

Report on an unannounced short follow-up inspection of

# **HMP Spring Hill**

5 - 7 March 2012

by HM Chief Inspector of Prisons

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Printed and published by:  
Her Majesty's Inspectorate of Prisons  
1st Floor, Ashley House  
Monck Street  
London SW1P 2BQ  
England

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# Introduction

Following our last inspection in August 2008 we reported that Spring Hill was making adjustments to deal with national population pressures that had not only increased numbers, but had also required a shift in the prison's focus. Spring Hill had applied itself to this task and we found it to be a safe place, with an impressively purposeful regime and a proper focus on resettlement. We were, however, critical of a lack of investment in accommodation, much of which was reaching the end of its useful life. Diversity work had not been fully developed and health care structures needed review.

Spring Hill remained a safe and generally well run prison. Reception had improved and, although the work had not been fully completed, refurbishment had provided larger waiting areas for prisoners and rooms where they could be interviewed in private. Prisoners reported feeling safe and, as at the last inspection, there was very little bullying and very few instances of self-harm. Procedures to prevent violence had improved as had the deployment of peer supporters such as Listeners to support other prisoners. Security was proportionate and drug use was commendably low.

Despite some locally managed refurbishment, most of the prisoner accommodation remained in poor condition and had deteriorated in some areas. Cleanliness varied from hut to hut. Resources to replace huts had not been made available and it was disappointing that many of the necessary improvements we had identified during the last inspection had not been made. Staff-prisoner relationships were generally good, despite a weak personal officer scheme and incentives and earned privileges scheme that had little impact on managing prisoners' behaviour.

Diversity work had improved but there remained significant gaps in planning and implementing care for prisoners with disabilities and older prisoners. There had been an overall improvement in health care provision but prisoner access to external hospital appointments was sometimes problematic with some evidence that appointments had been cancelled unnecessarily. The environment in the health care centre had improved but it remained cramped and worn.

There were very good educational and work opportunities, with particular improvements in providing short-term prisoners with useful employment. Partnerships with community organisations and local authorities had generated impressive training opportunities. The alignment of the prisoners' day with the normal working environment provided a more realistic regime that compared better to life outside prison. The library was cramped, but provided a popular service and physical education was satisfactory, with an increase in provision of accredited courses.

Resettlement provision was generally good with positive outcomes but provision was not informed by an up-to-date needs analysis. Offender management and public protection were very good. Life-sentenced and other indeterminate-sentenced prisoners were well managed and provision across all the resettlement pathways remained reasonable.

Overall this was a good inspection. The prison has made considerable progress in many important areas. Spring Hill shows clearly the benefit that positive personal relationships can have along with an integrated working day that reflects life beyond prison. We have identified

some areas that still require work but we acknowledge the improvements made by the establishment.

**Nick Hardwick**  
**HM Chief Inspector of Prisons**

**May 2012**

# Fact page

## Task of the establishment

HMP Spring Hill is an adult male category D open establishment with a resettlement function.

## Prison status

Public

## Region

South central

## Number held

315

## Certified normal accommodation

334

## Operational capacity

333

## Date of last full inspection

August 2008

## Brief history

The establishment is the oldest of the open prisons and was opened in 1953. It forms part of a two-establishment cluster with HMP Grendon therapeutic prison.

## Short description of residential units

Accommodation at Spring Hill consists of 13 huts located in the prison grounds. Nine huts (J to S) each hold 22 prisoners in shared accommodation. A few single rooms are available and there is a structured system within the incentives and earned privileges scheme for allocation. All rooms have their own television. All huts have a communal lounge, kitchen, showers and separate toilets.

The main laundry facilities for J to S huts are located within a self-contained area in X hut.

There are three single-room huts (X, Y and Z), each containing 40 rooms. These huts have a communal lounge/games room, laundry, shower and toilet facilities.

T hut is a 16-bed dedicated unit for prisoners with substance use support needs.

## Escort contractor

GeoAmey

## Health service commissioner and provider

Commissioner: Buckinghamshire PCT  
Providers: Care UK (primary care)  
Oxford Health (mental health in-reach)  
Lloyds (pharmacy)  
Haddenham Dental Practice (dental)  
Howcroft & Selby (optometry)

**Learning and skills providers**  
Manchester College

# Section 1: Summary

## Introduction

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- 1.1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.
- 1.2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- 1.3 The purpose of this inspection was to follow up the recommendations made in our last full inspection of 2008 and assess the progress achieved. All full inspection reports include a summary of outcomes for prisoners against the model of a healthy prison. The four criteria of a healthy prison are:

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

- 1.4 Follow-up inspections are proportionate to risk. Short follow-up inspections are conducted where the previous full inspection and our intelligence systems suggest that there are comparatively fewer concerns. Sufficient inspector time is allocated to enable inspection of progress. Inspectors draw up a brief healthy prison summary setting out the progress of the establishment in the areas inspected and giving an overall assessment against the following definitions:

### **Making insufficient progress**

Overall progress against our recommendations has been slow or negligible and/or there is little evidence of improvements in outcomes for prisoners.

### **Making sufficient progress**

Overall there is evidence that efforts have been made to respond to our recommendations in a way that is having a discernible positive impact on outcomes for prisoners.

## Safety

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- 1.5 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were good. We made 18 recommendations in this area, of which 11 had been achieved, two partially achieved and five had not been achieved.
- 1.6 Prisoners continued to report reasonable treatment by escort staff, but said that they had long journeys without comfort breaks and had received little information about what they could expect from the prison prior to their arrival. We were told by staff and managers at Spring Hill that written information could be supplied to sending establishments on request but, in reality, this rarely happened.
- 1.7 Refurbishment of the reception area had started, but was not yet complete. However, the area had been expanded with adequate provision of rooms for confidential interviews. We observed good engagement between reception staff and prisoners returning from work placements.
- 1.8 The violence reduction strategy was appropriately constructed and had been informed by prisoner consultation. The number of violent incidents was very low and prisoners continued to report that overall they felt safe. Victim support plans remained underdeveloped.
- 1.9 The safer custody manager was supported by senior staff, and the monthly safer custody committee was well attended and focussed on appropriate issues. Despite very low numbers of self-harm incidents, the suicide prevention policy was properly focussed on the specific needs of prisoners and the levels of risk they presented. Protocols were better promoted than at the last inspection and night procedures had improved. The quality of the small number of ACCT (assessment, care in custody and teamwork) documents was good and showed that individual plans and care mapping had also improved.
- 1.10 The listeners scheme was well supported, their role better advertised than at the last inspection and prisoner access to them was good. Access to the mobile telephone dedicated to the Samaritans was properly advertised and prisoners we spoke to said that they knew how to use it.
- 1.11 Security measures appeared appropriate.
- 1.12 The adjudication process remained administratively sound and the level of discipline imposed was generally proportionate to the setting. However, as at the previous inspection, we noted a few cases which should have been dealt with less formally. There was no evidence of group punishments or unofficial sanctions.
- 1.13 The positive random mandatory drug testing rate had significantly reduced since the last inspection. CARATs (counselling, assessment, referral, advice and throughcare) were providing a good service and prisoners reported positively about the help available. An integrated drug treatment service (IDTS) was in place but the service had received no referrals and there had been no transfers in from any prison or a prisoner who needed to access the service.
- 1.14 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

## Respect

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- 1.15 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 64 recommendations in this area, of which 33 had been achieved, 14 partially achieved and 17 had not been achieved. We have made a further two recommendations.
- 1.16 Much of the accommodation remained in poor condition and cleanliness was variable. Resources to replace accommodation huts had not been forthcoming and the majority of improvements that we had identified during the previous inspection had not been made. There was, however, a relatively small, locally managed ongoing programme of refurbishment that was providing some improvements to individual huts.
- 1.17 Recreational facilities on the units remained poor. There were no alarm call bells to raise staff at night or in emergencies, although this was mitigated by prisoners not being locked in huts at night.
- 1.18 Laundry facilities had improved and were good, and the practice of turning off the electricity supply in the residential huts during the day had ceased.
- 1.19 On the whole we observed very good relationships between staff and prisoners. Most staff appeared friendly, addressed prisoners with courtesy and there was broad use of preferred names and titles. A small number seemed distant and appeared reluctant to engage fully with prisoners.
- 1.20 Entries in files were generally confined to facts about the prisoner and did not reflect dynamic engagement. Management checks were not meaningful and there was no evidence that they were used to improve the quality of entries.
- 1.21 There was no effective personal officer scheme. Designated hut officers had been appointed but formal contact with their prisoners was irregular and there was little evidence that they were engaging with individual prisoners or had any knowledge of their personal circumstances.
- 1.22 There had been some improvement in the strategic management of diversity. An overarching equality strategy document, supported by an equality action plan, had been published which clearly set out required tasks for the current year. A needs analysis was being undertaken to further inform future actions. Resources to support these strategies were adequate. Since the previous inspection, additional time had been given to the diversity adviser and team to undertake necessary work, but it was felt this could be further increased to give them more prisoner contact.
- 1.23 The small group of foreign national prisoners received a good service. They received good personal contact and individual support from the foreign nationals coordinator and could access free specialist legal advice.
- 1.24 Provision of services to meet the needs of prisoners with disabilities was underdeveloped. The role of disability manager had not been fully implemented and links with health care in this area were weak. The prison had no distinct disability or older prisoners policy. Disabled prisoners we spoke to felt that they could be better supported.

- 1.25 There were excellent facilities for formal religious worship, prayer and reflection, which were open to all, irrespective of their beliefs. The active chaplaincy was well integrated into the life of the prison and their relationships with prisoners were very good but, as at the last inspection, there were no entries from them in prisoner wing files.
- 1.26 The incentives and earned privileges policy was out of date and did not reflect all current protocols used to provide incentives to encourage responsible behaviour. The scheme was poorly advertised and prisoners we spoke to were not always clear about how they could progress through the system or the criteria for promotion. There also continued to be a lack of understanding among some staff about the use of the scheme to encourage good behaviour.
- 1.27 Complaints were analysed to determine relevant patterns and trends. The number of complaints indicated that prisoners knew how to use the system and the quality of replies was good and addressed the issues raised. Some prisoners, however, told us that they felt they would be sent back to closed conditions if they complained. This perception was recognised by staff, but had not been addressed.
- 1.28 There had been an overall improvement in health care provision since the last inspection. A broad range of nurse-led clinics had been introduced and GP provision was good. There was adequate provision from mental health professionals and the planned implementation of a mental health needs analysis was to be commended. Medicine management had also improved. Prisoner access to external hospital appointments was sometimes problematic, with some evidence that appointments had been cancelled unnecessarily.
- 1.29 The environment in the health care centre had improved somewhat but overall was unsatisfactory. Some areas remained cramped and worn. The dental suite at HMP Grendon was also used for Spring Hill prisoners but at the time of the inspection, the dental suite had closed for refurbishment, which was having a significant impact on the time prisoners had to wait to be seen, particularly for continuing treatment.
- 1.30 The catering department had made significant improvements to the provision of vocational training qualifications for prisoners, both in the main kitchen and in the impressive staff mess facility. National Lottery funding had been secured for the 'Farms and Gardens Project' which will supply produce to the catering department. The provision of a government procurement card had enabled the catering manager to purchase items not available on the national product list, particularly for medical and cultural diets.
- 1.31 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

## Purposeful activity

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- 1.32 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were good. We made 10 recommendations in this area, of which seven had been achieved, one partially achieved and two had not been achieved.
- 1.33 Significant changes and better links since the previous inspection had effected improvements in the provision of purposeful activity which better reflected provision in, and links to, the community. This represented considerable progress.

- 1.34 Good relationships between the head of learning and skills and education and work providers had been developed with strong and meaningful links to important areas of the local (and wider) community.
- 1.35 Some exciting initiatives such as eco buildings and farms and gardens developments offered prisoners solid training in a number of significant occupations. Nearly all prisoners had something meaningful to do.
- 1.36 The provision for short-term prisoners had also improved with several accredited training programmes suitable for their needs.
- 1.37 The library continued to provide an appropriate selection of reading materials, and regular surveys were conducted to gather the views of prisoners. The considerable book loss at the last inspection had been significantly reduced.
- 1.38 An effective redeployment of gymnasium staff and changes to prisoners' regime had enabled appropriate access to the gym with an improved range of activities. The range of courses offering formal qualification had also improved since the last inspection.
- 1.39 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

## Resettlement

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- 1.40 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were good. We made 20 recommendations in this area, of which seven had been achieved, three partially achieved and six had not been achieved. Four recommendations were no longer applicable.
- 1.41 The resettlement strategy document had been published but had not been informed by a contemporaneous needs analysis. However, the individual needs of all prisoners were assessed within 48 hours of arrival and full reports were prepared within three weeks. Prisoners were signposted to resettlement services based on this assessment but information was not being used to inform the overarching resettlement strategy.
- 1.42 The management of OASys was good, with thorough management checks of the quality of reports. Individual feedback was given to contributors. There was also good attendance by offender managers at progression boards. Where attendance in person was not possible, video conferencing was routinely used. There were no formal pre-release boards but offender supervisors had regular contact with prisoners, ensuring that identified targets were being met.
- 1.43 There were no nominated resettlement pathway leads, rather an acceptance that the main provider for each strand would assume that responsibility. Pathway support was not widely advertised; instead prisoners were signposted to services following the induction assessment.
- 1.44 The St Giles Trust saw all new prisoners to assess if they had any housing support needs, which were followed up at an appropriate time in the prisoner's sentence.
- 1.45 The establishment conducted a substance use needs analysis to ensure that service provision matched the current need of the prisoner population.

- 1.46 There were three strands of support under the finance, benefits and debt pathway but they were not all widely publicised and provision for family support was not well coordinated.
- 1.47 Offending behaviour courses and community based courses run by Thames Valley and Northampton probation services at the time of the previous inspection were no longer available. We were not certain that this decision had been adequately informed by prisoner need.
- 1.48 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

## Section 2: Progress since the last report

The paragraph reference number at the end of each recommendation below refers to its location in the previous inspection report.

### Main recommendations (from the previous report)

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- 2.1 The reception area should be enlarged and its design should allow for the proper reception and separation of newly arrived and returning prisoners. (HP46)**
- Partially achieved.** A new reception area had been designed in consultation with reception staff and work had started to enlarge the space. There were now rooms where confidential interviews could take place. The work was still to be completed, but there were already significant improvements to the reception of prisoners into the establishment. We observed good engagement between reception staff and prisoners returning from work placements.
- 2.2 The temporary prefabricated residential huts should be replaced with units of permanent construction. (HP47)**
- Not achieved:** National resources to replace the prefabricated residential huts had not been made available to the establishment and many remained in a poor state of repair. They remained difficult to heat and prisoners still said they were very cold at night during the winter months. The establishment continued to look for ways to improve the accommodation and there was a locally managed ongoing programme of refurbishment and improvement to individual huts. However, the majority of the residential accommodation was still unsuitable and required significant improvement.  
**We repeat the recommendation.**
- 2.3 The head of health care should nominate a dedicated work force for the establishment to provide continuity of services for patients and staff. (HP48)**
- Achieved.** The establishment had two regular nurses and regular access to the primary care mental health nurse.
- 2.4 A staffing and skill mix review should be undertaken to determine the numbers and skill mix of nursing and support staff required to deliver clinical services to patients. This should include additional administrative support dedicated to Spring Hill. (HP49)**
- Achieved.** A successful recruitment campaign had resulted in a suitable nursing and administrative staff skill mix to deliver clinical services to patients. Action was being taken to develop services and support systems.
- 2.5 Resettlement provision should meet the needs of short-stay prisoners and those serving less than 12 months should be subject to custody planning. (HP50)**
- Partially achieved.** A full needs assessment was completed for all prisoners, usually within three working days of arrival, which informed their custody planning. However, information on identified needs was not collated and it was unclear if they were adequately addressed.

## Recommendations

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### Courts, escorts and transfers

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- 2.6 Prisoners on cellular transport should be offered comfort breaks at least every two and a half hours. (1.6)

**Not achieved.** Some prisoners reported that they still had long journeys of four hours or more, but were not automatically offered comfort breaks, and escort vehicles only stopped if prisoners became particularly demanding. Information on comfort breaks was contained on escort forms, though these were not analysed by the establishment and it was not known if there had been improvements since our last inspection.

- 2.7 Due to the refurbishment of the reception area, there were no toilet facilities in reception, so new arrivals who required a comfort break were sent immediately to the residential induction hut. The reception area was also closed for approximately one hour from noon, when prisoners had to wait in vans and we were not assured that their needs were always met.  
**We repeat this recommendation.**

- 2.8 Prisoners being transferred to Spring Hill should be supplied with relevant written information, including details about the facilities list, before they arrive. (1.7)

**Partially achieved.** The establishment's reception criteria, information pack and facilities list were sent to feeder establishments on request, to pass to the prisoner being transferred. When asked, the establishment wrote individually to prospective prisoners, outlining the facilities and services available at Spring Hill. However, prisoners in our groups reported that they had not received any information about Spring Hill prior to arrival.

### Accommodation and facilities

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- 2.9 All prisoners identified as having a disability should be risk assessed to ascertain if they require a personal evacuation plan. (2.22)

**Achieved.** There was an effective system in place to identify prisoners with a disability and all were assessed by the disability liaison officer to see if they required a personal evacuation plan. There were 15 prisoners identified with physical disabilities, but only one required an evacuation plan and he was satisfied that he would be assisted in an emergency (see diversity section).

- 2.10 All huts should have an emergency alarm bell to enable prisoners to summon assistance in the event of an emergency. (2.23)

**Not achieved.** The establishment had decided after making enquiries that it would be too expensive to install an emergency alarm bell system. Prisoners were never locked in their rooms or residential huts, had access to staff at all times and could leave the building whenever they wished. This was not an issue that concerned the prisoners we spoke to.

- 2.11 Prisoners should be able to send their underwear to the unit or central laundry. (2.24)

**Achieved.** Laundry facilities were good and prisoners confirmed this. They no longer had to wash their own underwear separately.

- 2.12 Valuable items such as stereo equipment and computer games should routinely be security marked. (2.25)

Achieved. Valuable items were now routinely security marked.

- 2.13 Electrical power in huts J to S should remain switched on during the day. (2.26)

Achieved. The electrical power in the huts remained switched on during the day.

### **Staff-prisoner relationships**

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- 2.14 Managers should ensure that history sheets contain regular, good quality entries. (2.30)

**Not achieved.** The history sheets we scrutinised communicated factual information effectively, but did not demonstrate any understanding of prisoners' personal circumstances or concerns. We found that management checks were not being used to drive up the quality of entries.

- 2.15 On the whole, we observed very good relationships between staff and prisoners. Most staff appeared friendly, addressed prisoners with courtesy and there was broad use of preferred names and titles. A small number seemed distant and appeared reluctant to engage with prisoners fully.

We repeat the recommendation.

### **Personal officers**

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- 2.16 The hut meetings should be re-launched as one-to-one personal officer surgeries. Staff and prisoners should be given clear guidance on their purpose. They should be properly advertised and, as intended, take place every one to two weeks in all huts. (2.33)

**Not achieved.** There was no personal officer scheme, but two officers were allocated to each hut and were expected to offer fortnightly advice surgeries to prisoners. Hut surgeries continued to take place irregularly and some prisoners said they were not aware that they took place.

- 2.17 Meetings were managed differently in each hut and in some they were well attended, but it was not evident from records that prisoners had the opportunity for individual sessions with the hut officers. The majority of discussions continued to deal with practical hut issues, such as cleanliness and maintenance, rather than matters of personal concern. There was no evidence in the documentation that we scrutinised of any quality assurance or management checks, although we were told they did take place.

- 2.18 Overall, arrangements for engaging on a one-to-one basis with prisoners were random and we were not assured that any particularly vulnerable prisoners would be identified or properly supported by hut officers.

We repeat the recommendation.

### **Bullying and violence reduction**

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- 2.19 The safer custody committee should develop a cumulative analysis of the monthly bullying information and use this as a basis for continuous review of the community safety policy. (3.8)

**Achieved.** Information about violent incidents was provided by the safer custody manager to the monthly safer custody committee meetings. There had only been three separate allegations of bullying during 2011 and none from January 2012 to date. No violent incidents had been recorded.

**2.20 Prisoner representatives should be invited to stay for the majority of the safer custody meetings. (3.9)**

**Achieved.** Listeners were able to attend for the majority of safer custody meetings.

**2.21 Internal bullying surveys should be run every two years and the results analysed to inform policy and practice. (3.10)**

**Achieved.** Two anti-bullying surveys had been conducted since the last inspection and had been used to inform the violence reduction strategy.

**2.22 Exit interviews or surveys should be developed and undertaken with prisoners being discharged from Spring Hill and the data used to inform the community safety policy. (3.11)**

**Achieved.** The violence reduction policy was further informed by routine exit interviews carried out as part of the establishment discharge procedures and frequent consultation with prisoners at formal meetings.

**2.23 A dedicated telephone line or extension number for the use of concerned family or friends should be introduced and publicised. (3.12)**

**Not achieved.** Family members and friends continued to be able to telephone the prison when they had concerns about individuals, but there was no dedicated line to deal specifically with issues of prisoner safety.

**We repeat the recommendation.**

**2.24 Victims of bullying should be supported through clear individual plans. Managers should monitor the implementation of the plans and ensure consistently good quality. (3.13)**

**Not achieved.** Victim support systems had not been fully developed. There were no formal victim support plans but this was mitigated by the safer custody manager who dealt effectively with the individual needs of prisoners through one-to-one support.

### **Self-harm and suicide**

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**2.25 The new suicide prevention and self-harm management local policy document should be published and circulated to staff, prisoners and visitors in an easy-to-read format. (3.23)**

**Achieved.** Despite very few self-harm incidents, high priority had been given to their prevention. Three ACCT (assessment, care in custody and teamwork) documents had been opened from January 2011 to the time of the inspection. The suicide prevention policy had been reviewed and was appropriately focussed on the specific risks and needs of an open prison. Protocols were properly promoted and, on the whole, understood by staff and prisoners. Most staff had received up-to-date ACCT training.

- 2.26 **Post-closure reviews should be carried out and plans drawn up for any further support needed. (3.24)**

**Achieved.** The quality of the small number of ACCT documents was very good. Post-closure reviews always took place and took full account of the needs of the prisoner, including any further support that he might require.

- 2.27 **The Listeners should be better integrated into the regime. They should be identifiable on sight, have a clear rota system and lead a session in staff and prisoner induction. The induction unit should have a Listener allocated to it. (3.25)**

**Achieved.** The Listener scheme was well established and prisoners had 24-hour access to Listeners. This was explained during induction and was publicised around the prison. Listeners' photographs were displayed on notice boards in residential units and in many communal areas.

- 2.28 **The availability of the Listener suite and mobile telephone dedicated to the Samaritans should be publicised to prisoners. Use should be recorded and fed into the safer custody meeting statistics. (3.26)**

**Achieved.** Prisoners could use a free direct line number to contact the Samaritans from pin phones during the day. A direct line mobile telephone was also available for prisoners at night. This service was well advertised and all prisoners we spoke to said they knew how to use it. Systems were in place to record the use of the mobile phone but it had not been requested since the last inspection. The Listeners suite located behind the centre office was available for use 24 hours a day and this was also well advertised.

- 2.29 **Night procedures should be improved so that all staff are aware at the start of their shift of new prisoners or significant events, and what to do in the case of a serious incident. (3.27)**

**Achieved.** Handover procedures for night staff were good. Significant information was recorded in handover sheets and occurrence books that gave details of incidents or important events that had occurred during the day. Night orders had been published which described the action that staff should take in emergencies. Verbal briefings from day staff further informed night officers.

- 2.30 **Night staff should carry anti-ligature knives. (3.28)**

**Achieved.** All staff were issued with and carried anti-ligature knives.

### **Applications and complaints**

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- 2.31 **Complaints should be analysed to determine relevant patterns or trends. (3.66)**

**Achieved.** Information about the nature of complaints and location of the complaint continued to be collected and provided to the operational policy meeting, which regularly completed an analysis of patterns and trends. The number of complaints indicated that prisoners knew how to use the system and the quality of replies was good and addressed the issues raised. Although the number of complaints had increased since our last inspection, some prisoners told us they felt they would be sent back to closed conditions if they complained. This issue was recognised by the establishment, but they had been unable to address this perception effectively.

## **Legal rights**

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### **2.32 The availability of the legal services officer should be published. (3.70)**

**Not achieved.** Prisoners we spoke to were not aware that there was a legal services officer and there were no notices advising prisoners of the service.

**We repeat the recommendation.**

## **Faith and religious activity**

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### **2.33 The Buddha grove should receive regular grounds maintenance. (5.40)**

**Achieved.** The Buddha grove was now properly maintained and was an excellent facility, accessible to all prisoners for prayer and personal reflection, irrespective of their faith. The grove was also used for a national celebration of a Buddhist festival.

### **2.34 The Muslim prayer room should be relocated to a larger site. (5.41)**

**Achieved.** The Muslim prayer room had been relocated and was now large enough to accommodate all who wanted to join in communal prayer and worship. The room was light and airy, well maintained and there was an adjacent wash room.

### **2.35 The volunteer base should be expanded to include more people from non-Christian faith backgrounds. (5.42)**

**Not achieved.** Efforts had been made to expand the volunteer base to include people from all faith groups but these had been unsuccessful although there remained a very large group of Christian volunteers.

**We repeat the recommendation.**

### **2.36 The new electronic prisoner wing file system should routinely be used by chaplaincy team members to contribute to the pool of knowledge about individual prisoners. (5.43)**

**Not achieved.** We scrutinised a significant number of electronic wing history sheets and none contained entries from chaplains. We were advised by the chaplaincy team that their primary work at Spring Hill was to conduct faith services and groups, rather than engage in individual work with prisoners, though they did respond to specific referrals. Consequently, entries on history files were said to be rare.

**We repeat the recommendation.**

## **Substance use**

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### **2.37 A smoking cessation programme should be reinstated, including one-to-one nicotine replacement therapy support. (3.81)**

**Achieved.** A weekly smoking cessation clinic was run by Buckinghamshire Primary Care Trust. One nurse had completed her training in smoking cessation.

## Diversity

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### 2.38 The prison should have a diversity policy. (3.38)

**Achieved.** There was a current overarching equality strategy, supported by an equality action plan and an equality guidance document. The strategy clearly set out the tasks for 2012 and a quarterly diversity action team (DAT), chaired by the governor, had overall responsibility for ensuring that actions were implemented. Commendably, the DAT was attended by an external professor of criminology who was also an immigration specialist. There was no prisoner representation, but this had been formally recognised and prisoners were rightly to be included in future meetings. Although a needs analysis was being undertaken to inform future actions, this was not mentioned in the strategy.

### 2.39 There was a good number of prisoner diversity representatives/mentors, who met the diversity adviser each month to discuss the implementation of the policy. Their roles were well publicised. A prisoner from the travelling community gave us very positive feedback about the support he had received from the establishment and the Travellers' representative.

### 2.40 There were no policies for disabled or older prisoners at the establishment, which was an omission.

### 2.41 All staff should receive updated diversity training. (3.39)

**Achieved.** There had been a significant increase in the number of staff attending the diversity 'Challenge it, Change it' course, with 93% of the current staff group having attended. Staff were trained every three years and staff whose training needed to be refreshed had been identified for refresher courses.

### 2.42 The diversity team should have sufficient, predictable time, training and resources to work effectively and cohesively. (3.40)

**Partially achieved.** The staff resources for diversity had improved and since January 2012 the diversity adviser had been based at Spring Hill, with 15 hours a week allocated for the role. She had an excellent understanding of the issues and had good support from two experienced part-time workers. The team believed that they had enough time to undertake their main responsibilities, but their opportunities for direct engagement with prisoners were limited because of time constraints. These limitations should be acknowledged and addressed as diversity issues had previously been neglected and some prisoners reported that they still felt they were not given enough attention.

### 2.43 Retired prisoners should not have a weekly television charge deducted from their retirement pay. (3.41)

**Achieved.** Retired prisoners did not now have a weekly television charge deducted from their retirement pay.

## Race equality

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### 2.44 The Spring Hill race equality officer should have sufficient, predictable time and training for this role. (3.51)

**Partially achieved.** The diversity adviser now took on the responsibilities of race equality officer.

### **Foreign nationals**

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**2.45 The foreign nationals coordinator should receive relevant training. (3.59)**

**Achieved.** The small number of foreign national prisoners continued to be offered a good service by the foreign nationals coordinator. She attended relevant workshops and conferences which enabled her to carry out her role effectively.

**2.46 Independent specialist legal advice should be available for foreign national prisoners. (3.60)**

**Achieved.** Foreign national prisoners were able to contact independent specialist legal advisers free of charge.

**2.47 Legal reference materials in the library should include material on immigration law and procedure. (3.61)**

**Achieved.** The library held the current Immigration and Law Handbook.

### **Health services**

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**2.48 The head of health care and governor should address the poor communication issues within the health services team to ensure that patient services are not affected by low morale. (4.47)**

**Achieved.** Communication between Buckinghamshire Primary Care Trust (PCT), Care UK<sup>1</sup> and the establishment had improved since the last inspection.

**2.49 The head of health care should attend the senior management team meetings regularly, so that health care issues are addressed at a senior level with prison management. (4.48)**

**Achieved.** The acting regional manager for Care UK or a member of the nursing staff attended the senior management team morning meetings.

**2.50 Nurse-led clinics should be initiated as soon as possible, and should include regular monitoring of prisoners with chronic diseases. (4.49)**

**Partially achieved.** Triage clinics, asthma and well man clinics were in place. Sexual health services were available. There were plans to introduce an older prisoners and disability clinic.

**2.51 An additional evening or weekend GP surgery should be introduced to facilitate access to the GP for those prisoners out at work during the week. (4.50)**

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<sup>1</sup> Care UK is a provider of health and social care services, offering support for older people and those with learning disabilities as well as a range of health care services.

**Achieved.** A GP clinic was held once a week in the evening to support prisoners who worked during the day.

**2.52 Health services team meetings should include at least the GP and the dentist. (4.51)**

**Achieved.** Care UK held regular staff meetings which included the GP. The dentist was no longer employed by Care UK.

**2.53 Additional accommodation should be provided for the health care centre to enable clinical services to be improved. (4.52)**

**Not achieved.** No additional accommodation had been provided for health services and the environment remained unsuitable.

**2.54 Action should be taken to prevent flooding in the department in inclement weather. (4.53)**

**Achieved.** Maintenance had been carried out on the external drains and the flooding had ceased.

**2.55 The treatment room should be refurbished and provided with appropriate lockable cabinetry. (4.54)**

**Achieved.** There was a lockable cabinet in the treatment room but the refurbishment had not been completed.

**2.56 The GP's office should have an NHS computer and telephone. (4.55)**

**Partially achieved.** There was a computer in the GP's room but no telephone.

**2.57 Elbow taps and sinks should be installed in all clinical areas and should meet NHS standards. (4.56)**

**Not achieved.** There were sinks in the clinical areas. An infection control audit had been completed in February 2012 which highlighted a number of failures to meet NHS standards, including the lack of suitable taps.

**Further recommendation**

**2.58 Recommendations from the infection control audit should be implemented.**

**2.59 A contract cleaner should be employed to clean the department daily and to ensure that it meets NHS standards. Nursing staff should not have to supervise cleaning duties. (4.57)**

**Not achieved.** A health care orderly was employed to clean the department but it was difficult to gain access to the clinical areas when services were being delivered. Nursing staff were required to supervise cleaning duties.

## Further recommendation

**2.60** An external cleaning contractor should be employed and cleaning should comply with infection control standards.

**2.61** An electronic patient management system should be implemented as soon as possible. Sufficient terminals should be installed in all clinical areas. (4.58)

**Achieved.** SystmOne, an electronic clinical record keeping system, was in place. However, further training was required to enable staff to use the system to best effect.

**2.62** An additional quantum computer should be installed in the health care centre. (4.59)

**Achieved.** There were two quantum computers in the health care department.

**2.63** The health care centre should be provided with a dedicated photocopier. (4.60)

**Achieved.** There was a photocopier in the department.

**2.64** A lead nurse for older prisoners and those with disabilities should be identified and managed in line with National Standard Frameworks. (4.61)

**Partially achieved.** A nurse had recently been appointed for 12 hours a week to cover Spring Hill and Grendon. At the time of the inspection, there were no clinics at Spring Hill. The nurse planned to make contact with the disability liaison officer but at the time of the inspection had not.

**2.65** Additional generic counselling sessions should be available to prisoners. (4.62)

**Not achieved.** There was no access to generic counselling services. The PCT planned to commission a mental health needs assessment across both sites to review the level of need among prisoners.

**2.66** The emergency equipment held in the prison centre should be checked at least weekly and after use. A second set of emergency equipment should be available in the health care department. (4.63)

**Partially achieved.** The emergency equipment in the centre was checked weekly, although we did not see a record of this. There was no second set of emergency equipment in the health care department.

**2.67** Prisoners working in the health care centre should not be able to access clinical records under any circumstances. (4.64)

**Partially achieved.** SystmOne had improved the confidentiality of record keeping. However, records requiring archiving were kept in boxes and could have been read by prisoners working in the department.

**2.68** An oral health needs assessment should be carried out urgently to ascertain the number of treatment sessions required. (4.65)

**Partially achieved.** The provider of dental services had changed since the previous inspection. The needs assessment required updating.

- 2.69 **An additional dental treatment session should be put in place immediately, and in a format that meets the needs of those prisoners working out in the community. (4.66)**

**Partially achieved.** At the time of the inspection, the dental suite had closed for five weeks for refurbishment. Thirty-nine prisoners had been waiting 16 weeks for a dental recall appointment. The number of sessions required needed to be reviewed once the suite re-opened.

- 2.70 **The dental nurse should carry out triage and oral health promotion weekly. (4.67)**

**Not achieved.** The dental suite was closed and the role of the dental nurse required review when the suite re-opened.

- 2.71 **Additional optician time should be commissioned, to reduce the waiting list. (4.68)**

**Partially achieved.** Although we were told that an optician saw prisoners at the prison, there was no evidence that their attendance was regular. There continued to be a long waiting list of prisoners waiting to see the optician. This was frustrating for both staff and prisoners.

- 2.72 **The strip-searching of prisoners attending dental clinics at Grendon should be reviewed and only undertaken if intelligence supports the search. (4.69)**

**Achieved.** Prisoners were no longer strip-searched when attending clinics at Grendon.

- 2.73 **The head of health care should introduce a barrier protection policy, supported by policies and protocols to prevent the likelihood of communicable disease. (4.70)**

**Achieved.** There was a condom policy and condoms were available from the health care department or reception for home leave or release. There was good access to a sexual health service which was being developed.

- 2.74 **All prescriptions should be legally written and include the quantity prescribed, date prescribed and be signed by the prescriber. (4.71)**

**Achieved.** A process was in place to monitor the quality of prescribing and correct any omissions.

- 2.75 **The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued. (4.72)**

**Achieved.** Weekly checks of stock medication were undertaken.

- 2.76 **All controlled drugs registers should comply with current legal requirements. (4.73)**

**Achieved.** The controlled drug book complied with legal requirements.

- 2.77 **All prescriptions should be individually written and signed by the prescriber. (4.74)**

**Achieved.** A pharmacy intervention reporting system enhanced effective prescribing. All prescription charts that we examined had been written and signed by the prescriber.

2.78 The pharmacist should visit the prison at least once a month to check operational systems. (4.75)

**Not achieved.** The acting regional manager had met the pharmacy provider to discuss and agree the development of services.

2.79 The pharmacist should provide counselling sessions, pharmacist-led clinics, clinical audit and medication reviews. (4.76)

**Partially achieved.** The pharmacy service was a supply-only service. Medicines management was improving and there was an effective monitoring and audit process in place. However, there were no medication reviews, advice or pharmacy-led services for prisoners.

2.80 The pharmacist should provide more on-site support to the prison. (4.77)

**Not achieved.** (see above)

2.81 Patient group directions should be introduced to enable nurses to supply more potent medications and to avoid unnecessary consultations with the GP. (4.78)

**Not achieved.** The acting regional manager and the pharmacist had identified the barriers to the implementation of patient group directions and these were about to be resolved.

### **Additional information**

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2.82 Prisoners did not have ready access to external hospital appointments. We saw evidence of appointments being unnecessarily cancelled, often at very short notice, and observed this happening during the inspection. This particularly affected prisoners who arrived with pre-arranged appointments and had not reached their facility license eligibility date. Reporting via DATIX (an electronic incident reporting system) had started.

### **Further recommendations**

2.83 The governor and acting regional manager should ensure equality of access to external services for prisoners who cannot get release on temporary license.

2.84 The clinical governance meeting should monitor the number and trend of cancelled appointments.

### **Time out of cell**

---

2.85 Recreational facilities and equipment should be extended to provide sufficient activities for prisoners during the evenings and at weekends. (5.48)

**Not achieved.** Efforts continued to be made to provide sufficient activities during weekends and evenings, but the provision remained limited. Evening education classes, the music room, Spanish classes, a chess club, chapel events and a monthly quiz were available, but there were still no recreational facilities with a wider appeal and greater capacity.

**We repeat the recommendation.**

## **Learning and skills and work activities**

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- 2.86 **Quality improvement procedures should be developed and implemented across learning and skills provision (5.16).**

**Achieved.** Effective quality assurance procedures were embedded across all aspects of training. Good practice was shared between the prison and the education provider which had changed since the previous inspection. All tutors and gym instructors had been regularly observed by prison and education staff. Purposeful management meetings ensured that education provision was effectively monitored and learner progress and achievement evaluated. The establishment led on quality improvement and self-assessment with support from the education provider, and learners contributed to this.

- 2.87 **The range of education and training provision for short-term prisoners should be improved. (5.17)**

**Achieved.** More courses were available for short-term prisoners to achieve accreditation for units or to complete whole awards. The assessment during induction of prisoners' needs for learning and resettlement had improved and prisoners were effectively directed to programmes and training that best suited their resettlement needs. Work preparation skills, including curriculum vitae development, interview practice and job application programmes, were offered to all prisoners. Prisoners could complete the health and safety test for the construction skills certification scheme. Individual coaching was available to support prisoners with basic skills needs.

- 2.88 **Sufficient support for those identified as dyslexic should be provided. (5.18)**

**Not achieved.** There was still no access to specialist support for prisoners with dyslexia.

## **Library**

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- 2.89 **Regular surveys to gather the views of offenders who did not use the library should be undertaken. (5.19)**

**Achieved.** Detailed establishment-wide surveys of prisoners' views were conducted every six months which all prisoners were required to complete. Analysis of the surveys was comprehensive and the need to extend the library space had been identified. Work had started to determine at the point of refusal why prisoners declined a library card during their induction. Entry level literacy classes in the library encouraged learners to select their own reading material to take away at the end of the session.

- 2.90 **Links between the library and learning and skills across the prison should be improved. (5.20)**

**Achieved.** Links between tutors and library staff had improved and resources to enhance learning were used effectively by prisoners. Tutors provided prisoners good support to ensure they remained focussed. They could order books or other learning materials for individual research or interest. The library provided an adequate stock of fiction and supported independent learning through an appropriate range of reference materials.

- 2.91 **Measures to reduce the number of lost books should be introduced. (5.21)**

**Achieved.** An improved sign-out process had been introduced for prisoners leaving the prison, who completed a leavers' form with the signature of a member of staff confirming that they did not have any outstanding equipment or materials. The monthly stock loss of library books had decreased by 96%.

**2.92 Internet access should be provided for library staff. (5.22)**

**Partially achieved.** Library staff had access to the internet via a portable computer which provided much improved communication with the prison and the library service. The librarian had a telephone and a prison radio. A permanent broadband link to the library was being investigated to enhance staff access to email and library internet.

**Physical education and health promotion**

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**2.93 The staffing level in the PE department should be increased to meet the needs of the prison population. (5.31)**

**Achieved.** The effective redeployment of gym staff and alterations to the regime had improved the alignment of prisoners' time with life in the community. Prisoners had appropriate access to the gym and an improved range of activities, and recreational physical training was scheduled before or after work. Full access to the sports hall had increased the range of activities and staff capacity had been strengthened by closer working with the physical education department at Grendon which enabled staff to move around to cover absences.

**2.94 The take-up of accredited programmes should be increased. (5.32)**

**Achieved.** Accredited provision in the gymnasium had increased. Several level 2 gymnasium instructor courses had been successfully completed. Additional accredited courses, including first aid at work and a range of coaching qualifications, had been added to the programme and more were planned. More advanced gym instructor qualifications were planned.

**Discipline**

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**2.95 There should be a clear demarcation in the way that the IEP and the adjudication systems are used. (6.15)**

**Not achieved.** Staff still did not understand when to use warnings under the incentives and earned privileges (IEP) scheme and when to charge prisoners with a disciplinary offence under prison rules. Records of adjudication that we examined showed that some charges were petty and could have been dealt with under the IEP warning scheme.

**2.96 Group punishments should not be imposed or threatened. (6.16)**

**Achieved.** There was no evidence that group or unofficial punishments had been imposed or threatened.

**Incentives and earned privileges**

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**2.97 Plans to implement a revised IEP scheme should be expedited. (6.24)**

**Not achieved.** The IEP scheme had not been revised. The existing scheme was poorly advertised and prisoners remained unclear how to progress through the system. The three

levels of the scheme differed only in the number of community visits that prisoners were entitled to and the amount of money they could spend.

**We repeat the recommendation.**

- 2.98 **The IEP policy should clearly state the number of warnings that would trigger an IEP review. (6.25)**

**Partially achieved.** The policy stated the number of warnings that would trigger a review, but we observed that reviews and downgradings were not always consistently applied and warnings were given for petty reasons by some officers.

- 2.99 **The practice of handing out punishments at IEP review boards should cease. (6.26)**

**Achieved.** There was no evidence that punishments were issued at IEP review boards.

## **Catering**

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- 2.100 **The shelter covering the pathway outside the dining room should be long enough to ensure that queuing prisoners are protected from the rain. (7.12)**

**Not achieved.** Roll checks were taken at mealtimes and prisoners had to go to the dining hall, even if they did not want to eat. The serving of meals lasted for a maximum of 45 minutes. A long queue formed outside the dining room until the doors were opened and extended beyond the covered pathway.

**We repeat the recommendation.**

- 2.101 **The Spring Hill catering manager should be enabled to increase accreditation of short-stay kitchen workers. (7.13)**

**Achieved.** Prisoners working in the kitchen undertook an NVQ level 2 in food and hygiene. Further qualifications could be achieved in the impressive staff mess where Manchester College delivered NVQs in catering, front of house and BARISTA (hot and cold beverage preparation).

- 2.102 **Prisons with a farm and gardens should not be precluded from growing, and using, fresh produce. (7.10)**

**Achieved.** The prison had secured £275,000 National Lottery funding for the farms and gardens project. The first year's crop had not been sufficient to supply the kitchen with produce but it was hoped to achieve this in subsequent years.

- 2.103 **In order to meet diverse catering needs, prison catering managers should not be precluded from purchasing occasional items that cannot be sourced from the approved supplier. (7.11)**

**Achieved.** The catering manager had a government procurement card which enabled him to buy items which were not available on the national contract product list, such as items for cultural and medical diets.

## **Prison shop**

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- 2.104 Newspaper delivery arrangements should be reviewed to reduce the prohibitive delivery charge and enable more people to order a daily newspaper. (7.19)

**Not achieved.** Newspapers were still being supplied by a national newsagent who imposed a prohibitive delivery charge.

We repeat the recommendation.

## **Strategic management of resettlement**

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- 2.105 The resettlement strategy document should include annual development targets, which should be reviewed regularly through the resettlement strategy committee. (8.4)

**Not achieved.** The resettlement strategy document did not indicate how identified objectives would be met and there was no evidence that the objectives had been discussed by the resettlement strategy committee.

We repeat the recommendation.

- 2.106 An annual needs analysis should be undertaken to inform the development of resettlement pathways. (8.5)

**Not achieved.** A full needs analysis had not been undertaken to inform the development of resettlement pathways. Effective partnership working in the establishment had facilitated the development of a range of employability programmes and support services for prisoners. However, the level of demand for support services, such as offending behaviour programmes, had not been identified.

We repeat the recommendation.

- 2.107 A clear implementation strategy should be incorporated into the overarching resettlement strategy to ensure that providers of services under the seven strategic pathways are fully utilised. (8.6)

**Not achieved.** Much good work was being undertaken under the resettlement pathways, but in many cases this operated in isolation. Links between pathways were not clearly defined and prisoners were unaware of some support services or how they could access them.

We repeat the recommendation.

## **Offender management and planning**

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- 2.108 OASys quality assurance should include the dissemination of learning points to ensure consistency. (8.17)

**Achieved.** A random 10% check of OASys reports was undertaken by the head of offender management. Checks were thorough and included detailed feedback to report writers to ensure that learning points were communicated.

- 2.109 When offender managers are unable to attend sentence planning boards, video conferencing should be used. (8.18)

**Achieved.** There was good personal attendance by offender managers at sentence planning boards and video-conferencing was routinely used if they could not attend.

**2.110 Pre-release boards should take place to ensure that resettlement needs have been addressed before release (8.19)**

**Partially achieved.** There were no pre-release boards. Offender supervisors had regular contact with prisoners and were responsible for monitoring the achievement of sentence planning targets up to the point of discharge.

**2.111 All prisoners should have their resettlement needs assessed and be referred to all appropriate pathways (8.20)**

**Partially achieved.** An assessment of prisoners' needs was carried out within three working days of their arrival at the prison. Offender supervisors signposted prisoners to relevant pathways and it was the prisoners' responsibility to engage with the identified support services. These included St Giles Trust, CARATs and education, who carried out their own needs assessments and offered advice and support. We were not assured, however, that needs relating to all resettlement pathways, particularly children and families and attitudes, thinking and behaviour, were fully assessed.

**2.112 There should be cover for the home detention curfew clerk during absences. (8.21)**

**Achieved.** Administrative staff in the offender management unit had been trained in home detention curfew (HDC), so that this could be covered in the absence of the HDC clerk.

## **Resettlement pathways**

### **Accommodation**

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**2.113 Demand for housing advice and support given should be carefully monitored by the prison to ensure that the reduction in St Giles staffing does not impact negatively on prisoners. (8.33)**

**Achieved.** St Giles staffing was adequate to deal with prisoners' housing needs and nearly all prisoners who engaged with the service were successful in securing suitable accommodation on release. Only one prisoner had been released to no fixed accommodation in the six months prior to our inspection.

### **Finance, benefit and debt**

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**2.114 A pathway lead should be identified to take forward issues relating to finance, benefits and debt. (8.34)**

**Not achieved.** There were three providers of services under the finance, benefit and debt pathway: the education department which provided a money management course; Citizens Advice; and the British Legion which provided financial support for ex-service personnel. There were no nominated pathway leads and it was assumed that the main provider within each pathway would take the lead role, in this case the education contractor.  
**We repeat the recommendation.**

- 2.115 Access to the various strands of support under the finance, benefits and debt pathway should be clarified and widely publicised. (8.35)

**Partially achieved.** There was little coordination of the finance, benefit and debt provision. Ex-servicemen were provided with good information.  
**We repeat the recommendation.**

### **Drugs and alcohol**

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- 2.116 The establishment should repeat its substance use needs analysis annually to ensure that service provision matches the current need of the prisoner population. (8.44)

**Achieved.** The needs analysis had been reviewed during summer 2011 and there was an intention to review the needs assessment during 2012 to tender for new services.

- 2.117 All policies, compacts and information documents should be amended clearly to distinguish between compliance drug testing and voluntary drug testing. (8.45)

**Not achieved.** Changes to policies, compacts and information documents would be implemented following the retendering for drug services, which would start within a few months of the inspection.

### **Children and families of offenders**

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- 2.118 Visitors should be surveyed to determine the need for prison transport to and from local stations. (8.57)

**Achieved.** A survey of visitors had been carried out during April and May 2011 to determine if there was a need for transport to be provided by the prison to and from local stations. Only one of the 88 people who had replied said that such a service would be helpful and most visitors said they preferred to come to the prison by private car.

- 2.119 The prison should collate all family support provision and ensure that it is appropriately advertised across the establishment. (8.58)

**Partially achieved.** Although a number of strands of family support were in place, they were not properly coordinated. Prisoners were fully informed about family days.

### **Attitudes, thinking and behaviour**

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- 2.120 The prison should seek a formal agreement on the number of places that Spring Hill can have on any given community-based accredited programme. (8.66)

**No longer applicable.** Funding for accredited offending behaviour courses run by the Prison Service and Thames Valley Probation Trust had been withdrawn. At the time of the inspection, no community-based offending behaviour programmes were available to prisoners.

- 2.121 Clear criteria should be agreed as to how to prioritise attendance on accredited programmes. (8.67)

**No longer applicable** (see above)

2.122 Shorter offending behaviour courses should be provided for prisoners not able to access longer alternatives or community-based programmes. (8.68)

No longer applicable (see above)

2.123 The programme waiting list should be regularly updated and monitored to ensure that prisoners needing to attend offending behaviour programmes can do so. (8.69)

No longer applicable (see above)



## Section 3: Summary of recommendations

The following is a list of both repeated and further recommendations included in this report. The reference numbers in brackets refer to the paragraph location in the main report.

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<b>Recommendation</b>	<b>To Prison Escort and Custody Services</b>
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### **Courts, escorts and transfers**

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- 3.1 Prisoners on cellular transport should be offered comfort breaks at least every two and a half hours. (2.6)

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<b>Recommendations</b>	<b>To the governor</b>
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### **Residential units: accommodation and facilities**

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- 3.2 The temporary prefabricated residential huts should be replaced with units of permanent construction. (2.2)

### **Staff-prisoner relationships**

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- 3.3 Managers should ensure that history sheets contain regular, good quality entries. (2.14)

### **Personal officers**

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- 3.4 The hut meetings should be re-launched as one-to-one personal officer surgeries. Staff and prisoners should be given clear guidance on their purpose. They should be properly advertised and, as intended, take place every one to two weeks in all huts. (2.16)

### **Bullying and violence reduction**

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- 3.5 A dedicated telephone line or extension number for the use of concerned family or friends should be introduced and publicised. (2.23)

### **Legal rights**

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- 3.6 The availability of the legal services officer should be published. (2.32)

### **Faith and religious activity**

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- 3.7 The volunteer base should be expanded to include more people from non-Christian faith backgrounds. (2.35)
- 3.8 The new electronic prisoner wing file system should routinely be used by chaplaincy team members to contribute to the pool of knowledge about individual prisoners. (2.36)

### **Health services**

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- 3.9 Recommendations from the infection control audit should be implemented. (2.58)
- 3.10 An external cleaning contractor should be employed and cleaning should comply with infection control standards. (2.60)
- 3.11 The governor and acting regional manager should ensure equality of access to external services for prisoners who cannot get release on temporary license. (2.83)
- 3.12 The clinical governance meeting should monitor the number and trend of cancelled appointments. (2.84)

### **Time out of cell**

---

- 3.13 Recreational facilities and equipment should be extended to provide sufficient activities for prisoners during the evenings and at weekends. (2.85)

### **Incentives and earned privileges**

---

- 3.14 Plans to implement a revised IEP scheme should be expedited. (2.97)

### **Catering**

---

- 3.15 The shelter covering the pathway outside the dining room should be long enough to ensure that queuing prisoners are protected from the rain. (2.100)

### **Prison shop**

---

- 3.16 Newspaper delivery arrangements should be reviewed to reduce the prohibitive delivery charge and enable more people to order a daily newspaper. (2.104)

### **Strategic management of resettlement**

---

- 3.17 The resettlement strategy document should include annual development targets, which should be reviewed regularly through the resettlement strategy committee. (2.105)
- 3.18 An annual needs analysis should be undertaken to inform the development of resettlement pathways. (2.106)
- 3.19 A clear implementation strategy should be incorporated into the overarching resettlement strategy to ensure that providers of services under the seven strategic pathways are fully utilised. (2.107)

### **Resettlement pathways**

---

- 3.20 A pathway lead should be identified to take forward issues relating to finance, benefits and debt. (2.114)

- 3.21 Access to the various strands of support under the finance, benefits and debt pathway should be clarified and widely publicised. (2.115)

## Appendix I: Inspection team

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Gordon Riach  
Ian Thomson  
Rosemarie Bugdale  
Helen Carter  
Martin Hughes

Team leader  
Inspector  
Inspector  
Health care inspector  
Ofsted inspector

## Appendix II: Prison population profile

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

### Population breakdown by:

Status	18-20 yr olds	21 and over	%
Sentenced		316	100
Recall			
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees			
Other			
<b>Total</b>		<b>316</b>	<b>100</b>

Sentence	18-20 yr olds	21 and over	%
Unsentenced			
Less than 6 months		7	
6 months to less than 12 months		7	
12 months to less than 2 years		13	
2 years to less than 4 years		17	
4 years to less than 10 years		24	
10 years and over (not life)		159	
ISPP		28	
Life		61	
<b>Total</b>		<b>316</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age		
Under 21 years		
21 years to 29 years	100	
30 years to 39 years	96	
40 years to 49 years	83	
50 years to 59 years	29	
60 years to 69 years	8	
70 plus years		
Please state maximum age		
<b>Total</b>	<b>316</b>	<b>100</b>

Nationality	18-20 yr olds	21 and over	%
British		307	
Foreign nationals		8	
Not Stated		1	
<b>Total</b>		<b>316</b>	<b>100</b>

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Cat A			
Cat B			
Cat C			
Cat D		316	100
Other			
<b>Total</b>		<b>316</b>	<b>100</b>

Ethnicity	18–20 yr olds	21 and over	%
<i>White</i>			
British		176	
Irish		3	
Other white		5	
<i>Mixed</i>			
White and black Caribbean		10	
White and black African		1	
White and Asian		2	
Other mixed		4	
<i>Asian or Asian British</i>			
Indian		11	
Pakistani		20	
Bangladeshi		6	
Other Asian		15	
<i>Black or Black British</i>			
Caribbean		32	
African		14	
Other black		9	
<i>Chinese or other ethnic group</i>			
Chinese			
Other ethnic group			
<i>Not stated</i>		8	
<b>Total</b>		<b>316</b>	<b>100</b>

Religion	18–20 yr olds	21 and over	%
Baptist			
Church of England		66	
Roman Catholic		38	
Other Christian denominations		20	
Muslim		58	
Sikh		5	
Hindu		2	
Buddhist		11	
Jewish		1	
Other		3	
No religion		111	
Not Stated		1	
<b>Total</b>		<b>316</b>	<b>100</b>

Sentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			22	7
1 month to 3 months			77	24.4
3 months to 6 months			76	24.1
6 months to 1 year			82	25.9
1 year to 2 years			51	16.1
2 years to 4 years			8	2.5
4 years or more				
<b>Total</b>			<b>316</b>	<b>100</b>