not bought anything yet</i>	2%
Yes.....	31%
No.....	68%

Q4.6 Is it easy or difficult to get either

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form	39%	45%	7%	6%	1%	1%
An application form	40%	49%	7%	4%	0%	0%

Q4.7 Have you made an application?

Yes.....	94%
No.....	6%

Q4.8 Please answer the following questions concerning applications (If you have not made an application please tick the 'not made one' option)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	6%	55%	39%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	6%	42%	51%

Q4.9 Have you made a complaint?

Yes.....	53%
No.....	47%

Q4.10 Please answer the following questions concerning complaints (If you have not made a complaint please tick the 'not made one' option)

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	47%	23%	30%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	47%	20%	33%
Were you given information about how to make an appeal?	36%	31%	34%

Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?					
	<i>Not made a complaint</i>					47%
	Yes.....					11%
	No.....					42%
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?					
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	27%	5%	22%	25%	13%	8%
Q4.13	Please answer the following questions about your religious beliefs?					
				Yes	No	<i>Don't know/ N/A</i>
	Do you feel your religious beliefs are respected?			58%	12%	30%
	Are you able to speak to a religious leader of your faith in private if you want to?			53%	9%	38%
Q4.14	Can you speak to a listener at any time, if you want to?					
	Yes		No			<i>Don't know</i>
	58%		4%			39%
Q4.15	Please answer the following questions about staff in this prison?					
				Yes	No	
	Is there a member of staff you can turn to for help if you have a problem?			77%	23%	
	Do most staff treat you with respect?			73%	27%	

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?					
	Yes.....					32%
	No.....					68%
Q5.2	Do you feel unsafe in this prison at the moment?					
	Yes.....					16%
	No.....					84%
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply)					
	<i>Never felt unsafe</i>	73%	<i>At meal times</i>	4%		
	<i>Everywhere</i>	10%	<i>At health services</i>	5%		
	<i>Segregation unit</i>	3%	<i>Visit's area</i>	1%		
	<i>Association areas</i>	6%	<i>In wing showers</i>	6%		
	<i>Reception area</i>	1%	<i>In gym showers</i>	1%		
	<i>At the gym</i>	6%	<i>In corridors/stairwells</i>	6%		
	<i>In an exercise yard</i>	3%	<i>On your landing/wing</i>	4%		
	<i>At work</i>	11%	<i>In your cell</i>	4%		
	<i>During Movement</i>	13%	<i>At religious services</i>	2%		
	<i>At education</i>	1%				

- Q5.4 Have you been victimised by another prisoner or group of prisoners here?**
 Yes..... 15%
 No..... 85%
- Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**
- | | | | |
|---|----|--|----|
| <i>Insulting remarks (about you or your family or friends).....</i> | 7% | <i>Because you were new here</i> | 5% |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 5% | <i>Because of your sexuality.....</i> | 0% |
| <i>Sexual abuse</i> | 0% | <i>Because you have a disability.....</i> | 0% |
| <i>Because of your race or ethnic origin.....</i> | 5% | <i>Because of your religion/religious beliefs.....</i> | 2% |
| <i>Because of drugs</i> | 2% | <i>Being from a different part of the country than others.....</i> | 6% |
| <i>Having your canteen/property taken.....</i> | 4% | <i>Because of your offence/ crime.....</i> | 2% |
- Q5.6 Have you been victimised by a member of staff or group of staff here?**
 Yes..... 27%
 No..... 73%
- Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**
- | | | | |
|---|-----|--|----|
| <i>Insulting remarks (about you or your family or friends).....</i> | 16% | <i>Because of your sexuality.....</i> | 0% |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 2% | <i>Because you have a disability.....</i> | 1% |
| <i>Sexual abuse</i> | 0% | <i>Because of your religion/religious beliefs.....</i> | 3% |
| <i>Because of your race or ethnic origin.....</i> | 5% | <i>Being from a different part of the country than others.....</i> | 4% |
| <i>Because of drugs</i> | 3% | <i>Because of your offence/ crime.....</i> | 1% |
| <i>Because you were new here</i> | 8% | | |
- Q5.8 If you have been victimised by prisoners or staff, did you report it?**
Not been victimised..... 69%
 Yes..... 13%
 No..... 18%
- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**
 Yes..... 20%
 No..... 80%
- Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**
 Yes..... 22%
 No..... 78%

Q5.11	Is it easy or difficult to get illegal drugs in this prison?					
	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	24%	13%	12%	5%	3%	43%

Section 6: Health services

Q6.1	How easy or difficult is it to see the following people:					
	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	9%	7%	22%	15%	36%	11%
The nurse	11%	13%	46%	13%	13%	5%
The dentist	13%	1%	7%	7%	34%	38%
The optician	36%	2%	7%	13%	17%	25%
Q6.2	Are you able to see a pharmacist?					
Yes.....						54%
No.....						46%
Q6.3	What do you think of the quality of the health service from the following people:					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	15%	10%	25%	14%	28%	7%
The nurse	10%	18%	36%	15%	15%	5%
The dentist	28%	10%	15%	15%	14%	17%
The optician	54%	6%	7%	17%	4%	12%
Q6.4	What do you think of the overall quality of the health services here?					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	5%	7%	31%	21%	27%	9%
Q6.5	Are you currently taking medication?					
Yes.....						42%
No.....						58%
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?					
<i>Not taking medication</i>						60%
Yes.....						29%
No.....						11%
Q6.7	Do you feel you have any emotional well being/ mental health issues?					
Yes.....						19%
No.....						81%
Q6.8	Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)					
<i>Do not have any issues / Not receiving any help</i>						92%
<i>Doctor</i>						2%
<i>Nurse</i>						4%
<i>Psychiatrist</i>						2%

Mental Health In Reach team.....	5%
Counsellor.....	0%
Other.....	0%

- Q6.9 Did you have a problem with either of the following when you came into this prison?**
- | | Yes | No |
|---------|-----|-----|
| Drugs | 23% | 77% |
| Alcohol | 17% | 83% |
- Q6.10 Have you developed a problem with either of the following since you have been in this prison?**
- | | Yes | No |
|---------|-----|-----|
| Drugs | 9% | 91% |
| Alcohol | 3% | 97% |
- Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?**
- | | |
|--|-----|
| Yes..... | 31% |
| No..... | 4% |
| <i>Did not / do not have a drug or alcohol problem</i> | 66% |
- Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?**
- | | |
|--|-----|
| Yes..... | 29% |
| No..... | 6% |
| <i>Did not / do not have a drug or alcohol problem</i> | 65% |
- Q6.13 Was the intervention or help you received, while in this prison, helpful?**
- | | |
|--|-----|
| Yes..... | 22% |
| No..... | 7% |
| <i>Did not have a problem/Have not received help</i> | 71% |
- Q6.14 Do you think you will have a problem with either of the following when you leave this prison?**
- | | Yes | No | Don't know |
|---------|-----|-----|------------|
| Drugs | 7% | 79% | 14% |
| Alcohol | 6% | 82% | 12% |
- Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?**
- | | |
|----------|-----|
| Yes..... | 19% |
| No..... | 7% |
| N/A..... | 73% |

Section 7: Purposeful Activity

- Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply)**
- | | |
|---|------------|
| Prison job..... | 75% |
| Vocational or skills training..... | 16% |
| Education (including basic skills)..... | 19% |
| Offending behaviour programmes..... | 16% |
| Not involved in any of these | 14% |
- Q7.2 If you have been involved in any of the following, while in prison, do you think it will help you on release?**
- | | Not been
involved | Yes | No | Don't know |
|------------------------------------|------------------------------|-----|-----|------------|
| Prison job | 9% | 40% | 42% | 8% |
| Vocational or skills training | 26% | 46% | 20% | 8% |
| Education (including basic skills) | 18% | 51% | 22% | 9% |
| Offending behaviour programmes | 27% | 47% | 19% | 6% |
- Q7.3 How often do you go to the library?**
- | | |
|----------------------------|-----|
| Don't want to go..... | 15% |
| Never..... | 18% |
| Less than once a week..... | 29% |
| About once a week..... | 32% |
| More than once a week..... | 4% |
| Don't know..... | 3% |
- Q7.4 On average how many times do you go to the gym each week?**
- | | 0 | 1 | 2 | 3 to 5 | More than 5 | Don't know |
|------------------|-----|----|----|--------|-------------|------------|
| Don't want to go | 18% | 9% | 3% | 32% | 29% | 4% |
| | | | | | 4% | 6% |
- Q7.5 On average how many times do you go outside for exercise each week?**
- | | 0 | 1 to 2 | 3 to 5 | More than 5 | Don't know |
|------------------|----|--------|--------|-------------|------------|
| Don't want to go | 7% | 18% | 29% | 24% | 21% |
| | | | | 21% | 1% |
- Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)**
- | | |
|------------------------------|-----|
| Less than 2 hours..... | 7% |
| 2 to less than 4 hours..... | 12% |
| 4 to less than 6 hours..... | 13% |
| 6 to less than 8 hours..... | 23% |
| 8 to less than 10 hours..... | 24% |
| 10 hours or more..... | 10% |
| Don't know..... | 11% |
- Q7.7 On average, how many times do you have association each week?**
- | | 0 | 1 to 2 | 3 to 5 | More than 5 | Don't know |
|------------------|----|--------|--------|-------------|------------|
| Don't want to go | 1% | 0% | 2% | 6% | 87% |
| | | | | 87% | 4% |

Q7.8	How often do staff normally speak to you during association time?	
	<i>Do not go on association</i>	2%
	<i>Never</i>	20%
	<i>Rarely</i>	30%
	<i>Some of the time</i>	25%
	<i>Most of the time</i>	15%
	<i>All of the time</i>	8%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	30%
	<i>In the first week</i>	29%
	<i>More than a week</i>	20%
	<i>Don't remember</i>	21%

Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	29%	20%	22%	15%	12%	3%

Q8.3	Do you have a sentence plan/OASys?	
	<i>Not sentenced</i>	0%
	<i>Yes</i>	82%
	<i>No</i>	18%

Q8.4	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/OASys</i>	18%
	<i>Very involved</i>	23%
	<i>Involved</i>	22%
	<i>Neither</i>	9%
	<i>Not very involved</i>	8%
	<i>Not at all involved</i>	20%

Q8.5	Can you achieve all or some of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/OASys</i>	18%
	<i>Yes</i>	53%
	<i>No</i>	29%

Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/OASys</i>	18%
	<i>Yes</i>	38%
	<i>No</i>	44%

Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?	
	<i>Not sentenced</i>	0%

	Yes.....	30%			
	No.....	70%			
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?				
	Yes.....	19%			
	No.....	81%			
Q8.9	Have you had any problems with sending or receiving mail?				
	Yes.....	28%			
	No.....	66%			
	Don't know.....	6%			
Q8.10	Have you had any problems getting access to the telephones?				
	Yes.....	24%			
	No.....	73%			
	Don't know.....	3%			
Q8.11	Did you have a visit in the first week that you were here?				
	Not been here a week yet	8%			
	Yes.....	28%			
	No.....	60%			
	Don't remember.....	5%			
Q8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)				
	Don't know what my entitlement is	15%			
	Yes.....	76%			
	No.....	9%			
Q8.13	How many visits did you receive in the last week?				
	Not been in a week	8%	0	1 to 2	3 to 4
			50%	40%	1%
					5 or more
					0%
Q8.14	Have you been helped to maintain contact with your family/friends while in this prison?				
	Yes.....	38%			
	No.....	62%			
Q8.15	Do you know who to contact to get help with the following within this prison: (please tick all that apply)				
	Don't know who to contact	46%	<i>Help with your finances in preparation for release</i>	22%	
	<i>Maintaining good relationships</i>	18%	<i>Claiming benefits on release</i>	31%	
	<i>Avoiding bad relationships</i>	8%	<i>Arranging a place at college/continuing education on release</i>	18%	
	<i>Finding a job on release</i>	26%	<i>Continuity of health services on release</i>	11%	
	<i>Finding accommodation on release</i>	38%	<i>Opening a bank account</i>	12%	

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

<i>No problems</i>	36%	<i>Help with your finances in preparation for release</i>	23%
<i>Maintaining good relationships</i>	14%	<i>Claiming benefits on release</i>	20%
<i>Avoiding bad relationships</i>	16%	<i>Arranging a place at college/continuing education on release</i>	15%
<i>Finding a job on release</i>	40%	<i>Continuity of health services on release</i>	10%
<i>Finding accommodation on release</i>	35%	<i>Opening a bank account</i>	23%

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

<i>Not sentenced</i>	0%
<i>Yes</i>	57%
<i>No</i>	43%

Thank you for completing this survey