

Report on an announced inspection of

# **HMP North Sea Camp**

11–15 May 2009

by HM Chief Inspector of Prisons

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# Introduction

North Sea Camp is a male open prison in the Lincolnshire fens. Previous inspections have noted the difficulties that the prison has faced in managing increased numbers of short-term prisoners ill-suited to the regime. There has also been a historic lack of investment, which has allowed some buildings to deteriorate and has posed questions over the establishment's future. These challenges remained but, to the credit of managers and staff, this full announced inspection also recorded a number of areas of improvement.

Prisoners reported to us that the prison was an essentially safe place. There was little bullying and few instances of self-harm. Safer custody arrangements, although reliant on a single individual, were effective. Drug use appeared to have declined. Use of force was low and security was generally proportionate to the management of low-risk prisoners in an open prison, although there was an overuse of strip searching in reception and the disused segregation unit now needed to be formally decommissioned.

The grounds provided a pleasant environment but some buildings were in a poor state of repair and were reaching the end of their useful life. Staff-prisoner relationships were relaxed, but were not supported by an effective personal officer scheme. Progress on the diversity agenda had been inhibited by the departure of key staff and needed to be reinvigorated. Primary health care services were good.

North Sea Camp provided sufficient activity and education places for all prisoners to be purposefully occupied, although there were too few opportunities to gain meaningful accreditation. Appropriate longer-term prisoners were able to progress to attending educational courses and voluntary or paid work in the community. The library and PE were both positive resources.

Resettlement remained underdeveloped. The policy was out of date and was not based on a needs analysis. Offender management operated well for those in scope, but there was much less focus on the remainder of the population. Short-term prisoners made up around 20% of the population and their needs were poorly addressed; for example, they did not stay long enough to progress to study or work in the community. Work on the resettlement pathways was variable.

North Sea Camp had improved since our last visit, although it still struggled to work effectively with significant numbers of short-term prisoners who were not able to make the best use of its regime. This compromised resettlement work, which should be at the heart of its role as an open prison. Much of the accommodation remained badly in need of refurbishment. Despite these difficulties, we found much to commend and the prison was an essentially safe, relaxed and purposeful place. It would, therefore, be a great pity if this progress was not matched by some much needed investment in the prison's physical fabric.

Anne Owers  
HM Chief Inspector of Prisons

August 2009



# Fact page

## **Task of establishment**

HMP North Sea Camp is an open male category D prison.

## **Brief history**

HMP North Sea Camp was originally a borstal, which opened in 1935. The original staff and trainees were from HMP Stafford and they established a tented camp at the site while they began to build permanent buildings. They also built a new sea bank to reclaim further land from the Wash. This work was completed in 1979. The reclaimed land was used for farming before being sold in 2004.

## **Area organisation**

East Midlands

## **Number held**

315

## **Certified normal accommodation**

318

## **Operational capacity**

318

## **Last inspection**

May 2007

## **Description of residential units**

12 beds are within a detached house and used mainly for long-term prisoners.

84 beds are for stages 1 and 2 resettlement; mostly single cell.

The remainder are double rooms and dormitories.





# Healthy prison summary

## Introduction

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- 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:
- |                            |   |
|----------------------------|---|
| <b>Safety</b>              | prisoners, even 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. |
- 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

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- HP3 Reception staff were welcoming and induction staff ensured that new prisoners were quickly told about what to expect at the establishment. First night arrangements were limited. Induction was thorough but drawn out. Safer custody procedures were over-reliant on one person but the support for prisoners was good. Security arrangements

supported an environment in which prisoners felt safe but there was an overuse of strip searching. Use of force was low and the segregation unit had closed. There was insufficient awareness about the purpose of the integrated drug treatment system among staff and prisoners. Overall, the establishment was performing reasonably well against this healthy prison test.

- HP4 Reception staff had positive and flexible working relationships with escort staff and a constructive and friendly approach to prisoners, who reported reasonable treatment on arrival. Prisoners did not receive a free telephone call. Healthcare screening took place in private, as did interviews with uniformed staff. Induction staff took new receptions to the induction unit as soon as possible and gave them initial information. There was no formal first night centre, and prisoners expressed poor feelings of safety on their first night. There was no systematic way of checking and supporting the well-being of prisoners on their first night.
- HP5 There was good use of orderlies in supporting the delivery of induction, and the materials were thorough and well organised. The afternoon periods were not well used; prisoners had no access to recreational or other activity, and they reported losing motivation. Responsibility for finding information was thereafter placed on the prisoner, which may have accounted for the poor survey responses regarding knowing whom to go to for help with resettlement issues.
- HP6 There was an over-reliance on the safer custody manager, both with regard to suicide and self-harm issues and also violence reduction and anti-bullying. There was no systematic approach to gathering and using information. Despite this, prisoners reported feeling well supported. The suicide and self-harm policy was detailed but not tailored to the needs of the establishment. The new care planning system, which offered additional support to those identified as vulnerable, had inadequate governance arrangements. There were some procedural deficiencies in assessment, care in custody and teamwork (ACCT) arrangements. Not all key staff had completed ACCT foundation training, and anti-ligature knives were not routinely carried. Listeners were under-utilised.
- HP7 There was a comprehensive violence reduction strategy. Most prisoners reported feeling safe or very safe in the exit survey but there had been no analysis of these data. There was evidence of potential bullying behaviour, which was not dealt with formally. When intervention plans were raised, frequent and relevant entries were made and perpetrators and victims managed proactively, with only 20% transferred out. Perpetrators were able to access appropriate anti-bullying interventions in the community.
- HP8 Levels of security were proportionate to the setting, although there was an overuse of strip searching, with routine rather than intelligence-led searching of prisoners on reception and discharge. There was excessive use of requiring prisoners to squat. The prison took a minimum tolerance approach to mandatory drug testing (MDT), and those testing positive for opiates were transferred to closed conditions. This needed to be kept under review to ensure proportionality but had helped to ensure a safe environment, with few absconds. Prisoners and staff had a clear understanding of the rules and standards expected. There was an appropriately low use of force.
- HP9 The segregation unit had not been used since August 2008, but the cells remained certified. The unit did not comply with minimum standards for segregation. There was

no protocol for managing prisoners who presented a risk to others or of abscond before return to closed conditions.

- HP10 Prisoners requiring alcohol detoxification were not accepted at the establishment. Although there were no protocols for opiate detoxification, prisoners requiring this were sometimes accepted. There was no dual diagnosis service. Work with alcohol users was provided by primary mental health nurses. There was a lack of understanding about the purpose and benefits of the integrated drug treatment system (IDTS) by staff and prisoners. MDT and compliance testing were clearly separated and had discrete protocols. The random MDT positive rate had fallen and according to the information we were given at the time of the inspection, now stood at 5.4%. Similarly, the figure quoted for suspicion testing at the time of the inspection was a 19% positive rate, indicating that better intelligence was required to trigger the tests. Fewer prisoners than at comparator prisons said that it was easy or very easy to obtain illegal drugs.

## Respect

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- HP11 The prison was clean and tidy, despite the advanced age and poor state of its buildings. The single rooms on the resettlement unit were too small for prisoners to share. Staff-prisoner relationships were relaxed and productive but not underpinned by an effective personal officer scheme. Catering was good. Work around diversity, race equality and foreign nationals was underdeveloped. Primary healthcare services were good. Overall, the establishment was performing reasonably well against this healthy prison test.
- HP12 The grounds provided a pleasant environment. Prisoners' cells were in a reasonable state of decoration and cleanliness, given the age and dilapidated state of the accommodation. Communal and living areas were generally clean and tidy, although shabby. Toilets and showers were beyond their useful life but were clean, although mouldy. Cells designed for one were occupied by two prisoners and were cramped.
- HP13 There was a clear incentives and earned privileges (IEP) policy, which was reviewed annually and was understood by staff and prisoners. It appeared to operate effectively as a behaviour management tool. Prisoners were referred for a review after three warnings or for what was described as a 'serious single incident', such as an adjudication or positive mandatory or compliance drug test. Downgrades were not automatic and each case was dealt with on its merits. Prisoners were invited to contribute to and attend the reviews and exercise their right of appeal. All reviews were conducted by the residential principal officer, with little input from other areas.
- HP14 Staff-prisoner relationships were relaxed and supportive. Prisoners reported favourably against comparator prisons about having someone they could approach and being treated with respect. Staff dealt promptly and efficiently with prisoners' issues, although there was little personal data recorded in files. Prisoners' relationships with wing staff were transactional, with officers tied to units, responding to applications and requests, rather than having the freedom to mix with prisoners in the living and association areas.
- HP15 The personal officer scheme was not effective and there was no allocation of personal officers on the resettlement or long-term houses. Many staff showed a good

knowledge of prisoners, but this was unrelated to any personal officer allocation. Wing file entries were made monthly but by any officer available. There was minimal personal officer engagement in sentence planning or other key issues for prisoners' progress through their sentence. Prisoners did not know who their personal officer was but this was mitigated by their confidence in approaching any member of staff for support or help. Management checks did not engage with the effectiveness of the scheme.

- HP16 Prisoners, with the exception of black and minority ethnic prisoners, were relatively positive about the food, and the quality of the food we tasted was good. The kitchen catered for the festivals of all faiths and was involved in themed nights and events. There were links with the community and prisoners were involved in catering for charity events. There were problems ensuring that the serving of meals started punctually and only 80 prisoners could be seated at any one time.
- HP17 There was an overarching diversity policy but it was underdeveloped. There was a separate disability policy, but no policy or guidance for the management of older, gay, bisexual or transsexual prisoners. There was one disability prisoner representative, but no identified disability liaison officer. There was no structure to support prisoners who identified themselves as having a disability and no reviews of their care.
- HP18 Around 18.5% of the population was from a black and minority ethnic background. A diversity and race equality action team meeting was convened every two months and chaired either by the governor or his deputy. Attendance at the most recent meetings had been patchy and there was no evidence of in-depth consideration of foreign national or older prisoners or those with disabilities. One prisoner representative attended the meetings, but there were no attendees from external organisations. Racist incident report forms (RIRFs) had been properly investigated and replied to but were not subject to external scrutiny. The prisoner representatives met regularly but meetings were not minuted, and there were no forums for black and minority ethnic prisoners.
- HP19 Four per cent of the population at the time of the inspection were foreign nationals. There was no foreign nationals forum, no prisoner representatives and no coordinator identified for prisoners to go to for advice or to arrange external sources of advice and support. Foreign nationals received a five minute telephone call each month, but only if they had not had a visit, and did not have unlimited PIN credit. There was no use of telephone interpreting services; staff and other prisoners with suitable language skills were used as interpreters.
- HP20 There were not chaplains for all faiths, although the opportunity for corporate worship was available weekly. The two Muslim chaplains just covered Friday prayers. The chaplaincy team was involved in induction and resettlement but was rarely able to contribute to ACCT reviews. It had been proactive in encouraging community engagement with Christian and secular groups and individuals, but other faiths were not sufficiently provided for. The chapel provided a comfortable and relaxed environment but the multi-faith room was poor.
- HP21 Applications and complaints were dealt with proactively and most requests were dealt with promptly. The legal rights officer was experienced and a comprehensive service was offered to new and existing prisoners.

- HP22 Healthcare services were commissioned and provided by the NHS. An appropriate range of nurse-led clinics was available. Additional healthcare services could be accessed in the local community. Prisoners rated nurse and GP services highly. A new Service Level Agreement had recently been introduced for dental services but did not meet prisoners' needs. There were no pharmacist-led clinics. Nurses spent long periods each day administering IDTS and other medication, and not all prisoners who had their medication in-possession had anywhere secure to store it. Mental health services were restricted to primary care only.

## Purposeful activity

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HP23 There were sufficient education and activity places for the population, including several outworking placements. Some courses were not offered above level one. There was too much unaccredited orderly work. Time out of cell was good, although there were too few spare time activities. The library was a much-valued resource. The limited gym facilities did not restrict a constructive approach to PE. Overall, the prison was performing reasonably well against this healthy prison test.

HP24 Initial assessment of literacy and numeracy skills was well managed, and results were appropriately used to inform decisions in relation to allocations and education. However, there was no systematic identification of additional needs, such as dyslexia, during induction. Allocation to activity was fair, based on prisoner requests but informed by educational assessment. There were no waiting lists for most courses and just a small list of applications for employment change each week. Attainment rates for qualifications were high in vocational areas and satisfactory elsewhere. Information, advice and guidance services were less than satisfactory overall; there were good aspects in education but they did not sufficiently link to sentence planning and resettlement needs. Pay for education and training was at the lowest band and did not act as an incentive for prisoners to address their educational needs. The prison did not adequately prioritise and sequence interventions for prisoners. Those with low education levels were strongly encouraged to attend education at least part time. Too many prisoners left the establishment without completing their courses in literacy and numeracy, particularly those with the greatest need.

HP25 There was minimal unemployment and sufficient work places for prisoners. Outworking was appropriately monitored. The proportion of orderly and cleaner jobs was too high, with no accredited training. The standard of work was good in most areas. There was some good vocational training in motor vehicle maintenance, PE, catering and construction. Prisoners who worked were able to attend education part time.

HP26 Prisoners had free access to all outside areas within bounds until 8pm and could associate on their unit until midnight. Association areas were limited and the equipment damaged in some cases, but most prisoners associated in their cells. There were some spare time activities, with music, art and sculpture classes available in the evenings.

HP27 The library was open seven days a week and each evening, and was well used. It was reasonably well stocked, including easy-to-read books for adults, CDs, magazines and DVDs. Seven computers provided a good learning resource but had not been used for some, owing to the extended absence of the librarian.

- HP28 The gym was too small to accommodate all the equipment and activities required. There was plenty of opportunity for outdoor sports activity. There were insufficient showers and toilets in the gym for the number using them, and no drinking water was available. There was good access to the gym, as it was open six days a week and in the evenings, and the range of activities was reasonable, including sessions for the over-40s. A limited range of courses was available up to level two. There were appropriate links with the healthcare department.

## Resettlement

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HP29 The resettlement policy was out of date and not based on a needs analysis. Offender supervisor contact operated well for those in scope of offender management. There was little in place for those serving over 12 months who were not in scope and no provision for those serving under 12 months. Resettlement pathways lacked strategic drive to coordinate some good pockets of work. Overall, the establishment was not performing sufficiently well against this healthy prison test.

HP30 The resettlement strategy was out of date, not informed by a needs analysis and did not address the needs of different types of prisoners. It was not sufficiently focused on pathway areas or linked to the area resettlement strategy, and was not driven forward by the resettlement meeting. Exit surveys were routinely performed and provided good management information, although this was not used.

HP31 The offender management unit (OMU) was part of the reducing reoffending function, along with the resettlement unit. This provided an appropriate focus but managers were overstretched. Thirty prisoners were in scope for offender management and all had an offender supervisor; records of contact reflected mostly excellent engagement. Most prisoners said that they did not have a sentence plan; this perception may have reflected the fact that only lifers and in-scope prisoners had any form of sentence planning review after arriving at the establishment. Out of the 243 prisoners eligible for offender assessment system (OASys) assessments, over 80% were in date and relevant departments were made aware of targets set. There was no sentence planning for the 23% of prisoners not under OASys arrangements.

HP32 Distance from home areas meant that outside probation staff often could not attend boards. It also affected some prisoners' ability to have home visits. Most home detention curfew discharges went out on their eligibility date and there was good use of the ClearSprings accommodation service.

HP33 Much of the resettlement focus was on working out placements. Despite this, fewer than half of the prisoners who were eligible for outwork regularly worked out. Around 1,800 releases on temporary licence were granted each month, which was significantly lower than at comparator prisons. Of those eligible for paid work, only a quarter regularly worked out. Little was done to assist prisoners in securing paid work.

HP34 Lifers' sentence plans were completed promptly and lifers played an active part in their target setting. Thirty lifers were eligible for outworking and around half of these had a placement, including two doing paid work. There were delays in progressing lifers towards getting outwork because of outside probation not completing assessments. Lifers' perceptions of their treatment were poor. They routinely had to

share rooms, and they were given no wider support, such as lifer days or forums. Some lifers experienced delays in parole hearings.

- HP35 No leads had been identified for the resettlement pathways, and no pathway meetings took place. Fewer prisoners knew how to access resettlement services than at comparator establishments. Information was given on induction but limited information was displayed around the establishment, and there were no automatic pre-release interviews with resettlement specialists.
- HP36 There was no specialist housing service provider, but the four induction officers who acted as housing advisers in the interim had built up links with outside agencies.
- HP37 The provision around finance, benefit and debt was patchy. A one-to-one debt advice service had recently ended. Finance courses were available, through both the education department and the Lincolnshire Action Trust, but there were few completions. There was weekly input from a Jobcentre Plus worker relating to benefits advice. Only paid workers were supported in opening bank accounts.
- HP38 An employment needs analysis had been undertaken and there had been some developments to meet the identified gaps. There was no structured support for prisoners in finding employment, training or education but a drop-in facility was available in the education department. There was no pre-release course available.
- HP39 There was little healthcare discharge planning for prisoners. Each prisoner was given a discharge letter but there was no system for the provision of medication. If prisoners were not registered with a GP before coming into prison they were not given advice about how to register with one and were not given information about NHS direct.
- HP40 There was a drug strategy, but it had not been informed by a needs analysis. Counselling, assessment, referral, advice and throughcare (CARAT) staff were involved in induction and identified individual needs. Those requiring assessment were seen promptly. Alcoholics Anonymous ran bi-weekly meetings at the prison, and some prisoners attended meetings in the local community. Action had been taken to address unsafe release on temporary licence (ROTL) prescribing. An unintended consequence had been problems with some prisoners on the IDTS programme accessing ROTL. This had resulted in some prisoners detoxifying too quickly in order to access home leave. There were arrangements with local drug intervention programme teams for prisoners being discharged.
- HP41 Support for family contact was limited. There was space for 70 prisoners a week to have social visits in the visits hall. A small play area for children was available, although not staffed. The visitors' waiting area was poor. Visitors reported good support from visits staff, but visits sessions did not start on time. Eight family visits were planned for the year, and were mainly aimed at prisoners who did not have town visits or other ROTL. This was the only provision for supporting children and families of offenders. No parenting or relationship interventions were available.
- HP42 Links with Lincolnshire Probation Service enabled offending programmes to be completed in the community. The absence of a needs analysis meant that it was not possible to assess whether provision matched need. Managers believed that there was a gap in provision for domestic violence and alcohol treatment. A lack of psychological input had created problems in completing assessments; alternative solutions had been used on a case-by-case basis but there was no reliable service.

## Main recommendations

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- HP43 The remedial work required to bring the prison buildings up to standard should be undertaken, with the showering facilities on north and south units taking priority.
- HP44 The segregation unit should be taken out of commission and removed from the cell certification.
- HP45 There should be no routine strip searching of prisoners on reception and discharge.
- HP46 Managers should review the establishment's diversity strategy to ensure that it covers all minority groups and that each strand is underpinned by appropriate policies and structures.
- HP47 The number of mundane orderly jobs should be reduced and opportunities for gaining accredited qualifications increased.
- HP48 There should be an up-to-date, pathway-based resettlement strategy, informed by a needs analysis, which addresses the needs of the different groups within the population.
- HP49 All prisoners should be seen formally before release to ensure that resettlement needs have been addressed.



# Section 1: Arrival in custody

## Courts, escorts and transfers

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### 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 Journeys to and from the establishment were usually of short duration. Conditions in the vehicles were cramped but adequate. Reception staff had positive working relationships with escort staff. Prisoners were routinely strip searched on first arrival at the prison, on departure for and return from court escorts, and on final discharge.
- 1.2 Journeys to and from the establishment were usually of less than two and a half hours' duration, although in our survey almost twice as many prisoners (15%) reported journeys of over four hours as at comparator prisons (8%) or at the previous inspection (9%). One prisoner told us of a journey which had taken a full day and involved a lunchtime stop at HMP Blakenhurst, with no food or drink provided in spite of his request for a drink of water. Conditions in the vehicles were cramped but adequate.
- 1.3 Reception staff had positive and flexible working relationships with escort staff. In reception, an adequate amount of food was provided from the adjacent kitchen where possible, or by microwaving ready meals.
- 1.4 Prisoners were always strip searched on first arrival at the prison, on departure for and return from court escorts, and on final discharge. This was not based on individual risk assessment, and the reason for this practice was not clear (see main recommendation HP45).

## First days in custody

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### 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.

- 1.5 The reception process was carried out in a thorough and courteous way, and reception staff cooperated well with the induction team. The staffing level in reception had been reduced, and the first night arrangements left gaps which may have contributed to prisoners not feeling adequately safe or supported on arrival. Induction and reception processes made effective use of prisoner orderlies. The induction programme was thoroughly prepared but did not fully occupy prisoners.

## Reception

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- 1.6 Reception was open throughout the day, although its opening during the staff lunch period depended on the availability of staff from day to day. When escorts arrived during this period, which was often the case, the van was brought into the prison but prisoners held on board until staff were on duty. If it was judged necessary to bring the prisoner(s) into reception for reasons of safety or well-being, a manager would organise this ad hoc. Only one escort van arrived during the inspection; this occurred during the lunch period, and a member of staff volunteered to delay his lunch break in order to support the officer who had been detailed to reception. One officer was allocated to reception; this had been reduced from two. Reception staff cooperated well, both with escort staff and with the induction team.
- 1.7 The reception area was suitable and clean, despite being converted from a domestic residence. There was a reasonable amount of information on display but, apart from a welcome sign, there was no material in languages other than English. Orderlies took a full part in welcoming and assisting new arrivals. Initial interviews and healthcare screening interviews were held in private. In our survey, more prisoners than at comparator prisons told us that they were given help in the first 24 hours with health problems (63% versus 53%) and with feeling depressed or suicidal (51% versus 37%). This was important, since more than twice as many prisoners as at comparator prisons had problems on arrival with health (19% versus 8%) and with feeling depressed or suicidal (15% versus 6%).
- 1.8 A free telephone call was not provided on arrival. Telephone credits could be purchased immediately, and an advance of £1 telephone credit given if a prisoner had no money for a call. However, in our survey, significantly more prisoners than the comparator had problems in contacting family (25% versus 13%), and the lack of a free telephone call was likely to have contributed to this. Fewer prisoners than at comparator establishments said that staff had asked if they needed help with problems in contacting family (30% versus 60%).

## First night

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- 1.9 A member of the induction team came to reception to make a thorough assessment of risk factors and to prepare prisoners for their first night. Prisoners were taken to the induction building and given initial information, and from there went to one of the two main residential units. A large ring binder folder containing local information was lent to each prisoner for the first night; if a prisoner had reading or other difficulties, orderlies went through this folder to explain it. If there were specific concerns about a prisoner, the induction officer would brief unit staff. However, there was not sufficient assurance in the process that a prisoner would receive individual care, support and supervision on his first night. On their first night, prisoners were frequently located in a bare room containing six beds. In our survey, 86% said that they felt safe on their first night, which was significantly worse than the 91% comparator. Significantly fewer than at comparator establishments (8% versus 43%) said that they had met a Listener within the first 24 hours. Sixty-one per cent reported that they had had problems when they first arrived, significantly more than the 40% comparator.

## Induction

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- 1.10 The induction unit was welcoming and well equipped, with an abundance of information on display. Induction began on the day after reception, in a one-week rolling programme. The programme was adjusted every week to match the availability of specialist staff, and it did not

match the published timetable. Appropriately trained officers in this team covered induction, housing and pre-release work. Good use was made of prisoner orderlies, to support the delivery of induction. There was good written material available, in 20 different languages, and this was reinforced through the information channel on in-cell televisions.

- 1.11 The need for an induction officer to support the reception process on some afternoons had caused the induction programme to be restricted mainly to mornings. As a result, prisoners on induction spent almost every afternoon unoccupied, with no access to the recreational facilities on the residential units. Prisoners told us that that they had been bored and lost motivation during the induction week.

## Recommendations

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- 1.12 Managers should ensure that reception is adequately staffed, especially in the early afternoon, to ensure that reception procedures are carried out efficiently.
- 1.13 All prisoners should be offered a free telephone call on their day of arrival.
- 1.14 Managers should introduce appropriate first night arrangements to ensure that prisoners' well-being is regularly monitored, supported and recorded.
- 1.15 Managers should arrange an induction programme structured to provide constructive activity throughout the core day.

## Housekeeping point

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- 1.16 The induction unit should publish and display a timetable which accurately shows the programme for the current week.



# Section 2: Environment and relationships

## Residential units

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### 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 Cells were in a reasonable state of decoration and cleanliness, given the age and dilapidated state of the accommodation, and the grounds provided a pleasant environment. Communal areas were generally clean and tidy, although shabby. Toilets and showers were beyond their useful life but were clean, although shower cubicles contained mould. The cells designed for one but occupied by two prisoners were cramped. Prisoners' mail was handled efficiently. There was good access to telephones.

## Accommodation and facilities

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- 2.2 The prison was clean and tidy, despite the advanced age and poor state of the buildings. The accommodation across the prison was substandard, with residential and non-residential areas in urgent need of attention. NOMS Estate Capacity Directorate had completed a scoping study in November 2008, outlining the work required to extend the life of the buildings by up to 10 years, and the decision on this was awaited. The standard of decoration in cells was reasonable. There was little graffiti, and prisoners kept their living accommodation in a reasonable state, in spite of the turnover on the larger units. The cells in the long-term houses were well looked after and the houses in a decent state of repair. North and south units were the shabbiest but were clean and tidy at the time of the inspection.
- 2.3 The external areas were pleasant. There was a large sports field, which several men either walked or ran around in the evenings. The grounds had trees, shrubs and plants and were attractive areas in which to sit when the weather was good.
- 2.4 Communal areas were relatively clean but not bright or appealing, and were too small for the number of men living on the units, although they were used infrequently (see paragraph 5.47). There was no supervision by staff, as the four larger units only had a single officer on duty, and in each case this officer was predominantly office based in order to deal with queries and applications. The main association areas on north and south units were used for pool and table tennis, but were so small that anyone watching had to squeeze around the walls. There was no seating, nor room for any. Much of the association equipment across the prison was damaged, particularly the baize of the pool tables. The association rooms on Harrison and Llewellyn units were too small for the number of men using them. Despite having a pool table and table football, there was no evidence that they were used. One of the telephones was sited in this room, so if prisoners participated in these games, it would have been difficult to use the telephone.
- 2.5 A quiet association area had recently been returned to use on south unit and contained a table for games, a couple of sofas and a television. Again, the number of men able to use this at any one time was limited. As a consequence of this conversion, the displaced accommodation had been made up on Harrison unit. On this unit, bunk beds had been placed in four of the cells, instead of the single accommodation that the units were designed to offer. At the time of the

inspection, the cells were cramped, even before the additional furniture was added to allow each man to have a wardrobe. There was no space for two men to sit at the table and eat and nowhere for them to dine other than in the cell. All accommodation on north and south units was shared and, although prisoners adapted well, the shared space was not sufficient to accommodate two men and their belongings. Prisoners complained about coming into shared accommodation on arrival, as many had been in single cells in their previous prisons, and long-term prisoners, especially, talked about the difficulty in sharing with several people over a relatively short space of time (see paragraph 8.27). We were told of heating problems on north and south units, although at the time of the inspection the temperatures were comfortable.

- 2.6 There was limited evidence of adjustments having been made for prisoners with disabilities. A man with reduced mobility had been given a scooter to enable access around the site, and another with spinal problems had a special mattress. However, the design of the units and facilities was poor for those with mobility problems. The showers involved stepping over a lip to gain access to the cubicle, and there were no cells designed to accommodate prisoners using a wheelchair. All the rooms in the long-term houses involved climbing stairs, although rooms downstairs were due to come into use shortly after the inspection. There was no specially designated accommodation for older prisoners and no scheme for nominated prisoners to offer planned support for those identified as needing it. There were no personal evacuation plans for those with a disability (see sections on personal officers and diversity).
- 2.7 All prisoners had personal keys to their cells and could access drinking water, toilets and washing facilities at all times in residential areas. There were no emergency cell call bells. As all prisoners could leave their cells at any time, they could raise concerns directly with the officer (or operational support grade at night) on duty. While the large observation panels in the doors to the cells were covered from the outside with material to allow privacy, there was nothing obscuring the view into the cell, and all cells were easily accessible by staff. Televisions were available for those who were eligible to have them by virtue of being on the standard or enhanced levels of the incentives and earned privileges (IEP) scheme. There was a problem with replacing broken or damaged televisions, as stores only had six replacements a month. Televisions were often damaged, as the limited space in the cells meant that they were perched on shelves on the backs of doors and liable to fall off if the doors were knocked.
- 2.8 A notice to staff and prisoners had been issued in May 2009 about the displaying of offensive or degrading material. Its content was clearly understood by staff and prisoners, and we were told that 'soft' pornographic pictures had been clamped down on before the inspection. These pictures were still up in cells but offending parts had been covered over with paper.
- 2.9 There were clear areas on the residential wings where information was displayed. There was a reasonable amount of information supplied, although some of it was out of date. There were no notices in the long-term houses, and residents there were expected to find any necessary information themselves or make applications on the resettlement unit to which their house was attached.
- 2.10 Prisoner representatives had meetings with staff and were consulted about routines and facilities. The minutes showed that these meetings were not held regularly and it was not always clear who was responsible for dealing with matters outstanding. Many prisoners were not able to name the representatives for their units, and the representatives did not feel that they had much influence, although considered that the governor and his management team tried to be responsive and proactive.

- 2.11 Residential areas were calm and well ordered at the time of the inspection, particularly during the day. After 8pm, when all prisoners were required to be on their residential unit, it was relatively peaceful and relaxed, and it was quiet during our night visit.
- 2.12 In our survey, 28% of prisoners said that they had experienced problems in sending or receiving mail (significantly worse than the 21% comparator) but when we checked the processes in place, it appeared that the delays were occurring outside the establishment. Incoming mail was checked and distributed on the day it arrived and outgoing mail was checked overnight and left the establishment the next day. Staff dealing with mail had been reminded about the requirement not to open legally privileged mail, and no more than 5% of mail was subject to random opening. There were appropriate processes to monitor the mail of prisoners subject to public protection measures.
- 2.13 Access to telephones was generally good, although only 30% said that they had had access to a free telephone call on arrival, which was significantly fewer than the 48% comparator. On the residential areas, some telephones were in cubicles and others had privacy hoods. Prisoners who worked out were able to have a mobile telephone while outside the prison and this relieved the pressure on the available telephones inside the establishment. There was just one telephone available for use by prisoners in the two houses. This was in a discrete room with comfortable seating. There were notices by all the telephones advising that calls might be monitored.

## Clothing and possessions

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- 2.14 All men at the establishment on the standard and enhanced levels of the IEP scheme were allowed to wear their own clothing. Despite this, many men still wore prison-issue clothing. One reason for this was that many men carried out orderly work in and around the prison. Prisoners had access to adequate clothing and the stores reported no problems in supplying clothes when requested. There was sufficient variety to cover the needs of those arriving, and the extension of the rule to allow prisoners to wear their own clothes to everyone other than those on basic had lessened the need to provide prison-issue clothing.
- 2.15 Prisoners had access to adequate laundry facilities, and irons and ironing boards were available on residential units. There was a shared laundry for north and south units. There were plans to locate all laundry facilities here once the washing machines on the resettlement and long-term houses needed replacing. Prisoners could have their stored clothes laundered.
- 2.16 Prisoners' property was held securely. In our survey, 56% of prisoners, compared with 49% at other open prisons, said that they could normally get their stored property if they needed to. Prisoners expressed frustration when having to retrieve property from Branston, the central storage facility. Complaints relating to property and cash were dealt with promptly. There was a limit on the amount of compensation that would be paid for any item for which the prison accepted liability for losing. For example, the maximum compensation payable for a wristwatch or play station was £25. Prisoners were given unidentifiable bags in which to carry their clothes on release.
- 2.17 The procedures for controlling prisoner property were commensurate with risk and need. Given the high number of long-term prisoners, staff dealt with property reasonably well. The cramped accommodation, particularly in the shared cells, meant that there was limited storage space. Prisoners told us that they were liable to receive IEP warnings if they stored property under beds rather than in lockers, although we did not see examples of this in the files we sampled.

## Hygiene

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- 2.18 Access to cleaning materials was reported as good; 84% of prisoners in our survey said that they normally got cell cleaning materials every week, against the 72% comparator. No special attention was paid to the cleanliness of the cells designated for newly received prisoners, and staff expected them to clean them once allocated.
- 2.19 Only 90% of prisoners in our survey said that they were able to have a shower every day, against the 99% comparator. This was because of the poor state of the facilities. The showers on north and south units had such poor water pressure that only a few could be used at any one time. The system in these units was so old that showers were switched on by turning a tap in the pipe which ran above the shower cubicles. The showers in the resettlement units were in the process of being refurbished and were all in working order, despite the presence of mould (particularly in the ceilings) and rotten wooden panels. None of the cells had integral sanitation and all prisoners accessed communal toilets and sinks. They had good access to these facilities, and there were sufficient for the population. There was a ready supply of personal hygiene items of basic quality on the residential areas.
- 2.20 Freshly laundered bedding was provided for all prisoners on arrival. In our survey, 87% (against the 85% comparator) said that they normally received clean sheets every week. We received complaints about the availability of mattresses, but staff in the stores were clear that these were available on a one-for-one basis when needed. Prisoners were allowed their own duvets, duvet covers and bedspreads on the standard and enhanced levels of the IEP scheme. Curtains were not on the facilities list but all rooms had curtains, many of which had been tailored by an orderly in the run-up to the inspection.

## Recommendations

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- 2.21 Cells designed for one should not accommodate two.
- 2.22 The telephones located in the association areas on Harrison and Llewellyn units should be moved to allow the limited association area to be used.
- 2.23 The association areas should be made more attractive to encourage use, both in terms of decoration and facilities available.
- 2.24 Prisoners on Harrison and Llewellyn units and the long-term houses should be able to do their own laundry.
- 2.25 The offensive display policy should be enforced.
- 2.26 The showers in all units should be deep cleaned to prevent mould from building up, and the problems with water pressure should be remedied.

## Housekeeping points

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- 2.27 Notices in residential areas should be kept up to date.
- 2.28 Damaged pool tables should be mended.
- 2.29 The availability of prisoner representatives, and their role, should be publicised.



- 2.30 The limits for compensation for lost property should be reviewed and brought in line with current prices.
- 2.31 The representative meetings should be held monthly, minuted properly, with clear accountability for action, and published openly on the units.

## Staff–prisoner relationships

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### 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.

- 2.32 Staff–prisoner relationships were relaxed and supportive. Prisoners reported positively about having someone they could approach and being treated with respect. Staff dealt promptly and efficiently with prisoners' issues, although there was little personal data recorded in files. Most prisoners were referred to by their surnames.
- 2.33 When asked to define their role, most staff focused on responding promptly to prisoners' requests. While seeing security and physical safety as important, most also recognised their role in supporting prisoners in preparing for release, particularly in terms of employment.
- 2.34 Many staff interacted well with prisoners and offered them support. We generally observed good communication between staff and prisoners but this was mainly predicated on prisoners approaching staff, who were often office bound. Staff were more likely to challenge problematic, than acknowledge good, behaviour but there was evidence of both. While wing files had more instances of warning comments in red than positive comments, most monthly entries included positive reports about work and behaviour where merited. Staff showed confidence in challenging inappropriate behaviour, although in some cases this was through IEP warnings when an informal warning would have been more appropriate. The number of adjudications seemed high for an open prison (see section on discipline). Prisoners felt that the threat of losing their place in open conditions was over-used and that some of the restrictions placed on them were petty. However, boundaries were clearly set and respected.
- 2.35 Staff did not routinely knock before entering cells and, when challenged, one officer said that it was better not to. Most prisoners were referred to by their surnames, and most entries in wing files were impersonal. The language used by staff and their approach to prisoners observed at the time of the inspection were fair. In our survey, 84% of respondents said that most staff in the prison treated them with respect, which was better than the 77% comparator, and was equally positive for black and minority ethnic prisoners. Across the focus groups, mixed views were expressed, with some prisoners saying that the majority of staff were good, while others said that there were just a handful they would approach. In our survey, 82% of prisoners said that they had a member of staff they could turn to for support, which was equivalent to the 76% comparator.
- 2.36 The senior management team role-modelled positive interaction with prisoners and expected the same of staff. Engagement with prisoners by staff was curtailed by the low staff-to-prisoner ratio, resulting in relationships with wing staff, in particular, being transactional. Residential

officers were tied to units, responding to applications and requests, rather than having the freedom to mix with prisoners in the living and association areas. Despite this, staff demonstrated a good knowledge of the issues facing many of the prisoners in their care. Prisoners were confident in approaching staff, and staff were responsive to these approaches.

- 2.37 Peer supporters were not as well used as one might have expected in an open prison. There were Listeners, prisoner representatives for consultative committees, and diversity representatives, but other peer support was limited.

## Recommendations

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- 2.38 Staff should routinely knock before entering prisoners' cells.
- 2.39 Staff should use prisoners' titles and surnames or preferred names.
- 2.40 The use of prisoners as peer supporters should be extended.

## Personal officers

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### Expected outcomes:

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

- 2.41 The personal officer scheme was not effective. There was no allocation of personal officers on the resettlement or long-term houses, and although the scheme on north and south units was landing based, there was no difference between the relationships of prisoners with these officers and with any others. Wing file entries were made monthly but by any officer available and were limited in scope. There was minimal personal officer engagement in sentence planning or other key issues for prisoners' progress through their sentence. Management checks did not engage with the effectiveness of the scheme.
- 2.42 The personal officer policy described the role of the personal officer and gave a good definition of the distinction between this role and that of the offender supervisor. It clearly laid out the links between these key players and described the role that the personal officer should play in delivering the sentence plan for prisoners. In practice, however, the personal officer role was limited to completing reports as requested on an ad hoc basis, depending on who was on duty. Engagement by officers with the IEP scheme was reasonable but they only rarely contributed to sentence planning. Staff we spoke to said that they would usually make written contributions for parole reports.
- 2.43 Prisoners universally did not know who their personal officer was, and those in the resettlement units and houses did not have one allocated. The personal officer scheme on north and south units was landing based but, although this meant that all prisoners there had a named personal and relief officer, there was no difference between their relationship with these officers and any others. There was no evidence of personal officers introducing themselves to prisoners or that they would be used as an initial point of reference.
- 2.44 Despite the absence of effective personal officer relationships, all staff took responsibility for the prisoners on their residential unit, particularly on the resettlement units, helping prisoners to access the services they required and responding to matters raised, but only on a practical

level. Such engagement generally involved arranging inter-prison telephone calls or finding out information, rather than understanding the quality of prisoners' relationships with their families or offering support to improve them. In addition, there were no formal interventions around relationships available for staff to recommend. The lack of an effective relationship between prisoners and their personal officer was mitigated by the confidence that prisoners had in approaching staff with queries or issues that they needed help with (see section on staff–prisoner relationships).

- 2.45 The personal officer policy included a personal officer induction template, which was supposed to be completed and filed in the wing record. We found no evidence of any of these being filled in. In addition, it required a minimum of one quality entry in the wing history sheet weekly; all but one of the files we sampled had monthly entries. These were not entered by personal or even consistent officers, but were completed by whichever staff were on duty at the time the entry became due. These entries concentrated predominantly on work and behaviour, and there was no evidence that they were based on a personal conversation with the individual concerned. Unit managers were required to conduct a 10% check of all wing files monthly. There was better evidence of this happening on the resettlement units than on north and south units. The management checks were limited to ensuring that the monthly entries had taken place, rather than commenting on the quality of these entries or their effectiveness as evidence of a personal officer relationship.

## Recommendations

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- 2.46 The effectiveness of the existing personal officer scheme should be reviewed and improvements introduced.
- 2.47 Managers should ensure that personal officers make time to discuss relevant issues with those on their caseload, and personal information about individual prisoners should be noted in their wing history files to ensure that all staff have access to important facts.

## Housekeeping points

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- 2.48 Personal officers should introduce themselves to those on their caseload as soon after arrival as possible.
- 2.49 Management checks should include an assessment of the quality of wing file entries.



## Section 3: Duty of care

### Bullying and violence reduction

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#### Expected outcomes:

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

- 3.1 Prisoners felt safe and reported little bullying. The violence reduction strategy was actively led by the safer custody manager. Other staff, unless they had recently joined, had not received up-to-date training in this area and there was a general reliance on the safer custody manager to ensure that the strategy was followed through. The implementation of intervention plans when there was evidence of violent behaviour was uneven, although when opened they showed effective monitoring of those at risk. Collection of statistics had begun, but there was not yet analysis of trends or action to address them.
- 3.2 There was a current violence reduction strategy, and the new post of safer custody manager had led to positive developments in the approach to violent behaviour. Incoming staff were given training in this strategy, although there was no programme of initial or refresher training for existing staff. A questionnaire on bullying issues had recently been issued, with a 13% return rate, but no analysis of the responses had yet been completed.
- 3.3 Managers attributed the low abscond rate to a low level of bullying in the establishment. We did not find evidence to support a specific causal link at North Sea Camp between bullying and absconds. The level of victimisation reported by prisoners in our survey was low, on a par with comparable establishments. Violence reduction and relevant incidents were discussed at the monthly safer custody meeting. Statistics were collated monthly across a wide range of relevant criteria, but this had only begun in January 2009, and no exploration of patterns and trends had yet been undertaken. Prisoners were not represented at these meetings, other than by the presence at most meetings of a Listener.
- 3.4 There had been five recorded incidents of actual, attempted or threatened violence in 2009 to date; these all took place on the two main residential units, and none on the resettlement units. When violence reduction intervention plans were opened, monitoring was normally sufficiently frequent, but in one case no observations or interactions had been recorded between 9am and 5.50pm on the day after he had reported being intimidated at 11.55pm. Entries were relevant and informative; most recorded observations, rather than interactions. In two cases where there was evidence of violence by a prisoner, no intervention plan had been initiated. Managers said that they sometimes took or approved the decision not to open an intervention plan when they felt that this would draw attention to the matter and increase risk to the victim.
- 3.5 The safer custody manager took a strong individual lead in violence reduction work, carrying out many of the necessary actions in person. It appeared that when she was absent, there was a lack of confidence in managing this area of work. Cases where gaps were apparent in decision-making and intervention coincided in some cases with her absence from duty.

- 3.6 In our survey, 86% of prisoners said that they had felt safe on their first night at the establishment, which was significantly lower than the 91% comparator. By contrast, only 13% of respondents had ever felt unsafe at the prison, which was in line with the 15% comparator. Only 3% of respondents said that they currently felt unsafe, against the 4% comparator. The survey results for black and minority ethnic prisoners showed that 67% had felt unsafe on their first night, compared with the general population at 90%.
- 3.7 In the questionnaire completed by discharged prisoners since August 2008, 85% had said that the establishment was safe or very safe. The prison supported and managed those involved both as perpetrators and victims of violence; only 20% of those for whom intervention plans had been opened in 2008 had been transferred out of the establishment. Almost all intervention plans were closed within a week, after satisfactory resolution of the presenting problem.
- 3.8 The safer custody manager had placed 'Hear me' forms beside each residential unit complaints box, to enable anonymous reporting of any bullying or violence.
- 3.9 Forms were available in the visits hall for prisoners' families and friends to provide information about risk and to make suggestions. A telephone number was printed on visiting orders for the same purpose, but the system for retrieval of messages was not working at the time of the inspection.
- 3.10 Positive steps to reduce violence had been taken through referring some prisoners found to have behaved violently toward others to cognitive skills and anger management interventions in the community, and to counselling available through the chaplaincy.

## Recommendations

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- 3.11 All staff should be trained in the violence reduction strategy, focusing especially on intervention plans.
- 3.12 Senior managers should ensure that all managers are competent in violence reduction procedures, so that operational efficiency in this area does not depend on the presence of the safer custody manager.
- 3.13 The safer custody meeting should consider patterns and trends in violent behaviour, and shape policy accordingly.
- 3.14 Prisoner representatives should be invited to attend the safer custody meetings.
- 3.15 Entries in intervention plan documents should record interactions between staff and the prisoner at least once in each of the three main sessions of the day.
- 3.16 Violence reduction intervention plans should be initiated in every case where there is evidence of intimidatory behaviour.

## Housekeeping point

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- 3.17 Managers should reactivate the visitors' message line, and ensure that it is checked daily.

# Self-harm and suicide

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## 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.

- 3.18 The care offered to prisoners at risk of self-harm or suicide was good but depended on the work of the safer custody manager. Training was not comprehensive, and there was insufficient senior management involvement in supporting and ensuring good practice. The care planning system which had been recently introduced was valued by staff, but neither this nor the recently established care suite had yet been evaluated or integrated into the overall strategy. The Listener scheme provided valuable help to vulnerable prisoners, but was not well organised. Anti-ligature knives were not carried routinely, and there was inadequate provision for communicating difficult news between prisoners and their families.
- 3.19 There was a comprehensive suicide and self-harm prevention policy and instructions; much of the content was generic, rather than applying specifically to the establishment. During the inspection, one prisoner was on the self-harm support and monitoring procedure and two were on local care plans. The latter were a recent innovation, designed to introduce a layer of care below the formal national assessment, care in custody and teamwork (ACCT) process, with fewer requirements for recording of information, care maps and formal minuted case reviews. They were opened when there was no imminent evidenced risk of self-harm but a prisoner was believed to be vulnerable or low in mood. They were not integrated into the safer custody policy document, although a protocol gave guidance for their use. While the early view of managers was that they were proving useful, there were risks associated with them.
- 3.20 There was potential confusion among staff between three types of paperwork (ACCT, care plans and violence reduction intervention plans), in addition to observation books and individual prisoner files. The threshold for opening ACCT documents was raised, reducing confidence that risks were being identified and properly managed at an early stage. There was a danger of inconsistency of usage due to lack of underpinning validation and training. The main control was that the safer custody manager talked staff through the process as required.
- 3.21 In common with violence reduction intervention plans, incidents of self-harm and the opening of support and monitoring procedures were concentrated on the main residential units. The care given was good; as with violence reduction, the integrity of the processes appeared reliant on the work of the safer custody manager, who ensured that reviews (including post-closure reviews) were held correctly and chaired most of them personally.
- 3.22 When the risk of self-harm was believed to require frequent observations, a prisoner would be transferred to an establishment better equipped than an open prison to maintain those observations; but this happened in only a minority of cases in which an ACCT document was opened.
- 3.23 Seven ACCT documents had been opened in 2009. Few past ACCT documents were available for us to inspect, but those we saw were of uneven quality; trigger factors were

missing in three cases, in some cases there was no photograph, and forthcoming review dates were not entered on the front cover. Case reviews were held properly and were thorough. There was good multidisciplinary attendance, especially by health services staff. Care maps were generally adequate, except for an entry where the issue was 'wife asking for divorce'; the goal: 'acceptance of decision'; support actions: none entered; by whom: name of the prisoner; status: 'ongoing'. There was no conspicuous notification to staff on the residential unit that there was a prisoner on ACCT procedures. The normal practice, to record this on the roll board, was unsuitable, as prisoners had access to the unit office.

- 3.24 ACCT foundation training had been delivered to 89.4% of Prison Service staff, 69% of education staff and 80% of health services staff. Support staff on permanent night duty had not received this training. Not all managers at senior officer and above had received case manager training.
- 3.25 The Listener scheme had been revived, and five Listeners were active. The Samaritans attended monthly to provide support, debriefing and training for them, and also attended the safer custody meetings. All Listeners had received initial training at previous establishments; there was no opportunity for new Listeners to be trained. Although there were currently additional trained Listeners who had applied to join the team, the scheme was vulnerable to a lack of incoming Listeners, and had previously been suspended for lack of them. An incomplete set of photographs of Listeners was displayed in most residential units. There was a rota for the overnight period, but staff were not aware of this. There was no rota in the daytime, since a number of Listeners worked outside the establishment. It appeared that some Listeners were therefore used more than others. In our survey, 60% of respondents said that they were able to speak to a Listener at any time, compared with 74% at comparator establishments and 74% at the previous inspection.
- 3.26 Listeners introduced themselves and their work during the induction programme. However, responses by vulnerable prisoners to our survey questions on the first days in custody showed a gap in the support they received during this period; more had problems with feeling depressed or suicidal at this time, fewer reported having been offered support, many fewer said that they had met a Listener in the first 24 hours and significantly fewer reported that they had felt safe on the first night.
- 3.27 There was no clear approach to the breaking of bad news about family members. In one case, we were told that a prisoner had not been notified of the death of his brother, even though gate staff had been informed. In another, the death of a grandmother with whom the prisoner had been close was notified to him by a unit officer, in a way that was not unprofessional but did not fully embody the sensitivity and support that was needed. There was no family liaison officer at the time of the inspection.
- 3.28 The care suite was a useful facility, occupying a prefabricated building which was sparsely but appropriately furnished. There was limited heating, but no means of making refreshments. It had been used three or four times in the previous year. Listeners could gain access by asking a member of staff to unlock it. It was not used overnight, and this was justified by managers on the grounds of safety. Prisoners considered to need personal support overnight were sometimes located in a double cell with a Listener. The use of the care suite, and options for overnight support, were not included in the suicide and self-harm policy.
- 3.29 Some staff did not carry anti-ligature knives, either during the day or at night. There were grab bags in unit offices, but this did not provide for an adequate immediate response.



## Recommendations

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- 3.30 Managers should evaluate the care plan system and, if it is continued, include relevant guidance in the suicide and self-harm strategy.
- 3.31 Senior managers should check the quality of assessment, care in custody and teamwork (ACCT) documentation regularly and feed back specific guidance to improve quality.
- 3.32 All staff working face to face with prisoners should receive training on suicide prevention and self-harm risk management, and those working night shifts should be prioritised for this training; all operational managers should receive case management training.
- 3.33 Managers should introduce a contingency plan for Listener training, ready for implementation if numbers drop.
- 3.34 Managers should revise the suicide and self-harm strategy to ensure that effective multidisciplinary support is offered during the first days at the establishment, and especially the first 24 hours.
- 3.35 There should be a clear system for giving potentially distressing personal news to prisoners, using the skills of those with relevant training and experience.
- 3.36 A family liaison officer should be appointed.
- 3.37 Guidance on use of the care suite and on personal support overnight should be included in the suicide and self-harm strategy.
- 3.38 Uniformed staff should carry anti-ligature knives at all times.

## Housekeeping points

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- 3.39 All staff on duty on a residential unit should be made aware when a prisoner is on ACCT procedures.
- 3.40 Photographs of all Listeners should be displayed on all residential units.
- 3.41 A Listeners rota should be published, covering all hours and contribution to induction, and all staff should be made aware of it.
- 3.42 Copies of all ACCT documents opened should be retained in the establishment to assist planning and evaluation.
- 3.43 A means of serving simple refreshments should be provided in the care suite.

# Diversity

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**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.

**3.44** The overarching diversity policy was underdeveloped. There was a separate policy for prisoners with disabilities but no policy or guidance for the management of older prisoners or gay, bisexual or transsexual prisoners. There was one prisoner disability representative but no identified disability liaison officer. There was no structure to support prisoners who identified themselves as having a disability, no reviews of their care, and no adapted accommodation available, although there was evidence that reasonable adjustments had been made on an individual basis for those in obvious need.

**3.45** The prison had an overarching diversity policy, which was supported by a detailed disability policy document. However, there were no specific policies for older prisoners or gay, bisexual and transsexual prisoners. The disability policy had recently been updated and included guidance on determining how a prisoner's disability could impact on his ability to engage in prison activities. Prisoners had the opportunity to disclose their disability during their reception assessment with health services staff or during their induction interview. We were told that this information was then fed to the race equality officer (REO), but as she did not yet have any formal role in this area, nothing further was done about it.

**3.46** Two officers had recently been trained as disability learning officers, but they did not have a job description and had not yet taken an active role. There was one prisoner disability representative.

**3.47** Prison records showed that 24 prisoners had some form of disability at the time of the inspection. A random sampling of wing records showed that only one out of six had any reference to their disability, and none of the six had care plans in place. The number of prisoners with disabilities was reviewed at the bi-monthly diversity and race equality team (DREAT) meetings but there was no evidence of any analysis to ensure that their needs were being met. Nothing was in place for older prisoners, despite there being two who were post-retirement age. Despite the lack of formal care plans or monitoring, there was evidence that reasonable adjustments had been made on an individual basis for those in obvious need.

**3.48** Although we were told that personal evacuation plans were in place, we were unable to locate these, other than for one prisoner, and staff were unable to describe the arrangements for assistance in the case of evacuation, or who was to give that assistance.

## Recommendations

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**3.49** A disability liaison officer should be appointed and given sufficient profiled time to meet the needs of the population.

**3.50** The disability learning officers should have job descriptions and their roles advertised around the prison.

**3.51** Regular reviews of the needs of each prisoner with a disability should take place, with involvement from the prisoner.

- 3.52 Policy guidance on the management of older prisoners and gay, bisexual and transgender prisoners should be developed.
- 3.53 The prison should ensure that information about a prisoner's disability and his consequent needs is communicated to all those involved in his care.
- 3.54 Analysis of the experience of prisoners with disabilities should take place and be considered by the diversity and race equality action team.

## Race equality

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### 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.

- 3.55 A diversity and race equality team meeting was held every two months. The minutes suggested that attendance at recent meetings had been patchy. One prisoner representative attended the meetings but there was no representation from external organisations. The newly appointed race equality officer had not yet received any training for her role.
- 3.56 At the time of the inspection, there were 68 prisoners from a black and minority ethnic background, making up 22% of the prisoner population at the establishment.
- 3.57 There was a race equality policy. This set out the roles and responsibilities of all staff and prisoners, gave clear definitions of direct and indirect discrimination, described how to make a complaint and set out the terms of reference for, and membership of, the DREAT meeting. Copies of the policy were on notice boards around the prison but did not stand out from the other information on the boards.
- 3.58 The DREAT meeting was held bi-monthly and was chaired by the governor or deputy governor. The advertised membership of the group included all functional areas, prisoner representatives and external community representatives, but attendance in recent months had been patchy and there were no external representatives in place. One prisoner representative attended the meetings. Key areas of prison activity were monitored by ethnicity and the outcomes considered by the DREAT, but there was no in-depth analysis of trends or sub-analysis of the distribution of racial groups. A new full-time REO had recently been appointed. She had not yet received any training but received support from her area diversity lead. There was a group of diversity wing representatives who, along with the REO, were publicised with photographs on residential notice boards. The prisoner representatives wore red T-shirts to be easily recognisable to other prisoners. They had regular meetings, but these were not minuted and it was not possible to track the actions taken as a result of their discussions. There were no consultative meetings between groups of black and minority ethnic prisoners and prison managers.
- 3.59 Racist incident report forms (RIRFs) were freely available on the residential areas and there were locked boxes so that prisoners could post their completed forms confidentially. There had been 12 RIRFs submitted between January and May 2009, and 29 in 2008. The RIRFs we saw had been properly investigated, but the new REO was still waiting for training in investigations, and in the interim was being advised by the area diversity lead. All investigated

complaints were submitted to the governor for approval but there were no arrangements for external quality assurance.

## Recommendations

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- 3.60 Attendance at the diversity and race equality action team (DREAT) meetings should be consistent and represent all areas of the prison.
- 3.61 Efforts should be made to secure attendance from an external body at DREAT meetings.
- 3.62 The race equality officer (REO) should be supported in obtaining all the training she requires to be fully effective in her role.
- 3.63 Meetings of the prisoner representatives should be minuted and action points followed through.
- 3.64 The REO should ensure that formal consultation meetings with black and minority ethnic prisoners take place and that prison managers attend.
- 3.65 External quality assurance for completed racist incident report forms should be introduced.

## Foreign national prisoners

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### 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.

- 3.66 There was no foreign nationals group or prisoner representatives, or a coordinator to whom prisoners could go for advice or to arrange external sources of advice and support. There was no use of telephone interpreting services; staff or other prisoners were used as interpreters.
- 3.67 A foreign nationals policy had been published but was not publicised around the prison. It included information on contact with families, immigration, language and sending money home. The policy also made reference to a foreign nationals coordinator, but no one was in post at the time of the inspection. There was no evidence of a foreign nationals committee or of any formal assessment of the needs of foreign national prisoners.
- 3.68 The policy document included information on the use of telephone interpreting services, particularly when discussing confidential matters with prisoners, but no use had been made of these facilities. The prison instead used other prisoners or members of staff with suitable language skills as interpreters. Staff could not identify a list of staff or prisoners with these skills but seemed to know who they were and who the foreign national prisoners in their areas were. We did not see many notices or leaflets in languages other than English.
- 3.69 At the time of the inspection, the establishment held 13 foreign national prisoners, making up 4% of the population. The foreign national prisoners we spoke to were particularly concerned about resolving their immigration status. Some had received letters from the UK Border Agency (UKBA) indicating that they were being considered for deportation. Such decisions

were being made too late into their sentences to enable them to apply for, and be properly risk assessed for, release on temporary licence. Administrative staff sent the required returns to UKBA regularly but received little response. We followed up progress on one case with UKBA which revealed that, in response to a letter from UKBA, information had been faxed through but had not been received by the relevant caseworker, and the prisoner had been left not knowing what was going on for several weeks. The enquiry line number provided in the paperwork linked to a voice message that gave no opportunity to ask for a return telephone call. There was no contact with external support or advice agencies and no identified expertise in the prison. There was no foreign nationals forum in the establishment where prisoners could voice their concerns.

- 3.70 Foreign national prisoners received one free five-minute telephone call each month if they had not received any domestic visits during that month. Some foreign national prisoners therefore effectively had to choose between a telephone call with close family members overseas or a visit from someone less close. There was a £50 limit on the amount that foreign national prisoners could put onto their PIN telephone credit. They could exchange ordinary free letters for airmail letters and could also exchange unused visits for extra airmail letters.

## Recommendations

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- 3.71 A foreign nationals coordinator should be appointed, with sufficient profiled time to be effective in the role.
- 3.72 The foreign nationals policy should be publicised around the prison so that staff and prisoners are aware of it.
- 3.73 A formal analysis of the needs of foreign national prisoners should be undertaken.
- 3.74 The prison should arrange for access to independent specialist legal advice for foreign national prisoners.
- 3.75 Consultation meetings with foreign national prisoners and staff should take place regularly.
- 3.76 Local policies, routines and rules should be readily available in languages other than English.
- 3.77 Managers should review whether the use of other prisoners and staff as the main source of interpreting support is appropriate.
- 3.78 There should not be a limit on the amount of PIN credit that a foreign national prisoner is given, if he has sufficient funds.

## Applications and complaints

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### 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.

- 3.79** Forms for applications and complaints were readily accessible. Relatively few complaints were submitted, but prisoners had confidence in the processes and were generally satisfied with the responses they received. A system for checking the quality of responses had recently been introduced. Prisoners found the Independent Monitoring Board accessible, and helpful.
- 3.80** Information was displayed, and forms were available, on all residential units except the small long-term units, each of which was linked to one of the resettlement units. During induction, orderlies carefully went through the processes with any new prisoner who might have difficulty in accessing applications and complaints. There was an up-to-date impact assessment on the complaints policy. Staff were confident in using informal methods of dispute resolution, although they said that it was not often needed. Complaint forms were openly accessible, and the yellow complaints box was emptied nightly by the orderly officer. Ninety-four per cent of prisoners in our survey said that it was easy or very easy to get a complaint form (against the 85% comparator), and 98% that it was easy or very easy to get an application form (against the 91% comparator).
- 3.81** Prisoners' confidence in the applications process was illustrated by their high use of it; in our survey, 94% had made an application, significantly more than the 80% comparator. By contrast, 25% had made a complaint, which was significantly worse than the 40% comparator. Notices on each residential unit said that information was available about the Prisons and Probation Ombudsman, but did not specify where this could be obtained.
- 3.82** No applications had been withdrawn over the previous six months, and prisoners were mainly satisfied with the quality of the responses. In our survey, 83% felt that applications were dealt with fairly (against the 75% comparator), and 87% that they were dealt with promptly (against the 71% comparator). The timeliness of responses was monitored and controlled effectively. A quality assurance process had been introduced in January 2009; the governor checked 10% of forms. In the case of one recent complaint against a member of staff, a senior manager had given an interim reply, but there was no evidence of a subsequent substantive response. There was no evidence that complaints were analysed for patterns and trends which might point to priorities for action and change.
- 3.83** There had been 10 appeals against responses to complaints in 2009 to date; all had been resolved within the required time scales. Applications to the Independent Monitoring Board (IMB) were dealt with promptly, and prisoners found it helpful. In our survey, 57% of prisoners said that it was easy or very easy to see the IMB (significantly better than the 49% comparator), and that they found them helpful. Forty-four applications had been made to the IMB in the preceding month; the most common topics were prisoners' money and home detention curfew issues.

## Recommendation

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- 3.84** Managers should analyse complaints received each month and determine any actions or changes needed in response to patterns and trends.

## Housekeeping point

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- 3.85** Information on how to contact the Prisons and Probation Ombudsman should be displayed on all residential units.

# Legal rights

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## Expected outcomes:

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

- 3.86** Legal services information was provided during induction, except when the lead officer was on leave. He was supported by two members of staff. Despite this, prisoners had a relatively poor perception of their access to legal advice and representation, and less than the expected confidence in procedures. Reasonable, although not ideal, provision was made for legal visits.
- 3.87** Legal services information and advice was provided chiefly by an officer with considerable experience in this field. Two other staff had also been trained to assist prisoners on legal matters. The main legal services officer provided a substantial session for the induction programme when he was on duty, covering such topics as immigration, domestic and civil matters, and procedures for appeals and recalls. Sessions were rescheduled frequently so that he could attend, but during weeks when he was not on duty these induction sessions were usually missed.
- 3.88** In our survey, significantly fewer prisoners (38%) found it easy or very easy to communicate with their solicitor or legal representative than at comparator establishments (65%). There was a similarly poor perception of the ease of attending legal visits (36%, against the 65% comparator), and a significantly higher number reported that staff had opened letters from their solicitor or legal representative when they were not present (36%, against the 26% comparator). We were told by several prisoners that they believed that legal calls were being monitored, but this was not the case. We found no clear reasons for these perceptions and no evidence of poor practice by staff.
- 3.89** Legal visits were normally conducted in the visits hall on Wednesday mornings. Although the environment of an open visits hall was not suitable for a confidential meeting, especially when more than two visits took place concurrently, staff facilitated legal visits in a private upstairs room in the reception building when discretion was clearly needed, and prisoners were not dissatisfied with the privacy of this facility.

## Recommendations

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- 3.90** The session on legal services should be included every week in the induction programme.
- 3.91** Managers should consult widely among prisoners about the reasons for their dissatisfaction with provision for communicating and meeting with legal representatives, and take steps to improve confidence in the practical processes.
- 3.92** Managers should emphasise to staff, and monitor compliance with, the requirements in relation to legal correspondence.

## Substance use

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### 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.

- 3.93 Counselling, assessment, referral, advice and throughcare (CARAT) and health services teams worked together. There was no dual diagnosis nurse, but one of the mental health nurses provided support for prisoners with alcohol problems. The positive mandatory drug testing rate, quoted at the time of the inspection, for the preceding six months was 5.4%.
- 3.94 Although there was no opiate detoxification programme at the prison, we were told that prisoners arriving who required this were assessed individually and some were accepted at the prison. There were no protocols for detoxification. Prisoners requiring detoxification from alcohol, or who had needs that could not be met at North Sea Camp, were moved to another establishment.
- 3.95 The integrated drug treatment system (IDTS) was in operation and 21 prisoners were on the programme at the time of the inspection. There appeared to be a lack of understanding about the purpose and benefits of IDTS, both by prisoners and staff outside the health services and CARAT teams. Prisoners on the programme did not wish to be identified as being on it, and some staff appeared to consider the release of prisoners on maintenance medication as being a sign of failure.
- 3.96 There was no dual diagnosis nurse. One of the mental health nurses provided one-to-one work for prisoners with alcohol problems, and anyone could refer prisoners to her for this. Blood-borne virus information was displayed on posters in the healthcare waiting room and the healthcare room in reception. The health services team conducted assessments for blood-borne viruses and provided immunisations.
- 3.97 The positive random mandatory drug testing (MDT) rate, quoted at the time of the inspection, for the preceding six months was 5.4%, and mostly involved cannabis. In the five months before the inspection, the rate had fallen, and in February 2009 the rate was 0%. Suspicion testing rates quoted at the time of the inspection for the same six-month period produced a positive result of 19%, indicating that better intelligence was required to trigger the tests. There were clearly defined protocols for MDT and other testing. The suite used for MDT was stark and in a poor state of decoration. The carpet in the waiting room had been removed, but old adhesive was still in place and the floor was dirty.
- 3.98 In our survey, 29% of respondents said that it was easy or very easy to obtain illegal drugs in the prison, which was significantly better than the 39% comparator. The prison took a zero tolerance attitude to the use of drugs, and any prisoner testing positive for a class A substance on MDT was promptly returned to closed conditions. Prisoners testing positive for any substance, failing to supply a sample or refusing MDT were automatically referred to the CARAT team.
- 3.99 There had been 25 drugs finds in the previous six months, including cannabis, buprenorphine, cocaine and a number of unidentified tablets. There was one dog handler and two dogs (one active and one passive). In April 2009, the active dog had searched 87 cells and 46 areas of



the prison; this had resulted in seven finds. The passive dog had served 207 visitors and 107 prisoners; no substances had been found.

- 3.100 There had been six alcohol finds in the previous six months; one of these finds had included an attempt by one prisoner to bring 15 bottles of spirits into the prison. In our survey, 18% of prisoners said that they thought they would have an alcohol problem when they left the prison, which was significantly higher than the 7% comparator, and 2% said that they had developed an alcohol problem since they had been in the prison, which was significantly higher than the 1% comparator.

## Recommendations

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- 3.101 Detoxification protocols should be introduced.
- 3.102 Staff should receive integrated drug treatment system (IDTS) awareness training.
- 3.103 Appropriate flooring should be fitted in the mandatory drug testing suite.



## 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 Health services focused on the primary care needs of patients, with other services being accessed in the local community. There was an appropriate range of nurse-led clinics. Relationships between prisoners and health services staff were good and prisoners were positive about the care they received. Arrangements for secondary healthcare were not sufficiently robust, with no systems to ensure that information relating to routine or emergency appointments outside the prison was fed back to health services staff. Mental health services were restricted to primary care. The Service Level Agreement for dental services did not meet the needs of prisoners.

### General

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- 4.2 NHS Lincolnshire commissioned health services for North Sea Camp, plus two other prisons in its locality, and services were provided by Lincolnshire Community Health Services. Nursing staff had been employed by the primary care trust (PCT) since May 2008. A health needs assessment had been undertaken in November 2008, which had been reliant on a self-completion prisoner questionnaire. The prison partnership board met quarterly and was held jointly for the three prisons. It included representatives from each prison, as well as the PCT.
- 4.3 The healthcare centre was in a separate single-storey building. There was a waiting room, treatment room, two consultation rooms and a room in which medication was stored and administered. There was no inpatient facility. There was also a bathroom where patients could bathe if there was a clinical reason for this, and a small healthcare room on the first floor of the reception building. We were told that if prisoners had difficulty in accessing this they could be seen confidentially in one of the ground floor rooms. The healthcare centre was cramped, as the number of staff and range of clinics had increased since it had been built. Rooms in the centre were generally clean, but some were cluttered and there appeared to be little storage space. We were told that a new healthcare building was planned and it was hoped that building would start later in the year. There was no dental surgery, as prisoners attended dental appointments in the local community.
- 4.4 The room in which medication was both stored and administered was generally tidy, but this dual purpose led to problems with space. Most medication was stored in metal lockable cupboards but some was not able to be housed there owing to lack of space. Daily and weekly in-possession medication was supplied in Henley bags; these did not give adequate protection to the tablets. External and internal stock medications were separated but there was no audit of stock use. A waste contractor disposed of discontinued medication. Out-of-date checks were performed, although there were no records for this. There was no proof that heat-sensitive products had been stored in appropriate conditions, as, although staff recorded temperatures daily, they were unaware that they needed to reset the maximum and minimum temperatures afterwards, rendering the records of little value. As the healthcare centre was housed in a prefabricated building with wooden ungated doors, there were concerns about the security of medication stored there.

- 4.5 There was a patients' forum, where prisoners provided feedback on health services. Minutes were taken of meetings, and items followed through from one meeting to the next. Relationships between prisoners and health services staff were good and prisoners were positive about the primary healthcare they received.

## Clinical governance

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- 4.6 Clinical governance arrangements were in place, including the management and accountability of staff. All staff had job descriptions and clear roles and responsibilities. However, as staff took individual responsibility for different clinics, there was a lack of awareness in the wider team of the way that individual staff organised their clinics, which meant that there could be a lack of continuity of care if staff were absent.
- 4.7 The head of healthcare was an ambulance community practitioner; he was supported by a band 6 registered general nurse (RGN), who was responsible for primary care and the clinical leadership of the team. The remainder of the nursing team was made up of two band 5 RGNs and two band 5 registered mental health nurses (RMNs). There were also two healthcare support workers, who worked under the supervision of the registered nurses, and a pharmacy technician. There was one vacancy for an RGN at the time of the inspection. We were told that there was a restructuring exercise under way which would mean that the three prisons would work more closely together, with one manager having overall responsibility for the management of healthcare across all three prisons and a manager on each site responsible for the day-to-day running of the units. Although the RMNs and RGNs had different job descriptions, the RMNs carried out some generic duties, such as assessing if prisoners were not well enough to work. Discipline staff only attended the unit in the mornings, to assist with the supervision of the methadone clinic. Nursing students were allocated placements on the unit and worked under the close supervision of trained staff. They were given an assignment to complete while on placement, and we saw examples of some good quality health promotion posters that had been produced by previous students while on their placement at the prison.
- 4.8 The primary care nurses took responsibility for life-long conditions, such as respiratory conditions, and had received relevant training in the conditions they were responsible for. The band 6 RGN was the nominated lead for the care of older people. There was an administrative team of three staff, two of whom were part time. Each of them had a specific role, but could also cover for each other.
- 4.9 There was one GP, who provided four sessions each week (Tuesday morning and afternoon, Thursday morning and Friday morning). When he was on leave, the lead GP for the three prisons covered the clinics. Out-of-hours cover was provided by the same provider as for the local community. There was a clear process for this, and night staff were familiar with it. A mobile telephone was used if it was necessary to contact the out-of-hours service, enabling prisoners to speak directly to the out-of-hours practitioner triaging their case.
- 4.10 Pharmacy services were provided by a local pharmacy supplier. Since the recent introduction of the new Service Level Agreement (SLA), the pharmacist had visited the prison once a week. There was a full-time registered pharmacy technician, who was available to give advice to prisoners. She was involved in the administration of medication to patients, sometimes without the presence of a nurse; this was acting outside her training as a technician, and appropriate safeguards were not in place. She often worked unsupported and had not been able to have contact with the pharmacist, so it was likely that she would de-skill and be less up to date with current practice, and her advice to prisoners might have been out of date. We were told that medications were regularly date checked, although there were no records of this.

- 4.11 An SLA had recently been put in place for dental services, but it did not meet prisoners' needs.
- 4.12 Staff told us that their opportunities for training had improved since being employed by the PCT. Not all staff had received basic life support training within the previous 12 months. Staff had received training relevant to the clinics for which they took responsibility. There was a policy for clinical supervision, but staff were not engaging with it. There was a system for checking professional registrations. Some health services staff, who had prisoner contact, had not received assessment, care in custody and teamwork (ACCT) training.
- 4.13 There was an emergency bag and automated external defibrillator, which were kept in the healthcare centre and were regularly checked by staff. There was also an additional response bag, which was used when health services staff attended prisoners who were unwell on the house blocks. This bag included some medication, such as paracetamol, and was also regularly checked.
- 4.14 We were told that the prison would be able to obtain occupational therapy equipment from the local home equipment loans service if this was needed, but there was no formal agreement for this.
- 4.15 Clinical records were held in the healthcare manager's office in filing drawers. While this arrangement provided adequate security of records, it meant that staff constantly went in and out of the manager's office to collect or file records. Records that we looked at contained entries of varying quality; some were difficult to read, some signatures were unclear and not all staff printed their names. There were loose pages in some records and not all had the patient's name on them, so records could have become mixed up. At the time of the inspection, we were told that there were no prisoners who were considered to require nursing care plans, although there were two with terminal illness requiring regular support from health services staff. These prisoners would have benefited from care plans to ensure regular support and review by health services staff. When a prisoner was discharged, his clinical record was stored in the healthcare department, and could be retrieved if he returned. All clinical records were paper based, although we were told that there were plans to introduce an electronic system.
- 4.16 Prisoners wanting to check appointment information could attend the daily open-access clinics. If patients had problems regarding health services, they were encouraged to raise them informally with staff in the first instance. Formal complaints were made using the prison complaints form. Complaints were forwarded to the head of healthcare, who reported back to the clinical governance committee regarding any complaints received. The healthcare information leaflet did not explain how prisoners could make a complaint about the healthcare they received.
- 4.17 There were systems for the prevention of communicable diseases and control of infection, including regular audit.
- 4.18 A clinical governance committee for the three prisons in the locality met quarterly, and included representation from the three prisons and the PCT. We were told that information from this meeting fed into the clinical governance meeting of the PCT.

## Primary care

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- 4.19 When a prisoner arrived at the establishment, he was seen by a member of the health services team, who carried out a health assessment. This involved asking the prisoner questions relating to his physical and mental health, and also asking him for written consent to contact

other health professionals about him. A medication risk assessment was completed to indicate if the prisoner would be able to have his medication in-possession. Prisoners were asked if they had any outstanding healthcare appointments, so that treatment could be continued. Their immunisation history was checked and they were offered any outstanding immunisations. If a prisoner had a life-long condition, a referral was made to the nurse who ran the clinic for that condition, and the prisoner was advised that he would be invited to a clinic to discuss his care. The reception nurse also reviewed the clinical record which accompanied the patient to the establishment.

- 4.20 Verbal information on how to access health services, and the opening times of the healthcare department, was given, as well as an information handout outlining services. Written information was available only in English. If prisoners could not communicate in English, either a member of the prison staff or another prisoner was used to translate. Telephone interpreting services were not used, and there was no telephone available in the healthcare room in reception.
- 4.21 Health services staff had a weekly slot in the induction programme, where they gave a presentation and responded to any questions relating to healthcare at the prison.
- 4.22 Smoking cessation support was available and the waiting time for this was minimal. Health services staff organised some health awareness activities and there was some health promotion information displayed in the healthcare waiting room. Barrier protection was available to prisoners, but they had to ask health services staff for it.
- 4.23 If a prisoner wanted to see a member of the health services team, he attended one of the daily open-access clinics and spoke to a nurse. Nurses used triage guidelines for assessment of common conditions. GP appointments were arranged through nursing staff, with appointments being made for the next GP clinic or within five days, depending on the severity of need. Where possible, prisoners who worked outside the prison were given routine appointments at the beginning of the day or on a day that they were not due to be working, although there were no routine GP clinics at weekends. Prisoners we spoke to were satisfied with their access to doctors and nurses.
- 4.24 If prisoners wanted to see a dentist or optician, they were asked to make a written application on healthcare forms available on the wings. However, if they preferred, they could attend the healthcare centre and make these appointments in person. Prisoners were given appointment times for GP appointments and for nurse-run clinics, except for the open-access clinics. Prisoners were able to attend the healthcare department independently, and this system appeared to work well. Prisoners failing to attend internal healthcare appointments were followed up.
- 4.25 Allied health professionals did not routinely attend the prison, and prisoners needing to see them attended appointments in the local community. There was a wait of around seven weeks to see an optician. This appeared to be because, rather than making individual appointments, four appointments were made together, so that prisoners could share transport.
- 4.26 Prisoners who were on maintenance medication as part of the integrated drug treatment system (IDTS) programme attended the healthcare department daily to collect their medication. Prisoners who worked outside the prison attended at the same time as those reporting sick. We observed these times to be busy, and there was sometimes more than one prisoner at the treatment hatch at a time, making it difficult to maintain confidentiality and observe prisoners effectively.

- 4.27 A methadone pump was used to dispense methadone, and this was regularly cleaned and calibrated, although there were no records showing that this had been done or who had done it. There was a practice to re-measure methadone which had been dispensed by the pump; this led to inaccurate measures being given to patients.

## Pharmacy

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- 4.28 Prescriptions were hand written on standard prescription and administration charts. The doctor indicated on the prescription whether in-possession medication should be supplied in daily, weekly or monthly quantities. Diagnoses were often missing and on one occasion medication had been given beyond the review date without the authority of a prescription. There was a practice of keeping old prescription charts in the current file, so that prescribing history could be seen; this had sometimes led to confusion about the current medication. There had been no audit of prescribing data.
- 4.29 Nursing staff administered medication, generally twice a day, between 8am and 8.45am and between 3pm and 4pm, through a screened hatch from the room where medication was stored. IDTS medication was supplied from the same room daily between 10am and 11am. There was no method of tracking whether patients had collected their medication. Patients could not see a pharmacist, as there were no pharmacist-led clinics.
- 4.30 Some patients required supervised administration of their in-possession medication. Of these patients, most were seen to take their first dose and were given the rest as daily in-possession, either because they were working or because the latest time that night-time medication could be administered was 6pm on weekdays and noon at weekends; this was also the case for a patient on an open ACCT document. Risk assessments were not always attached to the prescription and administration charts. It appeared to be normal practice to give patients seven days' in-possession supply on admission, but this was not subsequently reviewed to give 28 days' supply. Many patients in shared cells did not have a secure locker for safe storage of their medication.
- 4.31 A limited list of medications was available for 'special sick' supply, such as paracetamol, ibuprofen and Imodium. These supplies were appropriately recorded on the patient's prescription charts. Patient group directions were in place and used by nursing staff, allowing patients to have access to more potent medication than would otherwise be available in the absence of a prescriber. There was a system for patients receiving their medication in-possession to request repeat medication.
- 4.32 A medicines and therapeutics committee held bi-monthly meetings, jointly with the other three prisons in the same locality and attended by representatives of the PCT. There was no special sick or out-of-hours provision of medication. There was a general lack of written policies and procedures.

## Dentistry

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- 4.33 Prisoners attended a dental access centre in the local community. However, X-rays could not be taken there, so if these were needed the patient had to attend the local hospital. There had also been some difficulties in getting appointments; we found one example when the centre had said that they only had one appointment available for an afternoon clinic, when the prison would have expected to send at least four prisoners for appointments. There were 19 prisoners waiting to start dental treatment at the time of the inspection; the longest wait had been seven weeks. In order to minimise the difficulties with the new dental SLA, the prison also sent some

prisoners to the previous provider of dental services for treatment. We were told that prisoners experiencing pain were prioritised for appointments. The prison and PCT were aware of the difficulties with the new dental SLA and the impact it was having on prisoners.

- 4.34 The healthcare induction handout advised prisoners that they must have at least three months to serve at the establishment in order to apply for dental appointments.

## Secondary care

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- 4.35 If prisoners required secondary care appointments, one of the health services administration staff made a release on temporary licence (ROTL) application. This was the process for all prisoners, as health services staff were not aware of who was eligible for ROTL. Prisoners were notified of their planned secondary care appointments as soon as the date was known. If a patient was not eligible for ROTL, and would therefore need to be escorted to the appointment, health services staff were only notified as part of the risk assessment process; the remaining arrangements were made by the security department. If a patient did not attend an appointment for any reason, health services staff were not always aware that this had happened.
- 4.36 There were notices in the healthcare department and information in the healthcare handout advising prisoners to take any appointment letters they received to the healthcare department as soon as possible. Despite this, prisoners did not always give advance notification of external healthcare appointments, so ROTL or escort and transport could not be arranged in time.
- 4.37 There was no system for health services staff to receive feedback on the outcome of hospital visits, including those to the A&E department; staff had to rely on prisoners giving them this information and any documents.

## Mental health

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- 4.38 Prisoners had access only to primary mental health services. Regular meetings were held between the local mental health trust and the three prisons in the locality, but we found no evidence of mental health arrangements for prisoners beyond primary care services. There was no SLA for mental health services available to inspectors at the time of the inspection. Nurses we spoke to did not know of any pathway in place and described two occasions when they had attempted to access secondary mental health services and been unsuccessful. There had not been any mental health transfers under the Mental Health Act in over two years.
- 4.39 Access to the primary mental health team was good, with an open referral system. The two RMNs had individual caseloads, with a combined total of 38 patients at the time of the inspection. They saw patients individually to offer support. The mental healthcare support worker had only recently taken up the post, so was not yet carrying a patient caseload, but the expectation was that he would work with prisoners under the guidance of trained staff in the near future. There were no counselling services available.

## Recommendations

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- 4.40 All staff should have at least annual resuscitation and defibrillation training.
- 4.41 The pharmacy technician should work under appropriate supervision.



- 4.42 The dental SLA should be reviewed to ensure that it meets the needs of prisoners.
- 4.43 Clinical supervision should be available and staff encouraged to access it.
- 4.44 All health services staff who have contact with prisoners should be assessment, care in custody and teamwork (ACCT) trained.
- 4.45 Record keeping should conform to professional guidelines.
- 4.46 All prisoners who require them should have care plans and these should be subject to regular review.
- 4.47 Methadone which has been dispensed by the methadone pump should be given directly to patients, without being re-measured.
- 4.48 All prescriptions should be legally written, include the date, the quantity prescribed and a diagnosis, and be signed by the prescriber.
- 4.49 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population.
- 4.50 Access to dental services should not be dependent on the length of sentence.
- 4.51 Pharmacy procedures and policies should be formally reviewed and adopted through the medicines and therapeutics committee. All staff should read and sign the agreed adopted procedures.
- 4.52 Patients should have adequate risk assessments, which are adhered to, both for in-possession and see-to-take medication. A patient assessed as needing see-to-take medication should not be given their medication in-possession.
- 4.53 Professional interpreting services should be used for clinical consultations with any prisoner who is unable to communicate effectively in English.
- 4.54 Systems should be introduced to ensure that health services staff receive information on care received by prisoners when they have attended external healthcare appointments.
- 4.55 There should be clear pathways for the delivery of mental healthcare, and staff should be aware of them.
- 4.56 A Service Level Agreement (SLA) should be in place for the provision of secondary and tertiary mental health services.

### Housekeeping points

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- 4.57 Maximum and minimum temperatures should be recorded and reset for all refrigerators used to store medicines daily. When they exceed acceptable limits, remedial action should be taken and documented appropriately.
- 4.58 There should be a telephone in the healthcare room in reception.

- 4.59 Completed prescription charts should be promptly filed in the clinical records.
- 4.60 Medication should be stored in an orderly manner, with enough space provided for storage.
- 4.61 The healthcare information handout should include information on how to make a complaint about healthcare at the prison.
- 4.62 All prisoners should be able to store their in-possession medication securely.
- 4.63 Records of calibration and cleaning of the methadone pump should be maintained.

# Section 5: Activities

## Learning and skills and work activities

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### 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 There was a clear learning and skills strategy and teaching was satisfactory. The prison was effective in identifying prisoners' literacy and numeracy skills on entry. The education department offered a range of courses and prisoners also had access to accredited qualifications in some of the prison work areas. Allocation to work and education was fair. Pay for education and training was at the lowest band and did not provide an incentive for prisoners to address their educational needs. There was minimal unemployment and sufficient work places for prisoners. Eligible prisoners could work on voluntary community projects and apply for paid work outside of the prison, although there was no formal recognition and recording of the skills they gained through these projects.
- 5.2 There was a clear learning and skills strategy. Learning and skills had a growing profile in the prison and staff were clear about where it needed to improve. The partnership with Lincoln College was good; the college and the prison aligned systems and coordinated quality assurance arrangements.
- 5.3 Accommodation, resources and equipment to support teaching and learning were satisfactory. The main education block provided a reasonable setting, with small but well-equipped classrooms. Teaching was satisfactory. Sessions were well planned and made good use of the available resources.
- 5.4 The prison was effective in identifying prisoners' literacy and numeracy skills on entry. In around 70% of cases, this information was obtained from prisoners' previous prison; the remainder undertook appropriate testing. Prisoners at entry level or below were encouraged to attend classes on a full- or part-time basis, and many did so. There was, however, no systematic identification of additional needs, such as dyslexia, during induction.
- 5.5 The education department was managed by the education manager, who was supported by three full-time and 12 part-time members of staff. It provided classes from 8.30–12:00 and 1.30–4pm Monday to Friday. There were a few evening classes, which were mostly recreational. Each week approximately 30 prisoners attended the education department, with a further 34 attending vocational training courses run by the college. Prisoners who worked in the prison were able to attend education part time.
- 5.6 Allocation to work and education was fair, based on prisoner choice but informed by educational assessment. There were no waiting lists for activities and only three to four applications for employment change each week. Pay for education and training was at the lowest band and did not provide an incentive for prisoners to address their educational needs.

- 5.7 There was minimal unemployment and sufficient work places for prisoners. There were 219 identified places, plus about 90 outworking opportunities. However, a high proportion of the work, around 30%, was for cleaners and orderlies (see main recommendation HP47). The standard of work was good in most areas. There was some good vocational training, linked to national qualifications in motor vehicle repair, catering, painting and decorating, bricklaying, fork-lift truck driving and in the gym. Insufficient use was made of the opportunities in the farm and gardens to provide training and qualifications for prisoners, and no qualifications were available to cleaners or most of the orderlies. There was no training in waste management, which was a missed opportunity. Prisoners who worked in the prison were able to attend education part time.
- 5.8 One-to-one information, advice and guidance were available to all prisoners during induction and throughout their stay from appropriately qualified staff, but were fragmented. Interviews conducted during induction did not sufficiently establish the needs of prisoners. Interviews conducted in the education department were of a good standard. However, they only considered prisoners' needs in relation to what was offered by the education provider and did not adequately consider the full range of activities and opportunities across the prison or link sufficiently to sentence planning and resettlement needs.
- 5.9 The prison did not adequately prioritise and sequence interventions for prisoners. Too many prisoners left the establishment without completing their courses in literacy and numeracy, particularly those with the greatest need. There were too many disruptions to learning, and some literacy and numeracy learners undertook vocational courses which interrupted their study for significant periods.
- 5.10 There were opportunities for prisoners to work on community projects, and those who were eligible could also apply for paid work outside of the prison (see section on sentence planning and offender management). Prisoners gained important work disciplines, such as the need for regular attendance and good time-keeping, working with others in the workplace and carrying out physical work for sustained periods, which they may not have experienced for some time. However, there was no formal recognition and recording of the skills they gained through these projects and no opportunities for recognised training. There was insufficient support for prisoners to find paid work outside the prison and insufficient development of their job-search and employability skills (see section on reintegration planning).

## Library

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- 5.11 The library service was subcontracted to Lincolnshire County Council. The library was of a reasonable size and managed by a qualified librarian supported by prison orderlies. It was well stocked, with over 7,000 books. There was a good selection of talking books, easy-to-read books for adults, CDs, newspapers, magazines and DVDs. The book stock included a reasonable selection in foreign languages but there were not sufficient books to support the vocational courses offered by the prison. A useful study area, equipped with seven computers, was not in use during the inspection, owing to the extended absence of the librarian. Legal textbooks and Prison Service Orders were easily accessible.
- 5.12 The library was open seven days a week and each evening. It was well used by approximately 90 prisoners each day and had loaned over 12,000 books in the preceding 12 months. In the survey, 71% said that they went to the library at least once a week, significantly higher than the 55% comparator.

- 5.13 The library orderlies were in the process of accessing some accredited training but no courses were run through the library, and Storybook Dads was on hold during the absence of the librarian.

## Recommendations

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- 5.14 Prisoners' attendance at education classes should be planned and prioritised to increase the number completing courses before leaving the prison.
- 5.15 Training and accreditation should be provided to those who work in the farm and gardens, and as cleaners.
- 5.16 Systems should be introduced to recognise and record the skills developed through community projects and paid employment.
- 5.17 Training should be provided for prisoners in finding, applying for and sustaining employment on release.
- 5.18 Accredited courses and other learning activities should be introduced to support resettlement.
- 5.19 The information, advice and guidance interview should consider the full range of development opportunities across the prison and link to resettlement needs.

## Physical education and health promotion

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### 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.

- 5.20 All prisoners had the opportunity to use the facilities up to six times a week, and they were well used. The gym was too small to accommodate all the equipment and activities required. Recreational exercise was encouraged by staff and promoted around the prison. There was a full-size football pitch and plenty of suitable outdoor space for other sports. A small range of accredited courses was available.
- 5.21 All prisoners had the opportunity to use the facilities up to six times a week: one session each weekday evening and one at the weekend. The facilities were well used, with around 70% of the population using them in the previous six months. Sessions for the over-40s were provided. The gym was the only building used for PE and was too small to accommodate all the equipment and activities required. Heavy equipment had to be moved in and out of the sport hall area each time it was used. Some cardiovascular equipment was stored in another building but not used, owing to the lack of space.
- 5.22 A small range of accredited courses was available, including level one healthy living, level two fitness instructors, a one-day community sports leaders award, a one-day appointed person first-aid course and a four-day first-aid at work course. Before using the facilities, all prisoners

were required to complete a questionnaire to assess their health and fitness, and those with any health issues had to undergo a medical examination with a health services professional.

- 5.23 Recreational exercise was encouraged by staff and there were sufficient posters around the prison displaying the range of activities. A full-size football pitch was available and used, when the weather permitted, and there was plenty of suitable outdoor space for other sports, such as cricket and running. The prison had a successful football team playing in the local football league. Two groups of local young people with Down's syndrome or autism visited the gym each week and prisoners worked effectively with these individuals to help to improve their general fitness. Prisoners enjoyed this work; it gave them an understanding of the problems of others and confidence in communicating with different groups.
- 5.24 Prisoners were issued with sufficient towels and gym or sports kit on the wings to cover general personal use and PE. There were only four showers in the gym, which was insufficient for the number of prisoners using it. Consequently, many did not use the gym showers, preferring to use those in the residential units. The toilet facilities in the gym were also insufficient, with four urinals and just one toilet. No drinking water was available in the gym.
- 5.25 Records of accidents, injuries and assaults were regularly recorded and any necessary follow-up procedures were appropriately addressed.

## Recommendations

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- 5.26 Additional accommodation should be provided to use and permanently house cardiovascular and fixed fitness equipment.
- 5.27 The showering and toilet facilities in the gym should be improved.
- 5.28 A drinking water facility should be provided.

## Faith and religious activity

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### 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.

- 5.29 Most prisoners said that their religious views were respected. The main Christian chapel was welcoming and was surrounded by a recently constructed memorial garden, but the multi-faith room was poor. Christian prisoners were well catered for and the chaplaincy provided some non-faith-related activities, but there were no classes or groups for other faiths.

- 5.30 At the time of the inspection, 150 prisoners gave their religion as Christian (39 of whom were Roman Catholic), 23 as Muslim, six as Sikh, four as Hindu, three as Buddhist, one as Jewish, eight stated 'other' and 128 indicated that they had no religion. There was one full-time coordinating Church of England chaplain, and a part-time Methodist and Roman Catholic chaplain each worked at the prison for eight hours a week. Two Muslim chaplains alternated to conduct Friday prayers, providing a total of eight hours a week, and there was a visiting Buddhist chaplain. The chaplaincy had been unable to recruit a Sikh, Hindu or Pagan chaplain.

In our survey, 64% of prisoners stated that their religious beliefs were respected, against a comparator of 56%.

- 5.31 Prisoners from all the main faiths could meet to worship corporately every week and the timings of services were well advertised, with information provided in the induction session and on posters around the establishment. The main festivals for all faiths were celebrated and the kitchen provided meals for feast days.
- 5.32 An average of 17 prisoners attended the ecumenical service on Sunday, 15 attended the Roman Catholic mass on Friday and 20 attended Muslim prayers on Fridays. In addition, prisoners entitled to release on temporary licence (ROTL) were able to attend religious services in the community. Smaller numbers attended Sikh and Buddhist services.
- 5.33 The facilities available to the chaplaincy department were the main Christian chapel, a multi-faith room and a memorial garden. The chapel was clean, bright and well equipped, with comfortable seating and tables. There were books and information leaflets available.
- 5.34 The multi-faith room was poor. It was a building of temporary construction, consisting of a small lobby and one room measuring 7.2 metres by 3.36 metres. It was poorly ventilated and located behind a residential unit, with no windows and no washing facilities. Prisoners had to obtain the key from wing staff on north unit if they wished to use it, and its out-of-the-way location had led to security concerns, with recent finds of drugs and mobile telephones in the area. Due to the location, size and lack of facilities, it was inadequate for the number of prisoners who used it.
- 5.35 The memorial garden had been designed by a prisoner and built by prisoners and staff, with contributions and funds from the prison, prisoners, staff and the local community. It was a landscaped area with water features and seating areas. It was available for all prisoners and staff to use and had a distinctly Christian theme, with a cross and cenotaph.
- 5.36 In addition to services, there were a number of other regular activities, including Christian worship on Sunday evenings and a Christian group on Wednesdays, attended by Prison Fellowship. There were two courses available through the chapel: the 'Growth Journey' and the Alpha course. The Growth Journey was a life-coaching course that was run for three hours a week over three 10-week terms, with an average of eight and a maximum of 12 prisoners involved at any time. The course was led by volunteers from an outside life coaching provider and was awaiting accreditation. This course was not faith based and was open to all prisoners who wanted to apply and were considered suitable by the prison. The Alpha course provided an introduction to the Christian faith. Two 10-week courses had been run in the previous 12 months, involving approximately 12 prisoners per course.
- 5.37 The music group was also based in the chapel and met approximately three times a week, offering prisoners the opportunity to learn a musical instrument and be involved in performing. The music group had recently started to provide music for the group of people with special needs who attended the gym every week (see section on physical education and health promotion) and had organised one performance for prisoners and members of the local community, with plans for more. Some members of the music group provided worship music at services, but membership of the group was open to all prisoners. However, when the chapel was being used by the music group, it was not possible for it to be used for other activities. A monthly film club had been started in March 2009. There had been three performances so far, each attracting approximately 22 prisoners.

- 5.38 Interactions with faith communities outside the prison were mostly Christian and, apart from religious festivals, all the activities run by the chaplaincy were either Christian or secular, with no study groups or activities catering for prisoners of other faiths. All team members and some community partners met regularly for fellowship, to discuss issues facing the chaplaincy and to plan for the future.
- 5.39 The chaplaincy team was under-resourced. Chaplaincy staff were not able to attend any establishment meetings and did not have time to attend assessment, care in custody and teamwork (ACCT) reviews or make regular entries in wing files.
- 5.40 In our survey, only 16% of prisoners had met a chaplain or religious leader in their first 24 hours, against a comparator of 55%. However, chaplains contributed to the induction course and also to sentence plans and ROTL reviews when they had knowledge of the prisoner or at the request of a prisoner.

## Recommendations

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- 5.41 All prisoners should have access to a chaplain of their own faith.
- 5.42 A multi-faith area with washing facilities, large enough to accommodate the number of prisoners using it, should be provided.
- 5.43 A separate music room should be provided to enable the music group to practise without restricting the use of the chapel for other activities.
- 5.44 The chaplaincy team should be enabled to play a wider role in the establishment, including seeing all new arrivals, attending key meetings and contributing to assessment, care in custody and teamwork (ACCT) reviews.

## Time out of cell

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### 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.

5.45 Prisoners had the freedom of movement appropriate to open conditions. Staff ensured that the daily routine ran to time on almost all occasions. A limited range of enrichment activities was available in the evenings, but staff had little opportunity to work with prisoners at these times. Opportunities for activity during association were limited, with small association rooms and some broken equipment, although many prisoners expressed a preference for relaxing in their cells. There was no seating outside or in the communal areas of most residential units which was suitable for older prisoners or those with back problems.

5.46 Prisoners had access to all areas within bounds until 8pm, and could associate on their residential unit until midnight. During the core day, all prisoners had opportunities for purposeful activity. Daily routines were published in all residential units, apart from the small long-term units, whose occupants had other access to the information. The routine ran almost always as published, and delays through extended roll checks were rare. Staff were proactive in enabling orderlies to have an early meal and be ready in time to facilitate evening activities.



- 5.47 The space allocated and the facilities provided for association were limited, and some of the equipment was damaged. Most prisoners associated in their cells; although the expressed preference of several prisoners was to 'chill out' in their cells in the evening, more spacious and well-equipped communal areas would have enabled a less restricted pattern of association.
- 5.48 Some evening activities and classes were available: music, basic acrylic painting, IT drop-in and introduction to sculpting.
- 5.49 There were seating areas in the open air outside the visits building and outside the healthcare department, and seats in the small association rooms in the resettlement units. There was no facility for older prisoners or those with relevant medical conditions to sit outside their cells with proper lumbar support.
- 5.50 Because of the administrative burden on staff in the evenings – issuing and receiving keys, dealing with applications and so on – there was limited interaction between staff and prisoners during association. This hampered staff from encouraging constructive use of these times, and from monitoring and supporting those needing supervision and care.

## Recommendations

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- 5.51 Managers should ensure that all equipment in association rooms is kept in working order and, if possible, provide less cramped indoor recreational areas.
- 5.52 A broader range of evening activities should be provided.
- 5.53 Outdoor seating, appropriate for older prisoners and those with back problems, should be provided within easy reach of the residential units.
- 5.54 Managers should take action to reduce the time spent on administrative tasks by those supervising prisoners during evenings and at weekends.



# Section 6: Good order

## Security and rules

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### 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 Apart from an overuse of strip searching and squatting without risk assessment, the levels of physical and procedural security were generally appropriate for an open prison. Abscond rates were low and incidents were rare. There was a policy of minimum tolerance of drug abuse, which had contributed to the safe environment at the prison.

### Security

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- 6.2 Levels of security were proportionate to the setting and no serious incidents had taken place. The number of strip searches was high, with over 1,200 in the previous six months. Many of these searches were routine, with all prisoners being searched on reception and discharge, irrespective of whether or not there was any intelligence to suggest that this was necessary.
- 6.3 Records of incidents in which prisoners had been required to squat had only been recorded in the previous few weeks, but these indicated that most prisoners were asked to squat during a search, without a risk assessment. Prisoners complained about this practice to us, particularly about being asked to squat over a mirror. We could find no records of contraband being retrieved as a result of a prisoner being requested to squat.
- 6.4 The main security concerns were absconds, drugs and alcohol. The abscond rate was within the target set by the area manager and had reduced, with no absconds since December 2008.
- 6.5 There had been 29 drug finds and five alcohol finds in the six months before the inspection. A minimum tolerance policy to mandatory drug testing (MDT) positive findings had been introduced. This policy stated that a proven adjudication for a positive test for a class A drug, and two positive tests for a class B or C drug, would result in immediate transfer to closed conditions. The policy was well publicised and consistently applied. Although the strict implementation of the policy did not allow room for consideration of individual cases, it was likely to have contributed significantly to the generally high levels of safety reported by prisoners.
- 6.6 The security department received an average of 131 security information reports (SIRs) each month, which demonstrated a good level of dynamic security. The reports were evaluated by an intelligence analyst, who produced a detailed report for the security committee. Recommended actions from intelligence, such as searching or MDT, were usually completed promptly, and recent changes in the resources available to the security department in the evenings and at weekends had increased its effectiveness.

- 6.7 A security committee met monthly and was well attended. It discussed all aspects of security, reviewed statistics and set monthly intelligence objectives. The monthly objectives were responsive to emerging security issues but contained no information about how the objectives were to be achieved and measured.

## Rules

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- 6.8 Prison rules were explained on induction, and the standards of behaviour expected were detailed in a compact. Prisoners we spoke to were aware of the rules and standards expected of them.

## Recommendations

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- 6.9 Prisoners should only be asked to squat if intelligence suggests that there is a high probability that they have contraband concealed. In all cases, authority to request a prisoner to squat should be given by a senior manager and the circumstances should be logged and monitored by the senior management team to ensure that any use of squat searching is reasonable and proportionate.
- 6.10 Monthly security intelligence objectives should be specific, measurable, achievable, realistic and time bound (SMART).

## Good practice

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- 6.11 *A detailed summary of security information prepared by the security department, accompanied all recategorisation paperwork.*

## Discipline

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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.

- 6.12 There had been 265 adjudications in the previous six months and records showed that they had been carried out appropriately. The findings appeared fair, and punishments were consistent with the published tariff. Use of force was low, and the paperwork we saw had been completed correctly. The segregation unit was no longer in use. There was no protocol for managing prisoners who were at risk of abscond or a risk to staff or other prisoners.

## Adjudications

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- 6.13 There had been 265 adjudications in the previous six months, most relating to possession of unauthorised articles.
- 6.14 Before their adjudication hearing, prisoners were held in an adjudication holding room. The room was equipped with chairs and a table, and contained a copy of the adjudication manual and the prison's tariff, together with additional information about drug charges. The

adjudication room was in a separate temporary building, which was comfortable and adequate for its purpose.

- 6.15 We reviewed a sample of adjudication records from the previous four months. In all cases, prisoners had been served with the appropriate paperwork, given sufficient time to prepare their case and had been given the opportunity to request legal advice. The record of the hearings indicated that prisoners had been able to give their evidence, call witnesses and present any mitigation. The conduct reports prepared by officers were of a reasonable standard and in most cases demonstrated a good knowledge of the prisoner. The findings appeared fair on the evidence recorded, and punishments were consistent with the published tariff.
- 6.16 Only the most serious charges, usually relating to possession or use of drugs, were referred to the independent adjudicator, who attended the prison regularly and heard all cases within a month of the adjudication being opened.
- 6.17 An adjudication standardisation meeting was scheduled to take place quarterly but only two meetings had taken place in the previous year. The meeting discussed the punishment tariffs, referrals to the independent adjudicator and any overturned charges, and summarised a quality check of 10 adjudications, but did not include any review of statistics to identify and monitor trends.

## Use of force

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- 6.18 Use of force was low. There had been three incidents in the previous six months, all of which had been spontaneous. None of the incidents had involved control and restraint techniques.
- 6.19 One incident involved a principal officer placing his hands on a prisoner in order to de-escalate a confrontation between the prisoner and an officer. The other two incidents involved prisoners who had overdosed on illicit drugs, become aggressive and violent in hospital, and had had to be restrained to enable them to be treated. In each case, the paperwork had been completed correctly, with officers providing detailed statements describing the incidents.
- 6.20 There were no facilities for any planned use of force incidents to be video-recorded.

## Segregation unit

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- 6.21 The segregation unit was no longer in use but the cells remained certified (see main recommendation HP44). The last prisoner had been segregated in August 2008. It was difficult to assess the condition of the unit up to its closure, as furniture had been removed and the cells were being used for storage, but it had no exercise yard and information from staff and records indicated that, when open, the unit had not been able to provide a full regime.
- 6.22 We reviewed the logs and records of the segregation unit for the three months before its closure. In all cases, a segregation algorithm had been completed by health services staff, indicating whether the prisoner was suitable for segregation, but the duty governor's section of the algorithm had not been completed in every case. All prisoners had been segregated for good order or discipline, and their segregation had been appropriately authorised by a prison manager of governor grade. Most prisoners were held on the unit for less than 24 hours before transfer to closed conditions and we found no cases when a prisoner had been held for more than 72 hours.

- 6.23 We were told that, since the unit had closed, the prison had used a number of different strategies for managing prisoners who would previously have been segregated. This included locating them in the holding room in reception until transport was available to transfer them to closed conditions. We were told that prisoners had only been held in reception for a maximum of a couple of hours, but no records had been kept. There had been no official notice to staff informing them of the closure of the unit and there was no protocol for managing prisoners who were at risk of abscond or a risk to staff or other prisoners.

## Recommendations

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- 6.24 The adjudication standardisation meeting should be held every quarter as scheduled and should analyse statistics to identify and monitor any trends.
- 6.25 Video-recording facilities should be available to record any planned use of force incidents.
- 6.26 A log should be kept for all prisoners held in the reception holding room before transfer to closed conditions, and this should be monitored by the senior management team.
- 6.27 A protocol should be developed, implemented and published for the management of prisoners who present a risk to others or of abscond.

## Incentives and earned privileges

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### 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.

- 6.28 The incentives and earned privileges (IEP) scheme worked effectively and was well understood by prisoners and staff. The additional privileges available to enhanced prisoners provided them with significant encouragement to maintain high standards of behaviour. Prisoners were invited to contribute to and attend IEP reviews and were informed in writing of the outcome. In the event of being demoted, they were issued with an appeal form.
- 6.29 The incentives and earned privileges (IEP) scheme was clearly articulated in the policy document and accompanying forms, and was reviewed annually. Staff and prisoners we spoke to appeared to have a good understanding of the scheme.
- 6.30 The scheme was explained to prisoners during their induction and details were included in the compact that every prisoner was asked to sign on arrival at the establishment. Details were also displayed on the residential units. Copies of the policy were available in a number of different languages.
- 6.31 At the time of the inspection, 69% of prisoners were on the enhanced level of the scheme. Although there were no prisoners on the basic level at this time, we were told that there were usually one or two prisoners on basic. We noted from the record of reviews that most such prisoners were able to return to the standard level after one to two weeks, indicating that the scheme worked effectively. Prisoners arriving at the establishment on the enhanced level were able to retain their status, and those on standard were able to apply for enhanced status 28

days after arrival or three months after any demotion to standard. Prisoners on the basic level of the scheme were reviewed every seven days and given clear behaviour targets.

- 6.32 The additional privileges available to enhanced prisoners, which included greater access to private cash, up to three additional community visits a month or additional internal visits, community work and accommodation on the resettlement units, provided significant encouragement to prisoners to maintain high standards of behaviour.
- 6.33 Prisoners were referred for an IEP review after three behaviour warnings or for what was classed as a serious single incident, such as a proven adjudication or a positive mandatory or compliance drug test. They were informed in writing of any warnings. While a single incident could trigger a review, downgrades were not automatic and the records of the reviews indicated that each case was dealt with on its merits.
- 6.34 The residential principal officer conducted all the reviews, with a residential senior officer and an officer present on the review board. The board completed a differential regime assessment which scored the prisoner's behaviour under a number of headings. There was little input from other areas, such as the prisoner's place of work. The reviews and decisions we looked at appeared fair and consistent.
- 6.35 Prisoners were invited to contribute to and attend the reviews and were informed in writing of the outcome. In the event of being demoted, they were issued with an appeal form. There were three avenues of appeal: to the residential governor, the deputy governor or through the complaints procedure.
- 6.36 Although participation with sentence planning was considered in all reviews, it was assumed that all prisoners in category D conditions would participate fully with sentence planning, and the scheme focused on behaviour rather than compliance with sentence planning targets.
- 6.37 The residential governor conducted a monthly quality check of 20% of the reviews conducted. In addition, ethnic monitoring data was recorded and discussed at diversity and race equality action team meetings. The ethnic monitoring statistics for the six months before the inspection raised no concerns about the scheme. The policy and the facilities list were reviewed annually by senior managers.

## Recommendation

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- 6.38 Staff from a prisoner's place of work or activities should contribute to an incentives and earned privileges (IEP) review.





# Section 7: Services

## Catering

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### 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 Most prisoners indicated that the food was good, although black and minority ethnic prisoners had considerably more negative perceptions. The kitchen was clean and well organised but the dining area was small and shabby. The kitchen employed 30 prisoners, all of whom had received basic food hygiene training. The kitchen catered for the religious festivals and feast days of all the main religions.
- 7.2 The kitchen area was clean but small for the number of prisoners it had to cater for. The flooring had recently been replaced but in some areas there were puddles of water, which was a potential hygiene and safety hazard. All the storage and preparation areas were clean and tidy, and different foods, such as vegetarian and halal foods, were stored and served separately to avoid cross-contamination.
- 7.3 The kitchen employed 30 prisoners, all of whom had received basic food hygiene training. The catering manager was qualified as a National Vocational Qualification (NVQ) verifier and two of his staff were qualified assessors. At the time of the inspection, three prisoners were working towards an NVQ. There were four staff working in the kitchen and they supervised both the preparation and serving of food.
- 7.4 All prisoners could dine in association. The dining room was clean but the decoration and the furnishings were shabby. The room could seat only 80 prisoners at a time and there were often long queues, despite a system of staggering the mealtimes for different residential units. The area was supervised by staff and we did not observe any disruptive behaviour by prisoners. Prisoners and staff told us that the dining area sometimes opened later than scheduled, owing to the availability of discipline staff to supervise it and delays in completing roll checks, which were conducted on the residential units before meals.
- 7.5 Prisoners had no access to drinking water and had to bring bottles of water or squash with them if they wanted a drink with their meal. Prisoners were issued with their own plastic cutlery and meals were served on crockery plates. Halal food certificates were displayed in the dining room but there were few pictures or posters on the walls promoting a healthy lifestyle or diversity.
- 7.6 The quality of the food we tasted was good and the portion sizes were reasonable. A cooked breakfast was served every morning in the dining room between 7.40am and 8.15am and was popular with prisoners. The lunchtime meal was served between 12.30pm and 1.15pm and consisted of a sandwich or baguette and homemade soup. Dinner comprised a choice of four main courses with vegetables. Fruit was also available. At the weekends, the main meal was served at lunchtime.
- 7.7 Prisoners pre-selected their menu choices from a published menu, on which halal, vegetarian and healthy options were clearly marked. There were special arrangements for vegan

prisoners and religious diets. Catering staff also worked with the healthcare department to provide advice for those requiring a special diet for health reasons.

- 7.8 The menu was on a four-week cycle, and every month there was a theme night. In our survey, 56% of respondents indicated that the food was good or very good, which compared favourably with the open prison comparator of 48%. Prisoners from black and minority ethnic backgrounds were considerably more negative about the food, with only 17% indicating that the food was good or very good. In the prisoner focus groups and during the inspection, black and minority ethnic prisoners complained to us that there were too few options that catered to their taste, and there appeared to be no Caribbean dishes on the menus.
- 7.9 The catering department made an effort to consult prisoners about the menu. A catering survey was conducted every six months, and catering managers attended the prisoner forum and the diversity and race equality action team meeting. However, it did not appear that the concerns of black and minority ethnic prisoners about the food had been raised in these meetings. The catering manager had recently instigated a catering forum and had advertised for prisoner representatives. The forum was due to meet once a month but none had taken place at the time of the inspection. There was a food comments book but it only contained entries from the previous week.
- 7.10 The kitchen catered for the religious festivals and feast days of all the main religions and involved prisoners in the preparation of the food. This had been particularly successful during Ramadan and for the feast of Eid, and kitchen staff had received a number of letters of thanks from prisoners.
- 7.11 Hot water was provided on the residential units to enable prisoners to make hot drinks at any time but there were no facilities for prisoners, including life-sentenced prisoners, to cook for themselves.
- 7.12 In addition to providing food for the prisoners, the kitchen had developed links with the outside community, working with a number of charities and catering for events such as the Age Concern and Help the Aged Christmas lunches.

## Recommendations

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- 7.13 The kitchen flooring should be repaired to improve the drainage of water.
- 7.14 The dining room should be refurbished.
- 7.15 The serving of meals should start at the published times.
- 7.16 The prison should make use of the dining area to display pictures and posters to brighten up the environment and promote healthy lifestyles and diversity.
- 7.17 Drinking water and cups should be available in the dining room.
- 7.18 The prison should consult with black and minority ethnic prisoners to explore the reasons for their more negative perceptions of the food.
- 7.19 The menu should reflect the diversity of the population.

- 7.20 Long-term prisoners should have access to facilities to enable them to cook for themselves.
- 7.21 The food comments book should be easily assessable to prisoners, who should be encouraged to use it.

## Prison shop

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### Expected outcomes:

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

- 7.22 The prison shop offered a limited range of goods, which did not meet the needs of black and minority ethnic prisoners. Some charges were high, and there was not an effective system of consultation with prisoners on prison shop issues.
- 7.23 There was a limited range of goods available from the shop. Price lists and notices of special promotions were displayed on all units except the long-term units. The recent change of supplier under the national contract had led to price increases, which appeared unreasonably high in some cases. There was limited specific provision for black and minority ethnic prisoners. Prisoners were permitted one weekly order, finalised on Sunday night. Reception packs were available, with advance of pay if no money was available in a prisoner's account. Prisoners could nominate another to collect their items, and there was no evidence of abuse of this practice. Prisoners were charged 50 pence for a written statement of their accounts. A charge of £5.80 per item was levied by the catalogue order supplier, which was unreasonable for single items of relatively low value. A record existed of only one prisoner consultation meeting on prison shop issues.

## Recommendations

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- 7.24 The range of goods available should be extended, especially to provide more items requested by black and minority ethnic prisoners.
- 7.25 Prisoners should not be charged for the occasional issue of a statement of their personal accounts.
- 7.26 Managers should explore, by negotiation with the supplier or by other means, how the unit delivery cost of catalogue orders can be reduced.
- 7.27 Consultations on prison shop issues should be held regularly, with a representative group of prisoners; they should be minuted, and agreed actions followed up.



# Section 8: Resettlement

## Strategic management of resettlement

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### 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.

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|-----|--|
| 8.1 | The resettlement strategy was out of date and not informed by a needs analysis. There was insufficient focus on pathway areas, and resettlement meetings were not strategic. |
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- 8.2 The resettlement strategy had not been updated since November 2007. It was not informed by a needs analysis and did not address the needs of different types of prisoners, particularly short-term prisoners; at the time of the inspection, 63 prisoners were serving 12 months or less (see main recommendation HP48). This section of the population was moved through the system quickly; many were not eligible for any form of release on temporary licence (ROTL) and needed a different management strategy. The specific needs of sex offenders, lifers, older prisoners, recalled prisoners and foreign nationals were also unaddressed by the strategy. However, a needs analysis was planned.
- 8.3 The strategy was not sufficiently focused on pathway areas or linked to the area resettlement strategy and was not driven forward by the resettlement or reducing reoffending meeting. There had been only two resettlement meetings in the previous six months; these had been chaired by either a senior or principal officer grade and not by a senior manager. Minutes suggested that meetings focused on outwork and mostly involved information sharing.
- 8.4 Exit surveys were carried out routinely and provided good management information, although the information was not used.

### Recommendation

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- 8.5 The resettlement strategy should be driven and monitored by a regular meeting, chaired by a senior manager and attended by key managers representing all strands of resettlement.

### Housekeeping point

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- 8.6 Management information from exit surveys should be used to inform practice.

## Offender management and planning

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### 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.

- 8.7 Some managers within the reducing reoffending function were overstretched, and shift patterns meant that specialist resettlement officers were not able fully to focus on their specialist areas. In-scope prisoners were well managed and sentence planning for lifers was good, but there was no sentence planning for others. Significantly fewer prisoners went out on licence than at comparator prisons and not enough was done to get prisoners into paid work. Lifers experienced delays in progressing towards outwork and there was no wider support for this group.

## Sentence planning and offender management

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- 8.8 The offender management unit (OMU) was part of the reducing reoffending function, along with the resettlement unit (which dealt with outworking), drug strategy, resettlement pathways, public protection, the discipline office, the resettlement and long-term unit residential areas, lifer management, prisoner induction and safer custody. This represented a considerable workload in an open prison, resulting in the head of reducing reoffending and head of the OMU being overstretched.
- 8.9 A group of 19 resettlement officers had a range of specialist duties, including monitoring community service volunteer (CSV) placements, and working as offender supervisors, housing officers and offender assessment system (OASys) assessors. They also had to take on the full range of operational duties, including evening shifts, weekends and nights. This caused significant problems with planning and completing specialist work. For instance, they were often required to do operational tasks at short notice and could not keep appointments; many found it hard to complete tasks requiring long periods of concentration, such as OASys reports. It also affected their ability to build up relationships with necessary contacts outside the prison.
- 8.10 There was a lack of appropriate rooms to interview prisoners; most interviews took place in probation or offender supervisor offices, which were cramped and offered no confidentiality.
- 8.11 Access to OMU staff was a cause of much frustration to prisoners, as well as to OMU staff.
- 8.12 Thirty prisoners were in scope for offender management, including three prolific and priority offenders. They all had an offender supervisor, and most records of contact reflected excellent engagement with prisoners. Formal boards with offender managers rarely took place, although telephone meetings were arranged with the prisoner, offender supervisor and offender manager.
- 8.13 In our groups, most prisoners said that they did not have a sentence plan. This was mirrored in our survey, where only 39% of prisoners said that they had a sentence plan, against the 69% comparator. This may have been a reflection of the fact that only lifers and in-scope prisoners had any form of sentence planning review after arriving at the establishment. Managers estimated that only 25% of the OASys reviews that should have been carried out were being completed. However, out of the 243 prisoners eligible for OASys, most had arrived with an up-to-date OASys assessment, and overall 80% were still in date. We saw evidence that relevant departments were made aware of OASys targets that had been set, but sentence plans did not act as the driving force behind decisions about how prisoners would spend their time in custody. There was no sentence planning for prisoners not suitable for OASys, which represented 23% of the population.
- 8.14 OASys assessments were supervised by the senior probation officer, and the quality of those we saw was good; risk assessments were thorough and targets were specific, measurable,

achievable, realistic and time bound (SMART), and usually related to progress beyond prison, although named staff were not identified to assist with targets.

- 8.15 In our survey, significantly fewer respondents than at comparator prisons said that they had access to all types of release on temporary licence (ROTL). Around 1,800 ROTLs were granted each month, which was significantly fewer than at comparator prisons; 193 prisoners were eligible for outwork but fewer than half of these (93) had placements, and on any given working day an average of 70 went out. Out of the 68 prisoners eligible for paid work, only 16 had jobs. There was good transport provision for CSV workers: four mini buses and two people carriers.
- 8.16 There was a perception among long-term prisoners that shorter-term prisoners were given priority for outwork placements but we found this not to be the case; the majority of placements were taken by long-term prisoners. In 2008, nine prisoners had retained their job on release. Attempts were made to find placements for sex offenders; six out of 25 were doing community work, and since the previous inspection three sex offenders had secured paid work, although none were in paid employment during the current inspection.
- 8.17 Harrison and Llewelin units and the two long-term units were reserved for outworkers. In principle, CSV and paid work were not restricted by the number of places on these units, but in practice only one prisoner from north and south units was working out and this had been arranged during the inspection. There were 93 spaces for outworkers on Harrison and Llewelin units and the two long-term houses, which was exactly the number approved to go out on daily resettlement licence.
- 8.18 An average of 29 prisoners were discharged each month with a home detention curfew (HDC). Most (around 65%) went out on their eligibility date, although there were delays of up to 16 days for probation reports to be sent in. Good use was made of the ClearSprings accommodation service; an average of 30% of HDC discharges used this service. The HDC clerk saw all prisoners on induction.
- 8.19 Out of 28 determinate-sentenced prisoners, 13 had been granted parole in the previous 12 months. This included two out of four sex offenders. Most dossiers were completed on time.
- 8.20 There were seven recalled prisoners, all of whom had arrived with a sentence plan, but they had not been flagged up because of their recalled status. Four of them were lifers and had received good sentence planning since their arrival, but the remaining three were not being sufficiently monitored.
- 8.21 The remote location of the establishment meant that 81% of prisoners were over 50 miles from their home area. In our survey, 22% of prisoners said that the prison was near their home or intended address, significantly fewer than the 50% at comparator prisons. For some prisoners, this created problems with receiving visits and accessing home leave, although the rules about the distance that prisoners could travel on day release were not too restrictive. It was also difficult for some home area probation staff to visit the establishment to attend boards or complete parole interviews, which sometimes delayed processes. There was no video link facility. There was a telephone conferencing facility but it was rarely used.

## Categorisation

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- 8.22 A total of 45 prisoners had been recategorised to category C and returned to closed conditions in the previous six months. We examined the records of 20 cases. In each instance, the

recategorisation paperwork had been fully completed and most cases had a detailed summary of security information completed by the security analyst, providing background information and intelligence. All the decisions we reviewed appeared appropriate on the evidence presented; some were the result of the minimum tolerance policy to drug use (see section on security and rules).

## Public protection

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- 8.23 Weekly risk management meetings reviewed all prisoners arriving at the establishment and ensured that public protection cases were picked up and passed on to relevant staff, including the censors and gate and visits staff. However, the residential officers we spoke to were not aware of which prisoners on their unit were subject to public protection measures. At the time of the inspection, 37 prisoners were subject to public protection monitoring, and prisoners subject to specific measures were aware of them. Prisoners on the list were reviewed regularly and were only left on the list when concerns remained. Where necessary, statutory agencies, including the Probation Service, police and, where appropriate, social services, were involved in key decisions about these prisoners, such as for ROTL.

## Indeterminate-sentenced prisoners

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- 8.24 The prison could take up to 60 indeterminate-sentenced prisoners. At the time of the inspection there were 42, including three with indeterminate sentences for public protection.
- 8.25 All indeterminate-sentenced prisoners were seen on arrival by the lifer manager, who was the senior probation officer and head of the OMU. They were able to play an active role in their sentence planning board, which was held within six to eight weeks of arrival, although no logs were kept of boards. All had been allocated an offender supervisor and all were given a printout of all their resettlement dates following their board.
- 8.26 Thirty indeterminate-sentenced prisoners were eligible for outworking and around half of these had a placement, including two doing paid work. We found delays in progressing these prisoners towards getting outwork (but not with town visits or overnight ROTL) because of late submission of assessments by outside probation staff. During the inspection, there were 13 with such an assessment outstanding, two of whom had been waiting over six months.
- 8.27 There was no wider support for indeterminate-sentenced prisoners; for instance, there were no lifer days and no lifer forums. They routinely had to share cells before they reached their facility licence eligibility date. One told us that he had had three room mates in one week, and another had had seven in six months.
- 8.28 Some indeterminate-sentenced prisoners experienced delays with parole hearings; for example, it was not uncommon to wait eight months between dossier submission and the hearing being listed. During the inspection, 16 parole dossiers were in progress and four were overdue by up to four weeks.

## Recommendations

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- 8.29 There should be appropriate interview rooms for resettlement staff to speak to prisoners in confidence.



- 8.30 All prisoners should have a sentence plan. A multidisciplinary team should review this with the prisoner shortly after arrival, and a log should be kept of all reviews and boards.
- 8.31 Procedures should be put in place to ensure that unit staff are aware of which prisoners on their units are subject to public protection monitoring.
- 8.32 The number of prisoners being released on temporary licence should be comparable with that in other open prisons, and work placements should not be restricted by the number of spaces on the resettlement residential units.
- 8.33 More help should be given to prisoners to help them find paid work.
- 8.34 Home detention curfew releases should not be delayed by late probation reports.
- 8.35 Recalled prisoners should routinely be flagged and specifically monitored.
- 8.36 A video link facility should be installed to assist with probation assessments and review boards.
- 8.37 The progress of indeterminate-sentenced prisoners towards eligibility for outwork should not be delayed by late probation reports.
- 8.38 There should be regular lifer forums and at least two lifer days each year.
- 8.39 Indeterminate-sentenced prisoners should be prioritised for single cell accommodation.
- 8.40 The establishment should review the causes and delays in progressing parole hearings and dossier submissions, and resolutions sought.

### Good practice

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- 8.41 *All indeterminate-sentenced prisoners were given a printout of their resettlement dates, simplifying the process and giving them clear targets to aim for.*

## Resettlement pathways

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### 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

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- 8.42 No leads had been identified for the resettlement pathways and no pathway meetings took place. There were no automatic pre-release interviews from resettlement specialists. Fewer prisoners knew how to access most resettlement services than at comparator prisons. There was no specialist housing provider but induction officers acted as housing advisers and had

built up links with outside agencies. A suitable training and learning environment was provided to prepare prisoners for work, training or education after release. The activities available for prisoners were relevant and based on a needs assessment of the population and an understanding of skills shortages and vacancies in the relevant labour market. Preparation for mental and physical health support on release and palliative care arrangements were inadequate. There was no one-to-one debt advice but money management courses were available, although underused. Assistance in opening bank accounts was limited to paid workers.

## **Accommodation**

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- 8.43 There was no accommodation pathway lead and no specialist housing service provider. However, the four induction officers acted as housing advisers, seeing all prisoners on arrival. The housing officer we spoke to had completed a five-day training course, but this had been about five years earlier. These officers had built up links with outside agencies such as Nacro and a number of housing associations. A local Nacro office offered advice to the housing officers by telephone, as required. Housing officers mainly helped prisoners with applications for housing registers. Housing for higher-risk prisoners was dealt with by probation staff.
- 8.44 Managers and staff agreed that the introduction of the early conditional licence meant that targets for prisoners going out to no fixed address had become meaningless because all those who wanted early release just had to give an address, with minimal checks carried out. This was likely to prevent some from seeking much-needed help with finding suitable accommodation in preparation for release.
- 8.45 In our survey, only 30% of respondents said that they knew whom to contact in the prison to get help with accommodation on release, compared with the 66% comparator, and prisoners we spoke to expressed the same concern. Prisoners were not routinely seen by housing officers as their release date approached, and there were no pathway meetings, in this or any of the other pathways, and no peer workers in resettlement (see main recommendation HP49).

## **Education, training and employment**

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

- 8.46 At the time of the inspection, the prison offered satisfactory education and training but this was insufficiently linked to the resettlement needs of prisoners. The prison had undertaken a needs analysis which appropriately considered the employment opportunities for prisoners on release. This had influenced the education and skills programmes available, but gaps remained. There was insufficient support for prisoners to find employment, training or education on release, such as through a job club or internet access. The administration officer responsible for finding paid work was on long-term absence and no cover had been provided for her. Voluntary work outside of the prison was not used effectively to recognise and develop employability skills, although the prisoners involved benefited from the experience. There was no pre-release course available.
- 8.47 Jobcentre Plus visited the prison weekly, offering support and guidance for prisoners looking for work on release. The prison had some ties with employers through its community links and paid work programme, but insufficient work was done to establish links with national employers.

## **Mental and physical health**

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- 8.48 There were no pre-release clinics. Prisoners attended the healthcare department on the day before release, to get paperwork completed. They were given a letter to take to their GP in the community, outlining any care they had received while in prison. If they were on prescribed medicine, they were given whatever quantity of their medication remained. If a prisoner attended the healthcare department in advance, take-home medication would be ordered for them, if required, but this was dependent on the prisoner taking the initiative and requesting the medication.
- 8.49 If a prisoner had not been registered with a GP in the community before going to prison, or if he was to be discharged to a new area, he was not given any information on how to register with a GP or how to use NHS direct.
- 8.50 As there were only primary mental health services available in the prison, there was no care programme approach in use. We were told that primary mental health nurses contacted community services if prisoners were likely to require mental health support on their release, but there was no system for this.
- 8.51 There was a palliative care and end-of-life policy. However, this stated that if a prisoner required controlled drugs for pain relief or needed care during the times when the healthcare centre was closed, arrangements would be made to transfer him to an establishment with 24-hour medical care. However, this would mean moving the prisoner to a higher-security establishment, rather than a hospital or hospice.

## **Finance, benefit and debt**

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- 8.52 There was no pathway lead for finance, benefit and debt. Information about financial services was included in induction, and when a prisoner raised concerns about financial matters, a referral could be made to a finance course. A one-to-one debt advice service run by Lincolnshire Action Trust had recently ended.
- 8.53 A personal budgeting and money management course offered by the education department comprised eight two-hour sessions, but there were few completions; there had been 33 completions in the previous 12 months, out of an average of around 750 discharges a year, which did not reflect likely need. A financial capabilities course, run by Lincolnshire Action Trust, was about to begin.
- 8.54 There was usually weekly input from a Jobcentre Plus worker relating to benefits advice, although provision was not always reliable; during the inspection, she did not meet any of her pre-arranged appointments with prisoners. Many prisoners we spoke to said that they did not know whom to contact in the establishment to get help with finances on release (31% against the 50% comparator) or with claiming benefits on release (40% against the 59% comparator).
- 8.55 Paid workers were supported in opening a bank account but this service had yet to be widened to others; only 13% of prisoners in our survey said that they knew whom to contact in the prison to get help with opening a bank account, against the 52% comparator. Prisoners were not seen routinely by any financial specialists in the weeks approaching release.

## Recommendations

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- 8.56 There should be nominated leads for all pathway areas.
- 8.57 Regular pathway meetings should be held, with representatives from all pathway areas.
- 8.58 There should be greater use of prisoners as peer supporters in resettlement.
- 8.59 Prisoners should know how to access resettlement services in the establishment.
- 8.60 A specialist housing provider should be available to all prisoners.
- 8.61 There should be improved checks on addresses given to support early conditional licence discharges.
- 8.62 Education and training should be better linked to resettlement needs.
- 8.63 There should be more training and support for prisoners to find, apply for and sustain a job on release.
- 8.64 Voluntary work placements should be used to develop employability skills.
- 8.65 A pre-release course should be available.
- 8.66 There should be better links with national employers.
- 8.67 Staff should routinely contact community services to ensure continuity of care on release for prisoners with mental health needs.
- 8.68 All prisoners on prescribed medication at the time of release should be offered take-home medication.
- 8.69 Prisoners who are not registered with a GP should be given sufficient information to be able to do this on their release.
- 8.70 There should be appropriate arrangements for prisoners requiring palliative care that can not be provided at the establishment.
- 8.71 A one-to-one debt advice service should be reinstated.
- 8.72 Prisoners with financial management needs should be better identified and directed toward courses.
- 8.73 Help with opening a bank account should be more widely available.

## Housekeeping point

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- 8.74 Prisoners should be informed when Jobcentre Plus appointments cannot be kept, and a further appointment should be given.

## Drugs and alcohol

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- 8.75** There was a comprehensive drug strategy, which had recently been reviewed, and a separate alcohol prevention and testing strategy document. No needs assessment had been undertaken to inform either strategy. Because of staff shortages, the counselling, assessment, referral, advice and throughcare (CARAT) team was not able to offer group work. Prisoners could attend the short duration programme and those we spoke to were positive about it. There were clearly defined policies for compliance and voluntary drug testing. CARAT staff worked with the regional integrated drug treatment system (IDTS) lead to enable prisoners released on temporary licence to access their supervised medication through local drug intervention programme teams.
- 8.76** The drug strategy group met bi-monthly, with good representation from across the establishment. There was a comprehensive drug strategy, which had been recently reviewed. It outlined key aims and objectives and provided details of core elements. It did not set targets and there was no action plan, although the drug strategy team had started developing short-, medium- and long-term objectives in their meetings. There was a separate alcohol prevention and testing strategy document. Its main focus was on testing, and, again, it did not set targets and there was no action plan. No needs assessment had been undertaken to inform either strategy. We were told that this was because there was no psychology support available in the prison, but that work was developing between probation staff and a local university to address this.
- 8.77** Although there was a schedule for weekly meetings between CARAT and health services teams, only five of the previous 11 scheduled meetings had taken place.
- 8.78** Posters and leaflets were available, informing prisoners of the different services available for those with drugs issues. Prisoners could be referred directly to the CARAT service following their reception health screening. In addition, CARAT workers saw all new prisoners as part of the induction programme. This included a group talk and one-to-one interviews with prisoners.
- 8.79** At the time of the inspection, there were 34 prisoners engaging with the CARAT team. There was no waiting list for the CARAT service, with prisoners being seen within a few days of arrival.
- 8.80** The CARAT team comprised a manager/keyworker, another keyworker and a part-time administrator. An additional keyworker post was vacant, and we were told that this vacancy was frozen and could not be filled. This was having a detrimental effect, as there were insufficient staff to run group sessions. The team was therefore only able to offer one-to-one work.
- 8.81** Alcoholics Anonymous (AA) held bi-weekly meetings at the prison. Although attendance at these meetings was confidential, there was regular contact between representative members from the community and a member of prison staff, to provide the opportunity to discuss any problems. We were told that these meetings were constructive and that people from the local community were satisfied with arrangements for the group. Some prisoners also attended AA meetings in the local community. There were no Narcotics Anonymous meetings at the prison, and we were told that this was because of difficulties obtaining security clearance for members.
- 8.82** Prisoners could attend the short duration programme (SDP). Initial assessments were conducted by the CARAT team and prisoners who scored medium to high on the severity of

dependence scale were offered a place on the course. The lack of administration support, and the fact that one member of staff was on long-term sick leave at the time of the inspection, meant that the team were at full stretch, but still delivered the required number of courses. Prisoners we spoke to were positive about the programme.

- 8.83** There were clearly defined policies and compact documents for compliance drug testing (CDT) and voluntary drug testing (VDT). All prisoners eligible to apply for ROTL were automatically placed on CDT; this meant that 200–220 prisoners were subject to CDT at any one time, and that there were few prisoners on VDT. When prisoners tested positive on MDT or VDT, they were removed from the compact for a period of three months, after which they could reapply, and they were also referred to the CARAT team. They also faced possible transfer to closed conditions.
- 8.84** We were told that there had recently been difficulties in arranging for prisoners to access supervised consumption of their maintenance medication in the community when on home leave. This had resulted in some prisoners having difficulty in obtaining ROTL, and we met prisoners who had opted to come off their maintenance medication, resulting in them detoxifying too quickly, in order to access home leave. However, CARAT staff worked with the regional integrated drug treatment system (IDTS) lead to enable prisoners on ROTL to access their supervised medication through local drug intervention programme teams.

## Recommendations

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- 8.85** The drug and alcohol strategies should be informed by needs analysis and include action plans.
- 8.86** The counselling, assessment, referral, advice and throughcare (CARAT) team should be sufficiently resourced to provide group work sessions.
- 8.87** CARAT and health services staff should have regular meetings.

## Children and families of offenders

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- 8.88** The visits hall was small but was able to accommodate those prisoners who wanted visits. The visitors' waiting area was poor and there was no prison or public transport available. Prisoners had to wear prison-issue shirts during visits, including on family days.
- 8.89** Domestic visits took place on Wednesday afternoons and weekend mornings and afternoons. Legal visits took place on Wednesday mornings. Standard and basic level prisoners were entitled to two visiting orders and one privileged visiting order a month and enhanced prisoners were entitled to four visiting orders and two privileged orders a month. Privilege visits took place on Wednesday afternoons.
- 8.90** The visits hall was able to accommodate 14 visits at one time, enabling 70 visits a week to take place. We checked the visits list on Thursday and there were still visit places available for the coming weekend. Visits were booked on a dedicated telephone line in the gate. Staff in the gate were busy but seemed adept at booking visits alongside their other duties. There were clear systems for ensuring that information about who had visits booked was shared around the establishment. Any public protection issues were flagged up.

- 8.91 Some visitors said that they had experienced difficulty in getting through on the booking line, but that once they had got through they had had no problem booking their visit. There was no facility to book a further visit while at the establishment. There was no prison or public transport available.
- 8.92 A passive dog was often used in the visits waiting area. Visitors we spoke to had no complaints about their treatment but the condition of the waiting area was poor and most visitors preferred to wait outside to be taken to the visits hall. On the day we observed visits, visitors were taken to the visits hall 10 minutes after the advertised start time for the visit and no explanation for the delay was offered. The waiting area had no facilities for visitors to buy food or drinks and there was no information about the prison or support services available. The toilets, particularly the male toilet, were dirty and there was a leak from a drain outside the waiting area that made the whole area smell offensive.
- 8.93 Facilities in the visits hall were better, with toilets suitable for visitors and prisoners with disabilities, and a snack bar run by a local charitable group. A range of leaflets providing information about the prison, assisted visits and family visits was available. Two members of staff supervised visits from a desk, and their presence was not intrusive. There were tables outside the visits hall for prisoners and their visitors to use in warm weather. The visits hall had a small play area for children, with a range of toys and activities. There was no staffing of this area. Despite being able to wear their own clothes at all other times, prisoners had to wear prison-issue shirts to attend visits.
- 8.94 Eight family visits were planned for the year, and were principally aimed at prisoners who did not have town visits or other ROTL. The visits were supported by play specialists from Child Links and lasted two and a quarter hours. One family visit took place during the inspection and was a relaxed event. Staff wore polo shirts rather than uniform shirts, but prisoners had to wear prison-issue shirts. Food and drinks were provided for prisoners and their families. The staff involved in the event were enthusiastic and keen for it to be an enjoyable occasion for all the participants. Prisoners were encouraged to join their children in the play activities, and photographs were taken for each prisoner to have a memento of the event. Posters advertising family days were on residential area notice boards. These family days were the only provision for supporting children and families of offenders in the establishment. Prisoners suitable for ROTL were able to visit family members or partners at other prisons, with the agreement of the other prison, and inter-prison telephone calls were arranged by the establishment. There was no parenting or relationship support available – for example, Storybook Dads or Fathers Inside courses.

## Recommendations

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- 8.95 The visitors' waiting area should be upgraded to provide more information and improved facilities for visitors.
- 8.96 The prison should explore means by which visitors could book their next visit before leaving the prison.
- 8.97 Visits should start at the advertised time.
- 8.98 Prisoners should not be required to wear prison-issue shirts during visits or family days.
- 8.99 The need for relationship and parenting courses should be explored.

**8.100 Storybook Dads and other, similar schemes should be introduced.**

## **Attitudes, thinking and behaviour**

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**8.101** No pathway lead had been identified. There were links with Lincolnshire Probation Service which enabled offending behaviour programmes to be completed in the community. However, there had not been a needs analysis, so it was not possible to conclude that provision matched need. There was no psychology provision, and little help to support prisoners who had become institutionalised.

**8.102** No pathway lead had been identified. There was a local policy that the establishment would not accept prisoners who had further offending behaviour work to complete, although it was not always possible to know this until prisoners had arrived. A useful arrangement with HMP Whatton had resulted in more appropriate referrals being made.

**8.103** There were links with Lincolnshire Probation Service which enabled programmes to be completed in the community; these included the short duration programme, enhanced thinking skills, controlling anger and learning to manage it, light intensity alcohol treatment programme and cognitive skills booster, and there were no waiting lists for any courses. However, there had not been a needs analysis, so it was not possible to conclude that provision matched need, and managers believed that there was a gap in provision for domestic violence and alcohol treatment.

**8.104** There was no psychology provision, which had created problems with completing assessments required by the parole board, and although solutions had eventually been sought by paying for private assessments, this situation was likely to reoccur.

**8.105** There was little help to support prisoners who had become institutionalised. Longer-term prisoners who did not have an offender supervisor told us that they often found ROTLs challenging after many years in prison. Despite this, there was no one for them to talk to about how they were coping with going out. In addition, there were no opportunities for prisoners to cook their own food, which was particularly important for lifers and long-term prisoners. Opportunities for prisoners to launder their own clothes were also being phased out (see section on residential units). These deficits were reflected in our survey, where significantly fewer than at comparator prisons said that they had been helped to prepare for release (34% compared with 44%).

**8.106** A regular initiative involving prisoners talking to children about their experience of prison gave them a sense that they were 'giving something back' and supported reintegration into the community.

## **Recommendations**

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**8.107** There should be routine access to psychology services.

**8.108** There should be more help to support prisoners who have become institutionalised, including the opportunity to prepare their own meals.



## 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 remedial work required to bring the prison buildings up to standard should be undertaken, with the showering facilities on north and south units taking priority. (HP43)
- 9.2 The segregation unit should be taken out of commission and removed from the cell certification. (HP44)
- 9.3 There should be no routine strip searching of prisoners on reception and discharge. (HP45)
- 9.4 Managers should review the establishment's diversity strategy to ensure that it covers all minority groups and that each strand is underpinned by appropriate policies and structures. (HP46)
- 9.5 The number of mundane orderly jobs should be reduced and opportunities for gaining accredited qualifications increased. (HP47)
- 9.6 There should be an up-to-date, pathway-based resettlement strategy, informed by a needs analysis, which addresses the needs of the different groups within the population. (HP48)
- 9.7 All prisoners should be seen formally before release to ensure that resettlement needs have been addressed. (HP49)

### Recommendations

to NOMS

- 9.8 Home detention curfew releases should not be delayed by late probation reports. (8.34)
- 9.9 The progress of indeterminate-sentenced prisoners towards eligibility for outwork should not be delayed by late probation reports. (8.37)
- 9.10 There should be improved checks on addresses given to support early conditional licence discharges. (8.61)

### Recommendations

to the Governor

#### First days in custody

- 9.11 Managers should ensure that reception is adequately staffed, especially in the early afternoon, to ensure that reception procedures are carried out efficiently. (1.12)
- 9.12 All prisoners should be offered a free telephone call on their day of arrival. (1.13)

- 9.13 Managers should introduce appropriate first night arrangements to ensure that prisoners' well-being is regularly monitored, supported and recorded. (1.14)
- 9.14 Managers should arrange an induction programme structured to provide constructive activity throughout the core day. (1.15)

### **Residential units**

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- 9.15 Cells designed for one should not accommodate two. (2.21)
- 9.16 The telephones located in the association areas on Harrison and Llewellyn units should be moved to allow the limited association area to be used. (2.22)
- 9.17 The association areas should be made more attractive to encourage use, both in terms of decoration and facilities available. (2.23)
- 9.18 Prisoners on Harrison and Llewellyn units and the long-term houses should be able to do their own laundry. (2.24)
- 9.19 The offensive display policy should be enforced. (2.25)
- 9.20 The showers in all units should be deep cleaned to prevent mould from building up, and the problems with water pressure should be remedied. (2.26)

### **Staff–prisoner relationships**

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- 9.21 Staff should routinely knock before entering prisoners' cells. (2.38)
- 9.22 Staff should use prisoners' titles and surnames or preferred names. (2.39)
- 9.23 The use of prisoners as peer supporters should be extended. (2.40)

### **Personal officers**

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- 9.24 The effectiveness of the existing personal officer scheme should be reviewed and improvements introduced. (2.46)
- 9.25 Managers should ensure that personal officers make time to discuss relevant issues with those on their caseload, and personal information about individual prisoners should be noted in their wing history files to ensure that all staff have access to important facts. (2.47)

### **Bullying and violence reduction**

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- 9.26 All staff should be trained in the violence reduction strategy, focusing especially on intervention plans. (3.11)
- 9.27 Senior managers should ensure that all managers are competent in violence reduction procedures, so that operational efficiency in this area does not depend on the presence of the safer custody manager. (3.12)

- 9.28 The safer custody meeting should consider patterns and trends in violent behaviour, and shape policy accordingly. (3.13)
- 9.29 Prisoner representatives should be invited to attend the safer custody meetings. (3.14)
- 9.30 Entries in intervention plan documents should record interactions between staff and the prisoner at least once in each of the three main sessions of the day. (3.15)
- 9.31 Violence reduction intervention plans should be initiated in every case where there is evidence of intimidatory behaviour. (3.16)

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

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- 9.32 Managers should evaluate the care plan system and, if it is continued, include relevant guidance in the suicide and self-harm strategy. (3.30)
- 9.33 Senior managers should check the quality of assessment, care in custody and teamwork (ACCT) documentation regularly and feed back specific guidance to improve quality. (3.31)
- 9.34 All staff working face to face with prisoners should receive training on suicide prevention and self-harm risk management, and those working night shifts should be prioritised for this training; all operational managers should receive case management training. (3.32)
- 9.35 Managers should introduce a contingency plan for Listener training, ready for implementation if numbers drop. (3.33)
- 9.36 Managers should revise the suicide and self-harm strategy to ensure that effective multidisciplinary support is offered during the first days at the establishment, and especially the first 24 hours. (3.34)
- 9.37 There should be a clear system for giving potentially distressing personal news to prisoners, using the skills of those with relevant training and experience. (3.35)
- 9.38 A family liaison officer should be appointed. (3.36)
- 9.39 Guidance on use of the care suite and on personal support overnight should be included in the suicide and self-harm strategy. (3.37)
- 9.40 Uniformed staff should carry anti-ligature knives at all times. (3.38)

### **Diversity**

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- 9.41 A disability liaison officer should be appointed and given sufficient profiled time to meet the needs of the population. (3.49)
- 9.42 The disability learning officers should have job descriptions and their roles advertised around the prison. (3.50)
- 9.43 Regular reviews of the needs of each prisoner with a disability should take place, with involvement from the prisoner. (3.51)

- 9.44 Policy guidance on the management of older prisoners and gay, bisexual and transgender prisoners should be developed. (3.52)
- 9.45 The prison should ensure that information about a prisoner's disability and his consequent needs is communicated to all those involved in his care. (3.53)
- 9.46 Analysis of the experience of prisoners with disabilities should take place and be considered by the diversity and race equality action team. (3.54)

### **Race equality**

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- 9.47 Attendance at the diversity and race equality action team (DREAT) meetings should be consistent and represent all areas of the prison. (3.60)
- 9.48 Efforts should be made to secure attendance from an external body at DREAT meetings. (3.61)
- 9.49 The race equality officer (REO) should be supported in obtaining all the training she requires to be fully effective in her role. (3.62)
- 9.50 Meetings of the prisoner representatives should be minuted and action points followed through. (3.63)
- 9.51 The REO should ensure that formal consultation meetings with black and minority ethnic prisoners take place and that prison managers attend. (3.64)
- 9.52 External quality assurance for completed racist incident report forms should be introduced. (3.65)

### **Foreign national prisoners**

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- 9.53 A foreign nationals coordinator should be appointed, with sufficient profiled time to be effective in the role. (3.71)
- 9.54 The foreign nationals policy should be publicised around the prison so that staff and prisoners are aware of it. (3.72)
- 9.55 A formal analysis of the needs of foreign national prisoners should be undertaken. (3.73)
- 9.56 The prison should arrange for access to independent specialist legal advice for foreign national prisoners. (3.74)
- 9.57 Consultation meetings with foreign national prisoners and staff should take place regularly. (3.75)
- 9.58 Local policies, routines and rules should be readily available in languages other than English. (3.76)
- 9.59 Managers should review whether the use of other prisoners and staff as the main source of interpreting support is appropriate. (3.77)

- 9.60 There should not be a limit on the amount of PIN credit that a foreign national prisoner is given, if he has sufficient funds. (3.78)

### **Applications and complaints**

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- 9.61 Managers should analyse complaints received each month and determine any actions or changes needed in response to patterns and trends. (3.84)

### **Legal rights**

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- 9.62 The session on legal services should be included every week in the induction programme. (3.90)
- 9.63 Managers should consult widely among prisoners about the reasons for their dissatisfaction with provision for communicating and meeting with legal representatives, and take steps to improve confidence in the practical processes. (3.91)
- 9.64 Managers should emphasise to staff, and monitor compliance with, the requirements in relation to legal correspondence. (3.92)

### **Substance use**

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- 9.65 Detoxification protocols should be introduced. (3.101)
- 9.66 Staff should receive integrated drug treatment system (IDTS) awareness training. (3.102)
- 9.67 Appropriate flooring should be fitted in the mandatory drug testing suite. (3.103)

### **Health services**

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- 9.68 All staff should have at least annual resuscitation and defibrillation training. (4.40)
- 9.69 The pharmacy technician should work under appropriate supervision. (4.41)
- 9.70 The dental SLA should be reviewed to ensure that it meets the needs of prisoners. (4.42)
- 9.71 Clinical supervision should be available and staff encouraged to access it. (4.43)
- 9.72 All health services staff who have contact with prisoners should be assessment, care in custody and teamwork (ACCT) trained. (4.44)
- 9.73 Record keeping should conform to professional guidelines. (4.45)
- 9.74 All prisoners who require them should have care plans and these should be subject to regular review. (4.46)
- 9.75 Methadone which has been dispensed by the methadone pump should be given directly to patients, without being re-measured. (4.47)
- 9.76 All prescriptions should be legally written, include the date, the quantity prescribed and a diagnosis, and be signed by the prescriber. (4.48)

- 9.77 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population. (4.49)
- 9.78 Access to dental services should not be dependent on the length of sentence. (4.50)
- 9.79 Pharmacy procedures and policies should be formally reviewed and adopted through the medicines and therapeutics committee. All staff should read and sign the agreed adopted procedures. (4.51)
- 9.80 Patients should have adequate risk assessments, which are adhered to, both for in-possession and see-to-take medication. A patient assessed as needing see-to-take medication should not be given their medication in-possession. (4.52)
- 9.81 Professional interpreting services should be used for clinical consultations with any prisoner who is unable to communicate effectively in English. (4.53)
- 9.82 Systems should be introduced to ensure that health services staff receive information on care received by prisoners when they have attended external healthcare appointments. (4.54)
- 9.83 There should be clear pathways for the delivery of mental healthcare, and staff should be aware of them. (4.55)
- 9.84 A Service Level Agreement (SLA) should be in place for the provision of secondary and tertiary mental health services. (4.56)

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

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- 9.85 Prisoners' attendance at education classes should be planned and prioritised to increase the number completing courses before leaving the prison. (5.14)
- 9.86 Training and accreditation should be provided to those who work in the farm and gardens, and as cleaners. (5.15)
- 9.87 Systems should be introduced to recognise and record the skills developed through community projects and paid employment. (5.16)
- 9.88 Training should be provided for prisoners in finding, applying for and sustaining employment on release. (5.17)
- 9.89 Accredited courses and other learning activities should be introduced to support resettlement. (5.18)
- 9.90 The information, advice and guidance interview should consider the full range of development opportunities across the prison and link to resettlement needs. (5.19)

### **Physical education and health promotion**

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- 9.91 Additional accommodation should be provided to use and permanently house cardiovascular and fixed fitness equipment. (5.26)
- 9.92 The showering and toilet facilities in the gym should be improved. (5.27)

- 9.93 A drinking water facility should be provided. (5.28)

### **Faith and religious activity**

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- 9.94 All prisoners should have access to a chaplain of their own faith. (5.41)
- 9.95 A multi-faith area with washing facilities, large enough to accommodate the number of prisoners using it, should be provided. (5.42)
- 9.96 A separate music room should be provided to enable the music group to practise without restricting the use of the chapel for other activities. (5.43)
- 9.97 The chaplaincy team should be enabled to play a wider role in the establishment, including seeing all new arrivals, attending key meetings and contributing to assessment, care in custody and teamwork (ACCT) reviews. (5.44)

### **Time out of cell**

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- 9.98 Managers should ensure that all equipment in association rooms is kept in working order and, if possible, provide less cramped indoor recreational areas. (5.51)
- 9.99 A broader range of evening activities should be provided. (5.52)
- 9.100 Outdoor seating, appropriate for older prisoners and those with back problems, should be provided within easy reach of the residential units. (5.53)
- 9.101 Managers should take action to reduce the time spent on administrative tasks by those supervising prisoners during evenings and at weekends. (5.54)

### **Security and rules**

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- 9.102 Prisoners should only be asked to squat if intelligence suggests that there is a high probability that they have contraband concealed. In all cases, authority to request a prisoner to squat should be given by a senior manager and the circumstances should be logged and monitored by the senior management team to ensure that any use of squat searching is reasonable and proportionate. (6.9)
- 9.103 Monthly security intelligence objectives should be specific, measurable, achievable, realistic and time bound (SMART). (6.10)

### **Discipline**

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- 9.104 The adjudication standardisation meeting should be held every quarter as scheduled and should analyse statistics to identify and monitor any trends. (6.24)
- 9.105 Video-recording facilities should be available to record any planned use of force incidents. (6.25)
- 9.106 A log should be kept for all prisoners held in the reception holding room before transfer to closed conditions, and this should be monitored by the senior management team. (6.26)

- 9.107 A protocol should be developed, implemented and published for the management of prisoners who present a risk to others or of abscond. (6.27)

### **Incentives and earned privileges**

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- 9.108 Staff from a prisoner's place of work or activities should contribute to an incentives and earned privileges (IEP) review. (6.38)

### **Catering**

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- 9.109 The kitchen flooring should be repaired to improve the drainage of water. (7.13)
- 9.110 The dining room should be refurbished. (7.14)
- 9.111 The serving of meals should start at the published times. (7.15)
- 9.112 The prison should make use of the dining area to display pictures and posters to brighten up the environment and promote healthy lifestyles and diversity. (7.16)
- 9.113 Drinking water and cups should be available in the dining room. (7.17)
- 9.114 The prison should consult with black and minority ethnic prisoners to explore the reasons for their more negative perceptions of the food. (7.18)
- 9.115 The menu should reflect the diversity of the population. (7.19)
- 9.116 Long-term prisoners should have access to facilities to enable them to cook for themselves. (7.20)
- 9.117 The food comments book should be easily assessable to prisoners, who should be encouraged to use it. (7.21)

### **Prison shop**

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- 9.118 The range of goods available should be extended, especially to provide more items requested by black and minority ethnic prisoners. (7.24)
- 9.119 Prisoners should not be charged for the occasional issue of a statement of their personal accounts. (7.25)
- 9.120 Managers should explore, by negotiation with the supplier or by other means, how the unit delivery cost of catalogue orders can be reduced. (7.26)
- 9.121 Consultations on prison shop issues should be held regularly, with a representative group of prisoners; they should be minuted, and agreed actions followed up. (7.27)

### **Strategic management of resettlement**

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- 9.122 The resettlement strategy should be driven and monitored by a regular meeting, chaired by a senior manager and attended by key managers representing all strands of resettlement. (8.5)



## **Offender management and planning**

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- 9.123 There should be appropriate interview rooms for resettlement staff to speak to prisoners in confidence. (8.29)
- 9.124 All prisoners should have a sentence plan. A multidisciplinary team should review this with the prisoner shortly after arrival, and a log should be kept of all reviews and boards. (8.30)
- 9.125 Procedures should be put in place to ensure that unit staff are aware of which prisoners on their units are subject to public protection monitoring. (8.31)
- 9.126 The number of prisoners being released on temporary licence should be comparable with that in other open prisons, and work placements should not be restricted by the number of spaces on the resettlement residential units. (8.32)
- 9.127 More help should be given to prisoners to help them find paid work. (8.33)
- 9.128 Recalled prisoners should routinely be flagged and specifically monitored. (8.35)
- 9.129 A video link facility should be installed to assist with probation assessments and review boards. (8.36)
- 9.130 There should be regular lifer forums and at least two lifer days each year. (8.38)
- 9.131 Indeterminate-sentenced prisoners should be prioritised for single cell accommodation. (8.39)
- 9.132 The establishment should review the causes and delays in progressing parole hearings and dossier submissions, and resolutions sought. (8.40)

## **Resettlement pathways**

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- 9.133 There should be nominated leads for all pathway areas. (8.56)
- 9.134 Regular pathway meetings should be held, with representatives from all pathway areas. (8.57)
- 9.135 There should be greater use of prisoners as peer supporters in resettlement. (8.58)
- 9.136 Prisoners should know how to access resettlement services in the establishment. (8.59)
- 9.137 A specialist housing provider should be available to all prisoners. (8.60)
- 9.138 Education and training should be better linked to resettlement needs. (8.62)
- 9.139 There should be more training and support for prisoners to find, apply for and sustain a job on release. (8.63)
- 9.140 Voluntary work placements should be used to develop employability skills. (8.64)
- 9.141 A pre-release course should be available. (8.65)
- 9.142 There should be better links with national employers. (8.66)

- 9.143 Staff should routinely contact community services to ensure continuity of care on release for prisoners with mental health needs. (8.67)
- 9.144 All prisoners on prescribed medication at the time of release should be offered take-home medication. (8.68)
- 9.145 Prisoners who are not registered with a GP should be given sufficient information to be able to do this on their release. (8.69)
- 9.146 There should be appropriate arrangements for prisoners requiring palliative care that can not be provided at the establishment. (8.70)
- 9.147 A one-to-one debt advice service should be reinstated. (8.71)
- 9.148 Prisoners with financial management needs should be better identified and directed toward courses. (8.72)
- 9.149 Help with opening a bank account should be more widely available. (8.73)
- 9.150 The drug and alcohol strategies should be informed by needs analysis and include action plans. (8.85)
- 9.151 The counselling, assessment, referral, advice and throughcare (CARAT) team should be sufficiently resourced to provide group work sessions. (8.86)
- 9.152 CARAT and health services staff should have regular meetings. (8.87)
- 9.153 The visitors' waiting area should be upgraded to provide more information and improved facilities for visitors. (8.95)
- 9.154 The prison should explore means by which visitors could book their next visit before leaving the prison. (8.96)
- 9.155 Visits should start at the advertised time. (8.97)
- 9.156 Prisoners should not be required to wear prison-issue shirts during visits or family days. (8.98)
- 9.157 The need for relationship and parenting courses should be explored. (8.99)
- 9.158 Storybook Dads and other, similar schemes should be introduced. (8.100)
- 9.159 There should be routine access to psychology services. (8.107)
- 9.160 There should be more help to support prisoners who have become institutionalised, including the opportunity to prepare their own meals. (8.108)

# Housekeeping points

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## **First days in custody**

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- 9.161 The induction unit should publish and display a timetable which accurately shows the programme for the current week. (1.16)

## **Residential units**

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- 9.162 Notices in residential areas should be kept up to date. (2.27)
- 9.163 Damaged pool tables should be mended. (2.28)
- 9.164 The availability of prisoner representatives, and their role, should be publicised. (2.29)
- 9.165 The limits for compensation for lost property should be reviewed and brought in line with current prices. (2.30)
- 9.166 The representative meetings should be held monthly, minuted properly, with clear accountability for action, and published openly on the units. (2.31)

## **Personal officers**

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- 9.167 Personal officers should introduce themselves to those on their caseload as soon after arrival as possible. (2.48)
- 9.168 Management checks should include an assessment of the quality of wing file entries. (2.49)

## **Bullying and violence reduction**

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- 9.169 Managers should reactivate the visitors' message line, and ensure that it is checked daily. (3.17)

## **Self-harm and suicide**

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- 9.170 All staff on duty on a residential unit should be made aware when a prisoner is on ACCT procedures. (3.39)
- 9.171 Photographs of all Listeners should be displayed on all residential units. (3.40)
- 9.172 A Listeners rota should be published, covering all hours and contribution to induction, and all staff should be made aware of it. (3.41)
- 9.173 Copies of all ACCT documents opened should be retained in the establishment to assist planning and evaluation. (3.42)
- 9.174 A means of serving simple refreshments should be provided in the care suite. (3.43)

### **Applications and complaints**

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- 9.175 Information on how to contact the Prisons and Probation Ombudsman should be displayed on all residential units. (3.85)

### **Health services**

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- 9.176 Maximum and minimum temperatures should be recorded and reset for all refrigerators used to store medicines daily. When they exceed acceptable limits, remedial action should be taken and documented appropriately. (4.57)
- 9.177 There should be a telephone in the healthcare room in reception. (4.58)
- 9.178 Completed prescription charts should be promptly filed in the clinical records. (4.59)
- 9.179 Medication should be stored in an orderly manner, with enough space provided for storage. (4.60)
- 9.180 The healthcare information handout should include information on how to make a complaint about healthcare at the prison. (4.61)
- 9.181 All prisoners should be able to store their in-possession medication securely. (4.62)
- 9.182 Records of calibration and cleaning of the methadone pump should be maintained. (4.63)

### **Strategic management of resettlement**

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- 9.183 Management information from exit surveys should be used to inform practice. (8.6)

### **Resettlement pathways**

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- 9.184 Prisoners should be informed when Jobcentre Plus appointments cannot be kept, and a further appointment should be given. (8.74)

## **Examples of good practice**

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### **Security and rules**

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- 9.185 A detailed summary of security information prepared by the security department, accompanied all recategorisation paperwork. (6.11)

### **Offender management and planning**

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- 9.186 All indeterminate-sentenced prisoners were given a printout of their resettlement dates, simplifying the process and giving them clear targets to aim for. (8.41)

## Appendix I: Inspection team

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Nigel Newcomen	Deputy Chief Inspector
Sara Snell	Team leader
Susan Fenwick	Inspector
Lucy Young	Inspector
Martin Kettle	Inspector
Angela Johnson	Inspector
Mandy Whittingham	Healthcare/ substance misuse inspector
Sue Melvin	Pharmacy inspector
Richard Chapman	Pharmacy inspector
David Slack	Guest Inspector
Phil Romain	Ofsted inspector
Julia Horsman	Ofsted inspector
John Grimmer	Ofsted inspector
Laura Nettleingham	Researcher
Rachel Murray	Researcher

## Appendix II: Prison population profile

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

Status	Number of young adults	Number of adults	%
Sentenced		313	100
Recall			
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees			
<b>Total</b>		<b>313</b>	<b>100</b>

Sentence	Number of young adults	Number of adults	%
Unsentenced			
Less than 6 months		24	7.7
6 months to less than 12 months		39	12.5
12 months to less than 2 years		46	14.7
2 years to less than 4 years		58	18.5
4 years to less than 10 years		85	27.1
10 years and over (not life)		18	5.8
ISPP		1	0.3
Life		42	13.4
<b>Total</b>		<b>313</b>	<b>100</b>

Age	Number of prisoners	%
<i>Please state minimum age</i>	<i>21</i>	
Under 21 years		
21 years to 29 years	121	38.7
30 years to 39 years	93	29.7
40 years to 49 years	75	24
50 years to 59 years	39	12.5
60 years to 69 years	8	2.6
70 plus years		
<i>Please state maximum age</i>	<i>67</i>	
<b>Total</b>	<b>336</b>	<b>107.5</b>

Nationality	Number of young adults	Number of adults	%
British		300	96
Foreign nationals		13	4
<b>Total</b>		<b>313</b>	<b>100</b>

Security category	Number of young adults	Number of adults	%
Uncategorised unsentenced			
Uncategorised sentenced			
Cat A			
Cat B			
Cat C			

Cat D		313	100
Other			
<b>Total</b>		<b>313</b>	<b>100</b>

<b>Ethnicity</b>	<b>Number of young adults</b>	<b>Number of adults</b>	<b>%</b>
<i>White</i>			
British		245	78.3
Irish			
Other White		10	3.2
<i>Mixed</i>			
White and Black Caribbean		7	2.2
White and Black African			
White and Asian		1	0.3
Other Mixed		1	0.3
<i>Asian or Asian British:</i>			
Indian		11	3.5
Pakistani		9	2.9
Bangladeshi			
Other Asian		8	2.6
<i>Black or Black British</i>			
Caribbean		14	4.5
African			
Other Black		4	1.3
<i>Chinese or other ethnic group</i>			
Chinese		2	0.6
Other ethnic group		1	0.3
Not stated			
<b>Total</b>		<b>313</b>	<b>100</b>

<b>Religion</b>	<b>Number of young adults</b>	<b>Number of adults</b>	<b>%</b>
Baptist			
Church of England		109	34.9
Roman Catholic		39	12.5
Other Christian denominations		2	0.6
Muslim		23	7.4
Sikh		6	1.9
Hindu		4	1.3
Buddhist		3	1
Jewish		1	0.3
Other		8	2.6
No religion		128	40.6
<b>Total</b>		<b>323</b>	<b>103.1</b>

<b>Length of stay</b>	<b>Sentenced prisoners</b>		<b>Unsentenced prisoners</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month				
1 month to 3 months	1	0.3		
3 months to 6 months	26	8.3		

6 months to 1 year	48	15.3		
1 year to 2 years	52	16.6		
2 years to 4 years	54	17.3		
4 years or more	132	42.2		
<b>Total</b>	<b>313</b>	<b>100</b>		

Main Offence	Number of Young Adults	Number of Adults	%
Violence against the person		99	31.6
Sexual offences		15	4.8
Burglary		30	9.6
Robbery		13	4.2
Theft & handling		28	8.9
Fraud and forgery		14	4.5
Drugs offences		66	21
Other offences		49	15.7
Civil offences			
Offence not recorded/ Holding warrant			
<b>Total</b>		<b>314</b>	<b>100.3</b>



## Appendix III: Summary of prisoner questionnaires

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### Prisoner survey methodology

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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 14 April 2009, the prisoner population at HMP North Sea Camp was 283. The sample size was 114. Overall, this represented 40% of the prisoner population.

#### *Selecting the sample*

Respondents were randomly selected from a local inmate database system (LIDS) prisoner population printout using a stratified systematic sampling method. This basically means that 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. There were no respondents that refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, there were no respondents 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;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

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

### *Response rates*

In total, 89 respondents completed and returned their questionnaires. This represented 31% of the prison population. The response rate was 78%. Twenty-one questionnaires were not returned and four were returned blank.

### *Comparisons*

The following details the results from the survey. Data from each establishment were 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 2009 against comparator figures for all prisoners surveyed in open prisons. This comparator is based on all responses from prisoner surveys carried out in 14 open prisons since April 2003.
- A comparison within the 2009 survey between the responses of white prisoners and those from a black and minority ethnic group.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures – that is, 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**

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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 are excluded). The actual numbers will match up as the data are cleaned to be consistent.

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

## 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.

### Q1.2 How old are you?

<i>Under 21</i> .....	0%
<i>21 - 29</i> .....	31%
<i>30 - 39</i> .....	30%
<i>40 - 49</i> .....	25%
<i>50 - 59</i> .....	11%
<i>60 - 69</i> .....	3%
<i>70 and over</i> .....	0%

### Q1.3 Are you on recall?

<i>Yes</i> .....	3%
<i>No</i> .....	97%

### Q1.4 How long is your sentence?

<i>Less than 6 months</i> .....	10%
<i>6 months to less than 1 year</i> .....	19%
<i>1 year to less than 2 years</i> .....	18%
<i>2 years to less than 4 years</i> .....	14%
<i>4 years to less than 10 years</i> .....	23%
<i>10 years or more</i> .....	3%
<i>IPP (Indeterminate Sentence for Public Protection)</i> .....	0%
<i>Life</i> .....	13%

### 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)?

<i>6 months or less</i> .....	61%
<i>More than 6 months</i> .....	39%

### Q1.6 How long have you been in this prison?

<i>Less than 1 month</i> .....	13%
<i>1 to less than 3 months</i> .....	33%
<i>3 to less than 6 months</i> .....	14%
<i>6 to less than 12 months</i> .....	20%
<i>12 months to less than 2 years</i> .....	11%
<i>2 to less than 4 years</i> .....	5%
<i>4 years or more</i> .....	5%

### Q1.7 Are you a foreign national? (i.e. do not hold UK citizenship)

<i>Yes</i> .....	0%
<i>No</i> .....	100%

<b>Q1.8</b>	<b>Is English your first language?</b>			
	Yes.....			96%
	No.....			4%
<b>Q1.9</b>	<b>What is your ethnic origin?</b>			
	White - British.....	83%	Asian or Asian British - Bangladeshi.....	0%
	White - Irish.....	1%	Asian or Asian British - Other.....	0%
	White - Other.....	1%	Mixed Race - White and Black Caribbean.....	1%
	Black or Black British - Caribbean ...	4%	Mixed Race - White and Black African.....	0%
	Black or Black British - African.....	0%	Mixed Race - White and Asian .....	0%
	Black or Black British - Other .....	1%	Mixed Race - Other .....	1%
	Asian or Asian British - Indian.....	5%	Chinese.....	0%
	Asian or Asian British - Pakistani .....	2%	Other ethnic group.....	0%
<b>Q1.10</b>	<b>What is your religion?</b>			
	None.....	28%	Hindu.....	1%
	Church of England.....	37%	Jewish.....	0%
	Catholic.....	11%	Muslim .....	7%
	Protestant.....	0%	Sikh.....	1%
	Other Christian denomination .....	12%	Other.....	0%
	Buddhist.....	2%		
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>			
	Heterosexual/ Straight.....			100%
	Homosexual/Gay.....			0%
	Bisexual .....			0%
	Other .....			0%
<b>Q1.12</b>	<b>Do you consider yourself to have a disability?</b>			
	Yes.....			11%
	No.....			89%
<b>Q1.13</b>	<b>How many times have you been in prison before?</b>			
	0	1	2 to 5	More than 5
	51%	13%	27%	9%
<b>Q1.14</b>	<b>Including this prison, how many prisons have you been in during this sentence/remand time?</b>			
	1	2 to 5	More than 5	
	13%	69%	18%	
<b>Q1.15</b>	<b>Do you have any children under the age of 18?</b>			
	Yes.....			55%
	No.....			45%

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>We want to know about the most recent journey you have made either to or from court or between prisons? How was ...</b>							
		<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	15%	56%	13%	8%	4%	1%	2%
	Your personal safety during the journey	14%	59%	6%	14%	5%	1%	2%
	The comfort of the van	3%	18%	8%	35%	34%	1%	1%
	The attention paid to your health needs	8%	32%	28%	10%	10%	2%	9%
	The frequency of toilet breaks	1%	8%	24%	23%	22%	2%	20%
<b>Q2.2</b>	<b>How long did you spend in the van?</b>							
	<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>			
	2%	39%	40%	15%	3%			
<b>Q2.3</b>	<b>How did you feel you were treated by the escort staff?</b>							
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>		
	22%	53%	20%	2%	1%	1%		
<b>Q2.4</b>	<b>Please answer the following questions about when you first arrived here:</b>							
		<i>Yes</i>	<i>No</i>	<i>Don't remember</i>				
	Did you know where you were going when you left court or when transferred from another prison?	89%	10%	1%				
	Before you arrived here did you receive any written information about what would happen to you?	19%	74%	7%				
	When you first arrived here did your property arrive at the same time as you?	93%	7%	0%				

## Section 3: Reception, first night and induction

<b>Q3.1</b>	<b>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)</b>		
	<i>Didn't ask about any of these</i> .....	22%	<i>Money worries</i> ..... 19%
	<i>Loss of property</i> .....	7%	<i>Feeling depressed or suicidal</i> ..... 51%
	<i>Housing problems</i> .....	26%	<i>Health problems</i> ..... 63%
	<i>Contacting employers</i> .....	11%	<i>Needing protection from other prisoners</i> ..... 12%
	<i>Contacting family</i> .....	30%	<i>Accessing phone numbers</i> ..... 45%
	<i>Ensuring dependants were being looked after</i> .....	5%	<i>Other</i> ..... 3%
<b>Q3.2</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply)</b>		
	<i>Didn't have any problems</i> .....	39%	<i>Money worries</i> ..... 23%
	<i>Loss of property</i> .....	9%	<i>Feeling depressed or suicidal</i> ..... 14%

<i>Housing problems.....</i>	12%	<i>Health problems.....</i>	19%
<i>Contacting employers.....</i>	7%	<i>Needing protection from other prisoners.....</i>	0%
<i>Contacting family.....</i>	25%	<i>Accessing phone numbers.....</i>	13%
<i>Ensuring dependants were looked after.....</i>	1%	<i>Other.....</i>	3%

**Q3.3 Please answer the following questions about reception:**

	Yes	No	Don't remember
Were you seen by a member of health services?	97%	2%	1%
When you were searched, was this carried out in a respectful way?	90%	7%	2%

**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>
25%	55%	14%	5%	0%	1%

**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>	58%
<i>Information about what support was available for people feeling depressed or suicidal.....</i>	51%
<i>Information about how to make routine requests.....</i>	63%
<i>Information about your entitlement to visits.....</i>	62%
<i>Information about health services.....</i>	69%
<i>Information about the chaplaincy.....</i>	58%
<b><i>Not offered anything.....</i></b>	20%

**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>	98%
<i>The opportunity to have a shower.....</i>	66%
<i>The opportunity to make a free telephone call.....</i>	30%
<i>Something to eat.....</i>	83%
<b><i>Did not receive anything.....</i></b>	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>	16%
<i>Someone from health services.....</i>	84%
<i>A listener/Samaritans.....</i>	8%
<b><i>Did not meet any of these people.....</i></b>	15%

**Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?**

<i>Yes.....</i>	11%
<i>No.....</i>	89%

**Q3.9 Did you feel safe on your first night here?**

<i>Yes.....</i>	86%
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No ..... 11%  
 Don't remember ..... 2%

**Q3.10 How soon after your arrival did you go on an induction course?**  
*Have not been on an induction course* ..... 5%  
 Within the first week ..... 93%  
 More than a week after my arrival ..... 2%  
 Don't remember ..... 0%

**Q3.11 Did the induction course cover everything you needed to know about the prison?**  
*Have not been on an induction course* ..... 5%  
 Yes ..... 71%  
 No ..... 22%  
 Don't remember ..... 2%

## Section 4: Legal rights and respectful custody

**Q4.1 How easy is to:**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	15%	23%	23%	20%	5%	14%
Attend legal visits?	10%	27%	20%	13%	4%	27%

**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* ..... 22%  
 Yes ..... 35%  
 No ..... 43%

**Q4.3 Please answer the following questions about the wing/unit you are currently living on:**

	Yes	No	Don't know	N/A
Are you normally able to have a shower every day?	89%	8%	1%	1%
Do you normally receive clean sheets every week?	87%	6%	1%	6%
Do you normally get cell cleaning materials every week?	84%	11%	5%	0%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	22%	2%	1%
Can you normally get your stored property, if you need to?	56%	17%	23%	4%

**Q4.4 What is the food like here?**

Very good	Good	Neither	Bad	Very bad
9%	46%	22%	15%	7%

**Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?**  
*Have not bought anything yet* ..... 4%  
 Yes ..... 31%  
 No ..... 65%

Q4.6	<b>Is it easy or difficult to get either</b>						
		<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	51%	43%	2%	0%	1%	2%
	An application form	56%	41%	1%	0%	0%	1%
Q4.7	<b>Have you made an application?</b>						
	Yes .....						94%
	No .....						6%
Q4.8	<b>Please answer the following questions concerning applications</b> (If you have not made an application please tick the 'not made one' option)						
		<b>Not made one</b>	Yes	No			
	Do you feel <i>applications</i> are dealt with fairly?	6%	78%	16%			
	Do you feel <i>applications</i> are dealt with promptly? (within seven days)	6%	82%	12%			
Q4.9	<b>Have you made a complaint?</b>						
	Yes .....						25%
	No .....						75%
Q4.10	<b>Please answer the following questions concerning complaints</b> (If you have not made a complaint please tick the 'not made one' option)						
		<b>Not made one</b>	Yes	No			
	Do you feel <i>complaints</i> are dealt with fairly?	76%	9%	15%			
	Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	76%	16%	8%			
	Were you given information about how to make an appeal?	55%	29%	16%			
Q4.11	<b>Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?</b>						
	<b>Not made a complaint</b> .....						76%
	Yes .....						6%
	No .....						18%
Q4.12	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>						
	<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>	
	15%	14%	43%	21%	5%	3%	
Q4.13	<b>Please answer the following questions about your religious beliefs?</b>						
		Yes	No	<i>Don't know/ N/A</i>			
	Do you feel your religious beliefs are respected?	64%	8%	28%			
	Are you able to speak to a religious leader of your faith in private if you want to?	57%	7%	36%			



<b>Q4.14</b>	<b>Can you speak to a listener at any time, if you want to?</b>		
	Yes 60%	No 2%	Don't know 38%
<b>Q4.15</b>	<b>Please answer the following questions about staff in this prison?</b>		
		Yes	No
	Is there a member of staff you can turn to for help if you have a problem?	82%	18%
	Do <b>most</b> staff treat you with respect?	84%	16%

## Section 5: Safety

<b>Q5.1</b>	<b>Have you ever felt unsafe in this prison?</b>		
	Yes.....	13%	
	No.....	87%	
<b>Q5.2</b>	<b>Do you feel unsafe in this prison at the moment?</b>		
	Yes.....	4%	
	No.....	96%	
<b>Q5.3</b>	<b>In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply)</b>		
	<i>Never felt unsafe</i> .....	90%	<i>At meal times</i> ..... 2%
	<i>Everywhere</i> .....	1%	<i>At health services</i> ..... 1%
	<i>Segregation unit</i> .....	0%	<i>Visit's area</i> ..... 0%
	<i>Association areas</i> .....	2%	<i>In wing showers</i> ..... 2%
	<i>Reception area</i> .....	0%	<i>In gym showers</i> ..... 0%
	<i>At the gym</i> .....	2%	<i>In corridors/stairwells</i> ..... 1%
	<i>In an exercise yard</i> .....	0%	<i>On your landing/wing</i> ..... 1%
	<i>At work</i> .....	0%	<i>In your cell</i> ..... 4%
	<i>During Movement</i> .....	0%	<i>At religious services</i> ..... 0%
	<i>At education</i> .....	0%	
<b>Q5.4</b>	<b>Have you been victimised by another prisoner or group of prisoners here?</b>		
	Yes.....	11%	
	No.....	89%	<b>If No, go to question 5.6</b>
<b>Q5.5</b>	<b>If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)</b>		
	<i>Insulting remarks (about you or your family or friends)</i> .....	2%	<i>Because you were new here</i> ..... 5%
	<i>Physical abuse (being hit, kicked or assaulted)</i> .....	2%	<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> .....	1%	<i>Because of your religion/religious beliefs</i> ..... 0%

<i>Because of drugs</i> .....	0%	<i>Being from a different part of the country than others</i> .....	0%
<i>Having your canteen/property taken</i> .....	1%	<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.....	15%	<b>If No, go to question 5.8</b>
No.....	85%	

**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> .....	4%	<i>Because of your sexuality</i> .....	0%
<i>Physical abuse (being hit, kicked or assaulted)</i> .....	1%	<i>Because you have a disability</i> .....	0%
<i>Sexual abuse</i> .....	0%	<i>Because of your religion/religious beliefs</i> .....	1%
<i>Because of your race or ethnic origin</i> .....	2%	<i>Being from a different part of the country than others</i> .....	1%
<i>Because of drugs</i> .....	1%	<i>Because of your offence/ crime</i> .....	1%
<i>Because you were new here</i> .....	2%		

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

<b><i>Not been victimised</i></b> .....	79%
Yes.....	2%
No.....	19%

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

Yes.....	10%
No.....	90%

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

Yes.....	8%
No.....	92%

**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>
21%	8%	5%	2%	1%	63%

## Section 6: Health services

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

	<b><i>Don't know</i></b>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	8%	19%	52%	10%	7%	4%
The nurse	4%	40%	45%	6%	4%	2%

The dentist	17%	4%	10%	10%	28%	31%
The optician	24%	5%	10%	14%	30%	17%

**Q6.2 Are you able to see a pharmacist?**

Yes.....	68%
No.....	32%

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

	<i><b>Not been</b></i>	<i><b>Very good</b></i>	<i><b>Good</b></i>	<i><b>Neither</b></i>	<i><b>Bad</b></i>	<i><b>Very bad</b></i>
The doctor	17%	41%	29%	10%	2%	1%
The nurse	7%	59%	27%	5%	1%	0%
The dentist	55%	8%	4%	14%	6%	13%
The optician	56%	10%	10%	10%	3%	10%

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

<i><b>Not been</b></i>	<i><b>Very good</b></i>	<i><b>Good</b></i>	<i><b>Neither</b></i>	<i><b>Bad</b></i>	<i><b>Very bad</b></i>
6%	40%	42%	8%	2%	1%

**Q6.5 Are you currently taking medication?**

Yes.....	55%
No.....	45%

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

<i><b>Not taking medication</b></i> .....	45%
Yes.....	46%
No.....	8%

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

Yes.....	26%
No.....	74%

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

<i><b>Do not have any issues / Not receiving any help</b></i> .....	80%
<i><b>Doctor</b></i> .....	10%
<i><b>Nurse</b></i> .....	14%
<i><b>Psychiatrist</b></i> .....	0%
<i><b>Mental Health In Reach team</b></i> .....	10%
<i><b>Counsellor</b></i> .....	0%
<i><b>Other</b></i> .....	6%

**Q6.9 Did you have a problem with either of the following when you came into this prison?**

	<i><b>Yes</b></i>	<i><b>No</b></i>
Drugs	11%	89%
Alcohol	12%	88%

**Q6.10** Have you developed a problem with either of the following since you have been in this prison?

	Yes	No
Drugs	3%	97%
Alcohol	2%	98%

**Q6.11** Do you know who to contact in this prison to get help with your drug or alcohol problem?

Yes.....	24%
No.....	0%
<b><i>Did not / do not have a drug or alcohol problem</i></b> .....	76%

**Q6.12** Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?

Yes.....	21%
No.....	3%
<b><i>Did not / do not have a drug or alcohol problem</i></b> .....	76%

**Q6.13** Was the intervention or help you received, whilst in this prison, helpful?

Yes.....	18%
No.....	2%
<b><i>Did not have a problem/Have not received help</i></b> .....	79%

**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	0%	86%	14%
Alcohol	2%	82%	15%

**Q6.15** Do you know who in this prison can help you contact external drug or alcohol agencies on release?

Yes.....	15%
No.....	4%
N/A.....	82%

## 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.....	19%
Education (including basic skills).....	24%
Offending behaviour programmes .....	6%
<b><i>Not involved in any of these</i></b> .....	5%

Q7.2	If you have been involved in any of the following, whilst in prison, do you think it will help you on release?						
		<i>Not been involved</i>	Yes	No	Don't know		
	Prison job	7%	54%	28%	12%		
	Vocational or skills training	17%	67%	10%	6%		
	Education (including basic skills)	16%	66%	12%	7%		
	Offending behaviour programmes	29%	39%	20%	12%		
Q7.3	How often do you go to the library?						
	<i>Don't want to go</i> .....				7%		
	<i>Never</i> .....				7%		
	<i>Less than once a week</i> .....				13%		
	<i>About once a week</i> .....				31%		
	<i>More than once a week</i> .....				40%		
	<i>Don't know</i> .....				1%		
Q7.4	On average how many times do you go to the gym each week?						
	<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
	18%	21%	1%	12%	31%	14%	4%
Q7.5	On average how many times do you go outside for exercise each week?						
	<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know	
	4%	4%	14%	18%	57%	4%	
Q7.6	On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)						
	<i>Less than 2 hours</i> .....					1%	
	<i>2 to less than 4 hours</i> .....					5%	
	<i>4 to less than 6 hours</i> .....					9%	
	<i>6 to less than 8 hours</i> .....					15%	
	<i>8 to less than 10 hours</i> .....					26%	
	<i>10 hours or more</i> .....					34%	
	<i>Don't know</i> .....					9%	
Q7.7	On average, how many times do you have association each week?						
	<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know	
	4%	5%	0%	4%	80%	8%	
Q7.8	How often do staff normally speak to you during association time?						
	<i>Do not go on association</i> .....					6%	
	<i>Never</i> .....					18%	
	<i>Rarely</i> .....					20%	
	<i>Some of the time</i> .....					21%	
	<i>Most of the time</i> .....					27%	
	<i>All of the time</i> .....					9%	

## Section 8: Resettlement

<b>Q8.1</b>	<b>When did you first meet your personal officer?</b>					
	<i>Still have not met him/her</i> .....					55%
	<i>In the first week</i> .....					29%
	<i>More than a week</i> .....					5%
	<i>Don't remember</i> .....					11%
<b>Q8.2</b>	<b>How helpful do you think your personal officer is?</b>					
	<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>
	56%	15%	13%	11%	3%	1%
<b>Q8.3</b>	<b>Do you have a sentence plan/OASys?</b>					
	<i>Yes</i> .....					39%
	<i>No</i> .....					61%
<b>Q8.4</b>	<b>How involved were you in the development of your sentence plan?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					62%
	<i>Very involved</i> .....					13%
	<i>Involved</i> .....					12%
	<i>Neither</i> .....					4%
	<i>Not very involved</i> .....					8%
	<i>Not at all involved</i> .....					1%
<b>Q8.5</b>	<b>Can you achieve all or some of your sentence plan targets in this prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					62%
	<i>Yes</i> .....					28%
	<i>No</i> .....					11%
<b>Q8.6</b>	<b>Are there plans for you to achieve all/some of your sentence plan targets in another prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					64%
	<i>Yes</i> .....					12%
	<i>No</i> .....					24%
<b>Q8.7</b>	<b>Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?</b>					
	<i>Yes</i> .....					37%
	<i>No</i> .....					63%
<b>Q8.8</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>					
	<i>Yes</i> .....					33%
	<i>No</i> .....					67%
<b>Q8.9</b>	<b>Have you had any problems with sending or receiving mail?</b>					
	<i>Yes</i> .....					28%
	<i>No</i> .....					67%
	<i>Don't know</i> .....					5%

- Q8.10 Have you had any problems getting access to the telephones?**  
Yes..... 13%  
No..... 87%  
Don't know..... 0%
- Q8.11 Did you have a visit in the first week that you were here?**  
*Not been here a week yet* ..... 0%  
Yes..... 23%  
No..... 77%  
Don't remember ..... 0%
- 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* ..... 16%  
Yes..... 73%  
No..... 11%
- Q8.13 How many visits did you receive in the last week?**
- | <i>Not been in a week</i> | <i>0</i> | <i>1 to 2</i> | <i>3 to 4</i> | <i>5 or more</i> |
|---------------------------|----------|---------------|---------------|------------------|
| 0%                        | 60%      | 40%           | 0%            | 0%               |
- Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**  
Yes..... 43%  
No..... 57%
- Q8.15 Do you know who to contact to get help with the following within this prison: (please tick all that apply)**
- |   |   |
|---|---|
| <i>Don't know who to contact</i> ..... 37%        | <i>Help with your finances in preparation for release</i> ..... 31%           |
| <i>Maintaining good relationships</i> ..... 13%   | <i>Claiming benefits on release</i> ..... 40%                                 |
| <i>Avoiding bad relationships</i> ..... 9%        | <i>Arranging a place at college/continuing education on release</i> ..... 19% |
| <i>Finding a job on release</i> ..... 33%         | <i>Continuity of health services on release</i> ..... 23%                     |
| <i>Finding accommodation on release</i> ..... 29% | <i>Opening a bank account</i> ..... 13%                                       |
- 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> ..... 48%                   | <i>Help with your finances in preparation for release</i> ..... 17%          |
| <i>Maintaining good relationships</i> ..... 9% | <i>Claiming benefits on release</i> ..... 28%                                |
| <i>Avoiding bad relationships</i> ..... 7%     | <i>Arranging a place at college/continuing education on release</i> ..... 6% |

<i>Finding a job on release .....</i>	41%	<i>Continuity of health services on release.....</i>	13%
<i>Finding accommodation on release.....</i>	25%	<i>Opening a bank account.....</i>	20%

**Q8.17 Have you been provided with information on the following:**

	Yes	No
ROTL (temporary release)	73%	27%
Facility Licence (outside work, education)	46%	54%
Resettlement Licence (other outside activities such as arranging accommodation, work, family visits)	48%	52%
Earned Community Visits (Town visits)	59%	41%

**Q8.18 Have you had access to the following:**

	Yes	No
ROTL (temporary release)	53%	47%
Facility Licence (outside work, education)	25%	75%
Resettlement Licence (other outside activities such as arranging accommodation, work, family visits)	33%	67%
Earned Community Visits (Town visits)	40%	60%

**Q8.19 Please answer the following questions on resettlement:**

	Yes	No
Were you given up to date information about this prison before you came here?	9%	91%
Were you helped to prepare for open conditions before you came here? (increased responsibility, freedom etc)	18%	82%
Do you feel you have been given greater responsibility here than when you were in closed conditions?	79%	21%
Have you been on a preparation for release course?	8%	92%
Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	42%	58%
Is this prison near your home area or intended release address?	22%	78%

**Thank you for completing this survey**





## Prisoner Survey Responses HMP North Sea Camp 2009

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

### Key to tables

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<b>Number of completed questionnaires returned</b>		<b>89</b>	<b>1101</b>
<b>SECTION 1: General Information</b>			
2	Are you under 21 years of age?	0%	1%
3	Are you on recall?	3%	3%
4	Is your sentence less than 12 months?	29%	12%
5	Do you have six months or less to serve?	61%	48%
6	Have you been in this prison less than a month?	12%	13%
7	Are you a foreign national?	0%	7%
8	Is English your first language?	97%	93%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	15%	27%
10	Are you Muslim?	7%	14%
11	Are you homosexual/gay or bisexual?	0%	1%
12	Do you consider yourself to have a disability?	11%	10%
13	Is this your first time in prison?	51%	52%
14	Have you been in more than 5 prisons this sentence/remand time?	18%	11%
15	Do you have any children under the age of 18?	55%	56%
<b>SECTION 2: Transfers and Escorts</b>			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	71%	53%
1b	Was your personal safety during the journey good/very good?	73%	61%
1c	Was the comfort of the van good/very good?	21%	19%
1d	Was the attention paid to your health needs good/very good?	40%	34%
1e	Was the frequency of toilet breaks good/very good?	9%	14%
2	Did you spend more than four hours in the van?	15%	8%
3	Were you treated well/very well by the escort staff?	75%	73%
4a	Did you know where you were going when you left court or when transferred from another prison?	89%	89%
4b	Before you arrived here did you receive any written information about what would happen to you?	19%	25%
4c	When you first arrived here did your property arrive at the same time as you?	93%	94%

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<b>SECTION 3: Reception, first night and induction</b>			
<b>3</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:		
<b>1b</b>	Problems with loss of property?	7%	19%
<b>1c</b>	Housing problems?	26%	23%
<b>1d</b>	Problems contacting employers?	11%	16%
<b>1e</b>	Problems contacting family?	30%	60%
<b>1f</b>	Problems ensuring dependants were looked after?	6%	19%
<b>1g</b>	Money problems?	19%	20%
<b>1h</b>	Problems of feeling depressed/suicidal?	51%	37%
<b>1i</b>	Health problems?	63%	53%
<b>1j</b>	Problems in needing protection from other prisoners?	12%	19%
<b>1k</b>	Problems accessing phone numbers?	45%	40%
	When you first arrived:		
<b>2a</b>	Did you have any problems?	61%	40%
<b>2b</b>	Did you have any problems with loss of property?	9%	8%
<b>2c</b>	Did you have any housing problems?	12%	10%
<b>2d</b>	Did you have any problems contacting employers?	7%	4%
<b>2e</b>	Did you have any problems contacting family?	25%	13%
<b>2f</b>	Did you have any problems ensuring dependants were being looked after?	1%	5%
<b>2g</b>	Did you have any money worries?	23%	16%
<b>2h</b>	Did you have any problems with feeling depressed or suicidal?	15%	6%
<b>2i</b>	Did you have any health problems?	19%	8%
<b>2j</b>	Did you have any problems with needing protection from other prisoners?	0%	1%
<b>2k</b>	Did you have problems accessing phone numbers?	13%	5%
<b>3a</b>	Were you seen by a member of health services in reception?	97%	83%
<b>3b</b>	When you were searched in reception, was this carried out in a respectful way?	90%	80%
<b>4</b>	Were you treated well/very well in reception?	80%	81%
	On your day of arrival, were you offered any of the following information:		
<b>5a</b>	Information about what was going to happen to you?	58%	64%
<b>5b</b>	Information about what support was available for people feeling depressed or suicidal?	51%	52%
<b>5c</b>	Information about how to make routine requests?	63%	51%
<b>5d</b>	Information about your entitlement to visits?	62%	63%
<b>5e</b>	Information about health services?	69%	81%
<b>5f</b>	Information about the chaplaincy?	58%	68%

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<b>SECTION 3: Reception, first night and induction continued</b>			
	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	98%	75%
6b	The opportunity to have a shower?	66%	67%
6c	The opportunity to make a free telephone call?	30%	48%
6d	Something to eat?	83%	76%
	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	16%	55%
7b	Someone from health services?	84%	78%
7c	A listener/Samaritans?	8%	43%
8	Did you have access to the prison shop/canteen within the first 24 hours?	12%	29%
9	Did you feel safe on your first night here?	86%	91%
10	Have you been on an induction course?	95%	94%
	For those who have been on an induction course:		
11	Did the course cover everything you needed to know about the prison?	74%	73%
<b>SECTION 4: Legal Rights and Respectful Custody</b>			
	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	38%	65%
1b	Attend legal visits?	36%	65%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	36%	26%
	For the wing/unit you are currently on:		
3a	Are you normally able to have a shower every day?	90%	99%
3b	Do you normally receive clean sheets every week?	87%	85%
3c	Do you normally get cell cleaning materials every week?	84%	72%
3d	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	79%
3e	Can you normally get your stored property, if you need to?	56%	49%
4	Is the food in this prison good/very good?	56%	48%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	31%	52%
6a	Is it easy/very easy to get a complaints form?	94%	85%
6b	Is it easy/very easy to get an application form?	98%	91%
7	Have you made an application?	94%	80%

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<b>SECTION 4: Legal Rights and Respectful Custody continued</b>			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	83%	75%
8b	Do you feel applications are dealt with promptly? (within 7 days)	87%	71%
9	Have you made a complaint?	25%	40%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	39%	49%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	67%	55%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	23%	20%
10c	Were you given information about how to make an appeal?	29%	33%
12	Is it easy/very easy to see the Independent Monitoring Board?	57%	49%
13a	Do you feel your religious beliefs are respected?	64%	56%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	57%	63%
14	Are you able to speak to a Listener at any time, if you want to?	60%	74%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	82%	76%
15b	Do most staff, in this prison, treat you with respect?	84%	77%
<b>SECTION 5: Safety</b>			
1	Have you ever felt unsafe in this prison?	13%	15%
2	Do you feel unsafe in this prison at the moment?	3%	4%
4	Have you been victimised by another prisoner?	11%	9%
	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	2%	5%
5b	Hit, kicked or assaulted you?	2%	1%
5c	Sexually abused you?	0%	0%
5d	Victimised you because of your race or ethnic origin?	1%	2%
5e	Victimised you because of drugs?	0%	1%
5f	Taken your canteen/property?	1%	1%
5g	Victimised you because you were new here?	5%	2%
5h	Victimised you because of your sexuality?	0%	1%
5i	Victimised you because you have a disability?	0%	0%
5j	Victimised you because of your religion/religious beliefs?	0%	1%
5k	Victimised you because you were from a different part of the country?	0%	2%
5l	Victimised you because of your offence/crime?	2%	2%

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<b>SECTION 5: Safety continued</b>			
6	Have you been victimised by a member of staff?	15%	15%
	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	3%	8%
7b	Hit, kicked or assaulted you?	1%	0%
7c	Sexually abused you?	0%	0%
7d	Victimised you because of your race or ethnic origin?	2%	4%
7e	Victimised you because of drugs?	1%	1%
7f	Victimised you because you were new here?	2%	4%
7g	Victimised you because of your sexuality?	0%	0%
7h	Victimised you because you have a disability?	0%	0%
7i	Victimised you because of your religion/religious beliefs?	1%	3%
7j	Victimised you because you were from a different part of the country?	1%	2%
7k	Victimised you because of your offence/crime?	1%	2%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	11%	23%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	10%	9%
10	Have you ever felt threatened or intimidated by a member of staff in here?	8%	12%
11	Is it easy/very easy to get illegal drugs in this prison?	29%	39%
<b>SECTION 6: Healthcare</b>			
1a	Is it easy/very easy to see the doctor?	71%	67%
1b	Is it easy/very easy to see the nurse?	85%	85%
1c	Is it easy/very easy to see the dentist?	13%	24%
1d	Is it easy/very easy to see the optician?	15%	25%
2	Are you able to see a pharmacist?	68%	49%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	84%	73%
3b	The nurse?	94%	80%
3c	The dentist?	26%	55%
3d	The optician?	47%	63%
4	The overall quality of health services?	87%	68%

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<b>Healthcare continued</b>			
5	Are you currently taking medication?	55%	33%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	85%	97%
7	Do you feel you have any emotional well being/mental health issues?	26%	13%
For those with emotional well being/mental health issues, are these being addressed by any of the following			
8a	Not receiving any help?	16%	28%
8b	A doctor?	44%	32%
8c	A nurse?	61%	36%
8d	A psychiatrist?	0%	14%
8e	The Mental Health In-Reach Team?	44%	22%
8f	A counsellor?	0%	14%
9a	Did you have a drug problem when you came into this prison?	11%	4%
9b	Did you have an alcohol problem when you came into this prison?	12%	3%
10a	Have you developed a drug problem since you have been in this prison?	3%	1%
10b	Have you developed an alcohol problem since you have been in this prison?	2%	1%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	100%	89%
12	Have you received any help or intervention whilst in this prison?	87%	92%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	89%	81%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	15%	8%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	18%	7%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	81%	59%
<b>SECTION 7: Purposeful Activity</b>			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	75%	72%
1b	Vocational or skills training?	19%	19%
1c	Education (including basic skills)?	24%	29%
1d	Offending Behaviour Programmes?	6%	9%
2ai	Have you had a job whilst in prison?	93%	92%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	58%	44%
2bi	Have you been involved in vocational or skills training whilst in prison?	83%	80%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	81%	67%

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<b>Purposeful Activity continued</b>			
2ci	Have you been involved in education whilst in prison?	85%	85%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	78%	72%
2di	Have you been involved in offending behaviour programmes whilst in prison?	71%	75%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	56%	62%
3	Do you go to the library at least once a week?	71%	55%
4	On average, do you go to the gym at least twice a week?	56%	58%
5	On average, do you go outside for exercise three or more times a week?	75%	68%
6	On average, do you spend ten or more hours out of your cell on a weekday?	34%	53%
7	On average, do you go on association more than five times each week?	80%	77%
8	Do staff normally speak to you most of the time/all of the time during association?	36%	21%
<b>SECTION 8: Resettlement</b>			
1	Do you have a personal officer?	45%	68%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	65%	76%
For those who are sentenced:			
3	Do you have a sentence plan?	39%	69%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	65%	77%
5	Can you achieve some/all of your sentence plan targets in this prison?	72%	84%
6	Are there plans for you to achieve some/all your targets in another prison?	33%	31%
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	37%	47%
8	Do you feel that any member of staff has helped you to prepare for release?	34%	44%
9	Have you had any problems with sending or receiving mail?	28%	21%
10	Have you had any problems getting access to the telephones?	13%	11%
11	Did you have a visit in the first week that you were here?	24%	52%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	73%	88%
13	Did you receive one or more visits in the last week?	40%	52%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	43%	66%

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<b>Resettlement continued</b>			
<b>15</b>	Do you know who to contact within this prison to get help with the following:		
<b>15b</b>	Maintaining good relationships?	13%	26%
<b>15c</b>	Avoiding bad relationships?	9%	23%
<b>15d</b>	Finding a job on release?	33%	72%
<b>15e</b>	Finding accommodation on release?	30%	66%
<b>15f</b>	With money/finances on release?	31%	50%
<b>15g</b>	Claiming benefits on release?	40%	59%
<b>15h</b>	Arranging a place at college/continuing education on release?	19%	58%
<b>15i</b>	Accessing health services on release?	23%	55%
<b>15j</b>	Opening a bank account on release?	13%	52%
<b>16</b>	Do you think you will have a problem with any of the following on release from prison?		
<b>16b</b>	Maintaining good relationships?	9%	4%
<b>16c</b>	Avoiding bad relationships?	7%	4%
<b>16d</b>	Finding a job?	40%	29%
<b>16e</b>	Finding accommodation?	25%	24%
<b>16f</b>	Money/finances?	18%	28%
<b>16g</b>	Claiming benefits?	28%	18%
<b>16h</b>	Arranging a place at college/continuing education?	6%	15%
<b>16i</b>	Accessing health services?	13%	9%
<b>16j</b>	Opening a bank account?	21%	20%
<b>17</b>	Have you been provided with information on the following:		
<b>17a</b>	ROTL (release on temporary license)	74%	71%
<b>17b</b>	Facility Licence (outside work, education)	46%	59%
<b>17c</b>	Resettlement Licence (other outside activities e.g.. Work, arranging accommodation, family visits)	48%	60%
<b>17d</b>	Earned Community Visits (Town visits)	60%	73%
<b>18</b>	Have you had access to the following:		
<b>18a</b>	ROTL (release on temporary license)	53%	57%
<b>18b</b>	Facility Licence (outside work, education)	25%	44%
<b>18c</b>	Resettlement Licence (other outside activities e.g.. Work, arranging accommodation, family visits)	34%	42%
<b>18d</b>	Earned Community Visits (Town visits)	40%	58%
<b>19</b>	Please answer the following about resettlement:		
<b>19a</b>	Were you given up to date information about this prison before you came here?	9%	28%
<b>19b</b>	Were you helped to prepare for open conditions before you came here? (increased responsibility)	18%	30%
<b>19c</b>	Do you feel you have been given greater responsibility here than when you were in closed conditions?	80%	83%
<b>19d</b>	Have you been on a preparation for release course?	8%	20%
<b>19e</b>	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	42%	70%
<b>19f</b>	Is this prison near your home area or your intended release address?	22%	50%





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

**Key to tables**

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<b>Number of completed questionnaires returned</b>		<b>12</b>	<b>71</b>
<b>1.3</b>	Are you sentenced?		
<b>1.7</b>	Are you a foreign national?	<b>0%</b>	<b>0%</b>
<b>1.8</b>	Is English your first language?	<b>83%</b>	<b>99%</b>
<b>1.9</b>	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.		
<b>1.10</b>	Are you Muslim?	<b>41%</b>	<b>1%</b>
<b>1.12</b>	Do you consider yourself to have a disability?	<b>17%</b>	<b>10%</b>
<b>1.13</b>	Is this your first time in prison?	<b>50%</b>	<b>51%</b>
<b>2.1d</b>	Was the attention paid to your health needs good/very good?	<b>24%</b>	<b>41%</b>
<b>2.3</b>	Were you treated well/very well by the escort staff?	<b>50%</b>	<b>79%</b>
<b>2.4a</b>	Did you know where you were going when you left court or when transferred from another prison?	<b>67%</b>	<b>96%</b>
<b>3.1e</b>	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	<b>26%</b>	<b>29%</b>
<b>3.1h</b>	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	<b>37%</b>	<b>54%</b>
<b>3.1i</b>	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	<b>56%</b>	<b>66%</b>
<b>3.2a</b>	Did you have any problems when you first arrived?	<b>63%</b>	<b>59%</b>
<b>3.3a</b>	Were you seen by a member of healthcare staff in reception?	<b>100%</b>	<b>96%</b>
<b>3.3b</b>	When you were searched in reception, was this carried out in a respectful way?	<b>93%</b>	<b>90%</b>
<b>3.4</b>	Were you treated well/very well in reception?	<b>76%</b>	<b>80%</b>

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3.7b	Did you have access to someone from healthcare within the first 24 hours?	93%	84%
3.9	Did you feel safe on your first night here?	67%	90%
3.10	Have you been on an induction course?	93%	96%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	41%	39%
4.3b	Are you normally able to have a shower every day?	83%	91%
4.4	Is the food in this prison good/very good?	17%	63%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	7%	36%
4.6a	Is it easy/very easy to get a complaints form?	93%	94%
4.6b	Is it easy/very easy to get an application form?	93%	99%
4.9	Have you made a complaint?	33%	24%
4.13a	Do you feel your religious beliefs are respected?	67%	63%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	41%	59%
4.14	Are you able to speak to a Listener at any time, if you want to?	59%	60%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	76%	82%
4.15b	Do <b>most</b> staff, in this prison, treat you with respect?	83%	83%
5.1	Have you ever felt unsafe in this prison?	24%	10%
5.2	Do you feel unsafe in this prison at the moment?	0%	4%
5.4	Have you been victimised by another prisoner?	0%	12%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	0%
5.5i	Victimised you because you have a disability?	0%	0%

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<b>5.5j</b>	Have you been victimised because of your religion/religious beliefs? (By prisoners)	<b>0%</b>	<b>0%</b>
<b>5.6</b>	Have you been victimised by a member of staff?	<b>20%</b>	<b>16%</b>
<b>5.7d</b>	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	<b>20%</b>	<b>0%</b>
<b>5.7h</b>	Victimised you because you have a disability?	<b>0%</b>	<b>0%</b>
<b>5.7i</b>	Have you been victimised because of your religion/religious beliefs? (By staff)	<b>0%</b>	<b>1%</b>
<b>5.9</b>	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	<b>7%</b>	<b>10%</b>
<b>5.10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	<b>8%</b>	<b>9%</b>
<b>5.11</b>	Is it easy/very easy to get illegal drugs in this prison?	<b>17%</b>	<b>30%</b>
<b>6.1a</b>	Is it easy/very easy to see the doctor?	<b>76%</b>	<b>71%</b>
<b>6.1b</b>	Is it easy/ very easy to see the nurse?	<b>83%</b>	<b>85%</b>
<b>6.2</b>	Are you able to see a pharmacist?	<b>71%</b>	<b>68%</b>
<b>6.5</b>	Are you currently taking medication?	<b>50%</b>	<b>56%</b>
<b>6.7</b>	Do you feel you have any emotional well being/mental health issues?	<b>17%</b>	<b>29%</b>
<b>7.1a</b>	Are you currently working in the prison?	<b>63%</b>	<b>76%</b>
<b>7.1b</b>	Are you currently undertaking vocational or skills training?	<b>26%</b>	<b>18%</b>
<b>7.1c</b>	Are you currently in education (including basic skills)?	<b>56%</b>	<b>20%</b>
<b>7.1d</b>	Are you currently taking part in an Offending Behaviour Programme?	<b>7%</b>	<b>6%</b>
<b>7.3</b>	Do you go to the library at least once a week?	<b>83%</b>	<b>71%</b>
<b>7.4</b>	On average, do you go to the gym at least twice a week?	<b>67%</b>	<b>56%</b>
<b>7.5</b>	On average, do you go outside for exercise three or more times a week?	<b>83%</b>	<b>74%</b>
<b>7.6</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	<b>41%</b>	<b>34%</b>

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<b>7.7</b>	On average, do you go on association more than five times each week?	<b>59%</b>	<b>85%</b>
<b>7.8</b>	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	<b>33%</b>	<b>35%</b>
<b>8.1</b>	Do you have a personal officer?	<b>59%</b>	<b>41%</b>
<b>8.9</b>	Have you had any problems sending or receiving mail?	<b>44%</b>	<b>25%</b>
<b>8.10</b>	Have you had any problems getting access to the telephones?	<b>7%</b>	<b>14%</b>
<b>8.12</b>	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	<b>82%</b>	<b>71%</b>
<b>8.18</b>	Have you been provided with information on the following:		
<b>8.18a</b>	ROTL (release on temporary license)	<b>63%</b>	<b>76%</b>
<b>8.18b</b>	Facility Licence (outside work, education)	<b>29%</b>	<b>46%</b>
<b>8.18c</b>	Resettlement Licence (other outside activities e.g.. Work, arranging accommodation, family visits)	<b>20%</b>	<b>51%</b>
<b>8.18d</b>	Earned Community Visits (Town visits)	<b>29%</b>	<b>64%</b>
<b>8.19</b>	Have you had access to the following:		
<b>8.19a</b>	ROTL (release on temporary license)	<b>74%</b>	<b>48%</b>
<b>8.19b</b>	Facility Licence (outside work, education)	<b>29%</b>	<b>23%</b>
<b>8.19c</b>	Resettlement Licence (other outside activities e.g.. Work, arranging accommodation, family visits)	<b>20%</b>	<b>33%</b>
<b>8.19d</b>	Earned Community Visits (Town visits)	<b>40%</b>	<b>38%</b>
<b>8.20</b>	Please answer the following about resettlement:		
<b>8.20a</b>	Were you given up to date information about this prison before you came here?	<b>9%</b>	<b>10%</b>
<b>8.20b</b>	were you helped to prepare for open conditions before you came here? (increased responsibility)	<b>9%</b>	<b>19%</b>
<b>8.20c</b>	Do you feel you have been given greater responsibility here than when you were in closed conditions?	<b>68%</b>	<b>82%</b>
<b>8.20d</b>	Have you been on a preparation for release course?	<b>23%</b>	<b>5%</b>
<b>8.20e</b>	Is this prison near your home area or your intended release address?	<b>9%</b>	<b>24%</b>