

Report on an announced inspection of

HMP Nottingham

15–19 February 2010

by HM Chief Inspector of Prisons

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Introduction

At the time of this announced inspection, HMP Nottingham was nearing the completion of a major refurbishment and expansion programme which will almost double its size. Despite this upheaval, the prison remained a reasonably safe, respectful and purposeful place. There was also a commendable focus on ensuring that the new HMP Nottingham played a leading role in the local community so that resettlement opportunities for its prisoners were increased and improved.

Despite a temporary reception, early days in custody were generally well managed. Violence reduction and anti-bullying work were effective and most prisoners felt safe, although greater concerns were expressed by some minority groups, particularly vulnerable prisoners who also had an inadequate regime. Suicide and self-harm prevention work was sound. Use of force was not excessive, but better use of de-escalation was required. The segregation unit was generally well run, although the special cell had on occasions been used inappropriately. Security was proportionate and effective measures were taken to combat drug supply.

The built environment had been transformed since our last full inspection, with new accommodation and further new wings about to open. Cleanliness and ventilation varied, and access to showers was mostly limited to alternate days. Staff-prisoner relationships were generally positive, although not supported by an effective personal officer scheme. Not all aspects of diversity were adequately addressed, with services for foreign nationals particularly underdeveloped. Health services were good.

As with most local prisons, the amount of purposeful activity did not meet the needs of all prisoners. Some basic vocational training was available and learning and skills provision was satisfactory. Access to the library was limited but provision once there was good. The range of physical education activities was also good.

There was a laudable focus on engaging with the local community to support resettlement of prisoners, but there needed to be improved needs analysis and more focus on delivery. Offender management was improving. There was some worthwhile provision along a number of the resettlement pathways, supported by an innovative mentoring scheme. However, support for family and friends was limited and there were no offending behaviour programmes.

HMP Nottingham has been undergoing a transformation with a major refurbishment and expansion programme and a commendable aspiration to become a 'community prison', one fully integrated into the local community. There is some way to go to achieve this ambition, but the prison has the essential bedrock in place in terms of a generally safe and respectful environment, together with an appropriate focus on resettlement, and it is to be hoped that the prison's considerable potential will indeed be realised.

Nigel Newcomen
HM Deputy Chief Inspector of Prisons

September 2010

Fact page

Task of the establishment

HMP Nottingham is a local prison holding adult (21 years and over) male remand and sentenced prisoners. It primarily serves the courts of Nottingham and Derby City. Approval has been given for HMP Nottingham to develop as a community prison as part of the National Offender Management Service (NOMS) Estate Strategy.

Area organisation

East Midlands

Number held

548

Certified normal accommodation

379

Operational capacity

550

The expansion of the prison will increase the roll to 1,060 prisoners.

Last inspection

October 2007

Brief history

HMP Nottingham opened in 1890 as a city gaol but was reconstructed in 1912, and until 1997 served as a closed training establishment for adult males. In 1997, D wing and E wing were opened and the prison became a category B local establishment serving local courts in Nottingham and Derby. In 2005, F wing, G wing and the separation and rehabilitation unit were opened and B wing was decanted.

All the original Victorian prison was demolished in 2008, with only part of the gatehouse and the wall remaining. Work to rebuild an expanded prison was completed in February 2010. The new prison has been handed over to the governor ahead of schedule with prisoners due to arrive from 15 March 2010.

Description of residential units

The prison is made up of four main residential wings, D, E, F and G, as well as a separation and rehabilitation unit and a 10-bed health care landing (located on F3). F and G wings are the newest wings, opened in November 2005 with the closure of B wing.

G wing, the first night centre and induction wing, comprises three landings. G3 landing locates first night centre prisoners, key workers and those who have enhanced status.

F wing has a top roll of 150 and houses prisoners who require the integrated drug treatment system (IDTS) and general drug services. The wing also provides inpatient care on the F3 landing. There are also two enhanced supervision cells for prisoners in crisis.

E wing has a roll of 150, and predominantly houses prisoners who sign up to the drug-free regime and testing programme. The wing also provides secure and safe accommodation for vulnerable prisoners on E4 and a section of the E3 landing.

D wing has a roll of 150, comprising general population prisoners. The wing has four landings, and facilitates the short duration drug programme.

Healthy prison summary

Introduction

- HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:
- | | |
|----------------------------|---|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- **outcomes for prisoners are good against this healthy prison test.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
 - **outcomes for prisoners are reasonably good against this healthy prison test.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
 - **outcomes for prisoners are not sufficiently good against this healthy prison test.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
 - **outcomes for prisoners are poor against this healthy prison test.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Safety

- HP3 The temporary reception was cramped but staff ensured prisoners received a good initial assessment. First night arrangements were thorough and supportive. Induction

covered key issues but did not reach prisoners who did not speak English. The quality of self-harm and suicide prevention measures was good. Most prisoners felt safe and the prison's approach to violence reduction was well understood. Security intelligence was of high quality and acted on appropriately. Staff cared well for prisoners in the segregation unit. Governance of the special cell and use of force was poor. The clinical management of the integrated drug treatment system was good. Overall outcomes for prisoners were reasonably good against this healthy prison test.

- HP4 Most prisoners had travelled short distances from local courts, and were positive about their experience of being escorted. Reception was not open to prisoners at lunchtime, so vans sometimes had to wait outside the gate. The reception holding rooms were cramped and the surroundings were generally shabby. Reception staff dealt with prisoners in a courteous and professional manner and prioritised those needing extra support. Efforts were made to move prisoners speedily from reception to the first night centre but some experienced long periods there, with little to occupy them.
- HP5 Most prisoners were located on a single landing for their first night. First night interviews were conducted in private and the cell sharing risk assessment was completed, with particular attention to safer custody issues. Insiders met prisoners and helped them to complete the communications compacts. Night staff could not easily identify those new to the prison.
- HP6 The induction programme gave key information, was supported by a written document and involved a range of departments, but it did not keep prisoners engaged throughout the day. There was a significant disparity in prisoners' experience of their first few days in custody if they were vulnerable, had a disability or did not speak English.
- HP7 The safer custody team was well resourced and proactive. The monthly safer prisons meeting covered violence reduction and bullying, as well as self-harm and suicide, and included prisoners and community representatives. Post-custody death action plans had been completed, and near-death incidents investigated and recommendations acted on. The comprehensive self-harm and suicide strategy was understood by staff. Few staff had received any assessment, care in custody and teamwork (ACCT) self-harm monitoring refresher training and the documentation was of mixed quality. While there were some good initial assessments, case reviews and action plans, care maps were generic and individual prisoner details not always added. Observational entries were mostly functional. Post-closure reviews were thorough. The small team of Listeners felt able to offer a comprehensive service and were well supported. Vulnerable prisoners were inappropriately restricted in their access to Listeners but were able to use the Samaritans telephone.
- HP8 Prisoners expressed better feelings of safety than at comparator prisons, with the exception of prisoners who were vulnerable, from a black and minority ethnic background or who had a disability. The comprehensive strategy was informed by the 2008 violence reduction survey. All incidents of anti-social behaviour were investigated and led to individuals being placed on the anti-bullying measures where appropriate.
- HP9 The flow and quality of security intelligence were good and responded to effectively. Drugs and mobile telephone detection and prevention were the primary focus of activity. Some prisoners were on closed visits for non-visits-related incidents,

although reviews were carried out monthly. Some excellent work was conducted with the police intelligence officer.

- HP10 The segregation unit was clean and well ordered. Staff–prisoner relationships were excellent and staff had in-depth knowledge of the prisoners in their care. The daily records were good, although care plans had not been completed for all prisoners. Most prisoners stayed on the unit for short periods and returned to their original wing. There was no regime activity, and showers and telephone calls were only facilitated on alternate days.
- HP11 Use of force was not excessive but the level of spontaneous incidents indicated poor de-escalation. Governance of use of force paperwork was poor. Planned incidents were not video-recorded or reviewed effectively. Data collation was good, but there was no analysis. The special cell was used inappropriately for strip searching and as a calming down area, with no records kept. We were concerned about a single long use of this accommodation in 2009.
- HP12 The integrated drug treatment system (IDTS) was well established and prescribing flexible. Transfers of IDTS prisoners to category C establishments were proving problematic. The specialist substance misuse team was short-staffed. Joint work with counselling, assessment, referral, advice and throughcare (CARAT) and mental health teams did not include shared care plans or reviews, and the teams were not co-located. The random mandatory drug testing (MDT) positive rate was higher than the target and there were some recording anomalies. In our survey, significantly fewer prisoners than at comparator prisons said that it was easy to get illegal drugs. The prison did not have a supply reduction action plan. Suspicion tests were conducted on time and there was an average positive rate of 41%.
- HP13 Accommodation for vulnerable prisoners was split and the regime was limited, even on the dedicated landing. Governance arrangements for the care of vulnerable prisoners located on the overflow facility on F wing were poor. More vulnerable prisoners than those on main location felt unsafe.

Respect

- HP14 Most internal areas were clean but there was some graffiti in cells and showers. Staff–prisoner relationships were mostly good. The personal officer scheme was not effective but most prisoners had staff who responded to requests for support. The incentives and earned privileges scheme was reasonably effective. The arrangements for race equality were adequate, but those for older prisoners and those with disabilities were ad hoc and there was no provision for gay, bisexual or transgender prisoners. Services for foreign national prisoners were underdeveloped. Health services were good, especially around mental health. Overall outcomes for prisoners were reasonably good against this healthy prison test.
- HP15 External areas were mostly clean, but bare. Internal areas were reasonably well decorated, but there was some graffiti in cells and showers. The prison was generally clean but D wing was dirty and shabby. Prisoners were mostly only able to access showers on alternate days. The windows in cells on F and G wings offered poor ventilation. Opportunities for prisoners to wear their own clothes were restricted to remand and enhanced convicted prisoners.

- HP16 Fewer prisoners than the comparator felt they were treated fairly under the incentives and earned privileges (IEP) scheme. Some staff were not conversant with the recently updated IEP policy. Verbal warnings were used before more formal measures, but records were not clear about when written warnings were given. Prisoners were appropriately referred to IEP review boards and advised of their right to appeal. Prisoners placed on the basic regime were not routinely set behaviour improvement targets. The fast-track scheme was inequitable.
- HP17 Staff-prisoner relationships were mainly good. The engagement on most residential units was largely positive, but most staff referred to prisoners only by their surname. Staff did not always set a personal example in carrying out their duties. Wing prisoner council meetings were well attended and valued but not held regularly.
- HP18 The personal officer scheme was largely ineffectual. A revised policy had yet to be finalised and issued. Few prisoners could name their personal officer and few personal officers had in-depth knowledge of prisoners on their caseload, but some prisoners reported positively about their relationship with their personal officer. Personal officers did not make regular or meaningful entries on prisoners' wing history sheets, and were not involved in IEP, sentence planning, offender management or resettlement.
- HP19 The menus provided prisoners with a good range of meal options and included good access to vegetables and fruit. Breakfast was served the day before it was eaten, and lunch and evening meals were served too early. There was no dining in association. Kitchen and serveries were clean and catering staff were visible at meal times and generally responsive to prisoner comments.
- HP20 Strategic oversight of diversity, other than race equality, was only just developing. From January 2010, the diversity and race equality action team (DREAT) had addressed disability alongside race and foreign nationals, but no consideration was given to older prisoners or sexual orientation. Systems for identifying prisoners with disabilities were over-reliant on Insiders, who were asked to administer a questionnaire containing personal medical information. There was no clear support system following identification of disability, and no consultation forum for older prisoners or those with disabilities. Despite good health care provision for older prisoners, the strategic approach for recognising and managing their needs was weak and there were few external links and little support from third-sector organisations.
- HP21 There was little evidence of racist victimisation. However, black and minority ethnic prisoners reported significantly more negatively than their white counterparts in a range of areas. Consultation mechanisms were limited. Race equality action team (REAT) meetings were well attended, and covered a range of areas, but the minutes reflected reporting rather than discussion or analysis. Some ethnic monitoring disparities had been repeated for several meetings, with no evidence of investigation or outcomes. The quality of the investigation of racist incident report forms (RIRFs) was reasonable.
- HP22 The foreign nationals officer was committed and well known in the prison. The overall approach to foreign nationals was not sufficiently strategic or systematic. Many were unable to access the information and services they needed. The foreign nationals policy was in draft only. Foreign national groups were neither regular nor minuted. There were no prisoner representatives or consultation mechanisms for foreign national prisoners. Some post-sentence detainees had been held for long periods.

- HP23 The chaplaincy team was involved in the life of the prison but had barely enough staff to meet need, and significant help had been obtained from volunteers. There were few study classes available. Friday prayers for vulnerable prisoners clashed with gym. The temporary multi-faith area was unwelcoming and was only just large enough to accommodate the number of prisoners using it.
- HP24 Complaint forms were generally easily available and in our survey significantly more prisoners than at comparator prisons had confidence in the application and complaints systems. Limited use was made of the significant amount of data available on complaints. The responses we saw were mostly respectful and addressed the issues raised.
- HP25 A full-time legal services officer saw and offered support to all newly sentenced prisoners, and all remand prisoners were seen and offered a bail information service.
- HP26 The health care centre offered an excellent environment and good access to health professionals. Services were well organised. Primary care was provided by a large team of staff with a good skill mix. Initial screening of prisoners assessed their immediate health care needs, and secondary screening was offered to all prisoners during induction. A range of clinics was available. Waiting lists were well managed and mostly short. Pharmacy services were well resourced and prisoners had access to medicines review clinics. Dental services were good and waiting lists short.
- HP27 Mental health in-reach services were provided by a well-resourced team of nurses, supported by four psychiatrist sessions a week. The service had links with the community, and an outreach nurse had recently been employed to ensure continuity of care for prisoners following release. Community links had enabled the speedy transfer of patients to mental health facilities where required.

Purposeful activity

- HP28 As with most local prisons, the amount of purposeful work available was not sufficient to meet the needs of the whole population. Work opportunities did not match the external job market. Vocational training was offered but mostly at a basic level. The learning and skills provision was satisfactory. Access to the library was limited but a reasonable range of activities was offered there and at the gym. Prisoners' time out of cell was particularly poor for vulnerable prisoners on F wing. Association was available daily only for enhanced prisoners. Overall outcomes for prisoners were reasonably good against this healthy prison test.
- HP29 Allocation to work places was fair and equitable but the initial assessment results for individual prisoners did not inform decisions on allocation to education and training. The amount of purposeful work available did not meet the needs of the population, and prisoners were mostly employed in mundane work. Vocationally related programmes were available for around 22% of the population and a high number of prisoners throughout the prison had successfully completed short and useful courses, although few were relevant to industry. Detainees and remand prisoners who did not want to work were told they were barred from enhanced status and would not receive any pay for a month.

- HP30 All prisoners received a good induction to the learning and skills programme. Initial assessment of literacy and numeracy needs took place promptly and was adequate, with the exception of non-English speaking foreign nationals. The range of basic level of qualifications did not meet the needs of more able prisoners. Attendance at education classes was low and punctuality was poor at many sessions. The quality of teaching and learning was satisfactory. Overall pass rates for skills for life programmes and literacy programmes were low. Individual learning plans were not sufficiently linked to sentence planning.
- HP31 The library had actively promoted the further development of literacy skills through events and reading partnerships. It had a good range of books, with the exception of foreign language books and magazines, and books related to the development of work skills. Access to the library was limited and it did not open during the evenings or at the weekends.
- HP32 PE provision was well managed, with good access to activities for most prisoners. Recreational PE was available in the evenings and at weekends. There were no specialist programmes for older prisoners, and those with restricted mobility could not access the facilities. A range of short programmes was offered, with prisoners achieving high pass rates, but there were no opportunities for the accreditation of relevant vocational qualifications.
- HP33 The prison reported an average weekday time out of cell of 7.1 hours but a truer average would be around six hours. The actual experience of prisoners varied widely according to employment status and IEP level, ranging from more than 8.5 hours a day to less than one for vulnerable prisoners on F wing. Association was only available daily to enhanced prisoners. Fully employed prisoners could only exercise at weekends. The exercise yards were bare and bleak. The area for vulnerable prisoners to exercise in was inadequate and overlooked by other prisoners, making them susceptible to abuse.

Resettlement

- HP34 Governance of resettlement was weak. The strategy was focused on future development and not based on a needs analysis. Most prisoners received custody planning, had their needs assessed on arrival and were followed up. Contact with prisoners by offender supervisors was irregular. Staff offered a range of key services for accommodation and finance, benefit and debt but struggled to meet need. Drugs and alcohol support was good but other pathway provision was limited. Overall outcomes for prisoners were reasonably good against this healthy prison test.
- HP35 The prison's reducing reoffending strategy was aimed at the development of the establishment as a community prison. A gap analysis had identified development targets, but most were behind schedule. Practice was not tied in with a regional or area strategy. Governance of resettlement was weak, with no group monitoring responsibility for delivery. There had not been a full needs analysis of the prison's population to inform current resettlement practice. Emphasis was appropriately given to initial assessment and transfer to an appropriate establishment, but there was no motivational work to enable the transfer of hard-to-place prisoners.

- HP36 Resettlement staff met all prisoners on induction and assessed their resettlement needs. Referrals were made to appropriate pathway providers. Individual agencies recorded the outcome of the interventions in prisoners' individual passports, but there was no aggregated information about prisoners' needs or analysis of possible gaps in resettlement provision.
- HP37 Sentence planning boards for prisoners in scope for offender management were up to date and contributions by offender managers always received. Offender supervisors did not keep in regular contact with the prisoners allocated to them. Not all offender assessment system (OASys) assessments to be completed by the prison were being done. Quality assurance systems were being developed but sentence planning was not yet scrutinised sufficiently. The link between offender management and the personal officer scheme was ineffective, and links with some other departments were limited.
- HP38 Categorisation and allocation of most prisoners was done swiftly but did not always seem to be driven by offender management needs. There were a few difficult-to-move cases and it had been left to offender supervisors to negotiate places with possible receiving establishments.
- HP39 The lifer management team had been disbanded and indeterminate-sentenced prisoners were allocated across the team of offender supervisors. There was little specific provision for them, apart from psychology assessments.
- HP40 Public protection arrangements were good and information was shared through a database accessible by all prison departments.
- HP41 Reintegration pathways were supported by a valuable mentoring programme that offered pre- and post-release support to a limited number of prisoners. Relevant referrals were made for accommodation and finances. Even though the housing services for sentenced prisoners were comprehensive, in the six months before the inspection, 11.8% of sentenced prisoners had been released without accommodation. Citizens Advice provided debt counselling, and a money management workshop and individual support were available. A full-time Jobcentre Plus worker provided advice and support to prisoners and their families. Services struggled to meet the high demand for accommodation and finance, benefit and debt support.
- HP42 A pre-release resettlement programme was available for those nearing release but not for vulnerable prisoners. This provided input from external agencies on benefits, grants and accommodation. There were no effective links with employers or local industry but plans were well advanced to rectify this.
- HP43 There was little pre-release planning for general patients. Nursing staff met immediate resettlement needs and medication requirements. Prisoners with severe and enduring mental health problems were managed appropriately using the care programme approach.
- HP44 The drug strategy was not informed by a comprehensive needs analysis, did not include alcohol services and lacked action plans and up-to-date performance measures. CARAT services were well resourced and easily accessible but uptake was low. The Alcohol Problem Advisory Service (APAS) offered services to primary alcohol users. The short duration drugs programme was well established. Compact-

based drug testing did not sufficiently distinguish between voluntary and compliance incentive-based testing.

- HP45 Prisoners experienced long delays in accessing a visit following arrival. Visits booking staff were unable to cope with the volume of calls and faxes for domestic and legal visits. The current, temporary, visits hall was austere, the non-contact tables were institutional, and the crèche and snack bar were not always open. Visits did not always start on time but staff in the visits centre, at the gate and in the hall were respectful and professional to visitors and prisoners. Family days were held regularly and well regarded by prisoners and their families. There were no relationship or parenting courses.
- HP46 The prison provided no offending behaviour programmes, and other interventions concerned with attitudes, thinking and behaviour were limited.

Main recommendations

- HP47 Governance arrangements for the use of force and special accommodation should be improved, including proper recording, close management oversight and an end to negative and inappropriate use of the special cell.
- HP48 The personal officer scheme should be revamped and relaunched and staff provided with the skills and understanding to support prisoners to progress through their sentence.
- HP49 Specific policies and provision should be put in place for all aspects of diversity.
- HP50 Vulnerable prisoners should have equitable access to the regime.
- HP51 The number of purposeful activity places should be increased to meet the size of the population.
- HP52 Governance arrangements for resettlement should be improved and mechanisms developed to ensure the successful delivery of planned work.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 There were approximately 800 movements through reception each month. Prisoners attending out-of-area courts were prioritised and all prisoners were located in small holding rooms, which staff supervised. Vulnerable prisoners were located in separate holding rooms. All prisoners were strip-searched in and out of the reception area. Prisoners were positive about knowing where they were being transferred to when they left court. The cellular vehicles contained small amounts of graffiti but were reasonably clean. The establishment had a video link suite, which was well used by the local courts.
- 1.2 G4S was the escort contractor and there was good communication between them and reception staff. There were approximately 800 movements through reception each month, the majority concerning transporting prisoners to local courts.
- 1.3 In order to manage the number of prisoners coming through the temporary reception area, those attending court were brought down to reception throughout the morning in small groups, depending on the court they were attending. Those attending out-of-area courts were prioritised and all prisoners were located in small holding rooms, which staff supervised. Vulnerable prisoners were located in separate holding rooms. Prisoners were able to have breakfast before attending court and had access to their clothes from their property boxes. There was a reasonable stock of clothing and shoes for those who did not have appropriate clothing for court. Prisoners attending magistrates' court were required to take their property and private cash. Movements to court were completed by 9am.
- 1.4 All prisoners were strip-searched in and out of the reception area. Only prisoners identified as an escape risk were handcuffed; the rest were supervised by G4S staff while embarking the escort vehicles. In our survey and groups, prisoners were positive about their experience of being escorted. Prisoners were significantly more positive than the local prisons comparator¹ about knowing where they were being transferred to when they left court (79% versus 72%).
- 1.5 Reception staff were notified when court cases had concluded, but prisoners were transported back to the establishment mainly in the afternoon, even if their case had finished in the morning. Escort staff told us that they attempted to make two journeys to the establishment, one at lunchtime and one at the end of court, so that prisoners did not have to experience long waits at court, but this could not be guaranteed.
- 1.6 The cellular vehicles we looked at contained small amounts of graffiti but were mainly reasonably clean and carried water. Specific vehicles had to be ordered for prisoners with special needs. Escort staff and prisoners told us that sometimes they were not told of prisoners' specific needs and arrived with the wrong vehicle. Escort staff were required to

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

provide meals if prisoners were being transported for long distances, and between 11.30am and 2pm. Most prisoners received a meal at the courts during the lunch hour. Comfort breaks were offered after 2.5 hours' travelling, but few prisoners experienced such long journeys.

- 1.7 Reception was not open to receive prisoners between noon and 1pm, so escort vans sometimes had to wait outside, prolonging prisoners' time on vehicles. Once vans arrived at the gate, disembarkation was conducted in a timely manner following the checking of documentation. In our groups, vulnerable prisoners told us that they were more likely to disembark last; however we did not observe this during the inspection.
- 1.8 The establishment had a video link suite (two court booths), which was well used by the local courts. There had been over 600 court appearances via video link in the last six months of 2009, 432 legal/professional uses (probation and solicitors) and four inter-prison visits. The new suite housed eight booths, four of which were court booths.

Recommendation

- 1.9 Prisoners should be escorted from court as quickly as possible once their case has been dealt with.

First days in custody

Expected outcomes:

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

- 1.10 The reception area did not meet the needs of the establishment. Reception staff treated prisoners respectfully. Prisoners were not offered a shower in reception. Efforts were made to move prisoners quickly from reception to the first night centre but this depended on when the spaces arose. First night interviews were conducted in private and the cell sharing risk assessment was completed with particular attention to safer custody issues. Prisoners were offered a two-minute telephone call. Night staff could not easily identify those new to the prison. The induction programme was comprehensive and supported by written information, which was available in translation. Prisoners who did not speak English did not receive the full induction programme and were at a disadvantage in learning about the rules and regime and resettlement services.

Reception

- 1.11 The reception area in temporary use at the time of the inspection did not meet the operational needs of the establishment. Holding rooms were too small for the number of prisoners, and some had graffiti on the walls. The two shower cubicles were not used, and the surroundings were generally shabby. Efforts had been made to limit the time that prisoners spent in reception, and most first night measures were conducted in the first night centre. The new reception area, which was due to open on 1 March 2010, provided a larger and more welcoming environment for staff and prisoners.

- 1.12 Prisoners were disembarked individually and were all asked if it was their first time in custody. Escort and reception staff ensured that the appropriate paperwork accompanied prisoners. Reception staff demonstrated a good knowledge of the establishment's vulnerable prisoners policy, and dealt with prisoners in a courteous and professional manner, prioritising those who needed extra support. We saw one prisoner, whose pre-sentence report identified that he suffered from severe depression and that he was at risk of harming himself, being moved through reception quickly so that first night staff could discuss these issues with him.
- 1.13 Although all prisoners were treated respectfully, section one of the cell sharing risk assessment was completed at the front desk, in front of escort and reception staff. Prisoners were held in one of three holding rooms: one for court returnees, another for vulnerable prisoners and the third for prisoners new to the establishment. Each room had low benches, minimal information on the walls and little to occupy prisoners while waiting.
- 1.14 Prisoners had their property searched and were strip-searched in private. In our survey, 82% of respondents, against the 71% comparator, said that their search in reception had been carried out in a respectful way. They were then located in holding rooms to the rear of reception. In our groups, vulnerable prisoners said that they had felt unsafe in the reception area and described being 'paraded' in front of other prisoners. However, we did not see vulnerable prisoners being treated discourteously and, although prisoners walking around the reception area could have seen into each of the holding rooms, they were well supervised and not permitted to do this.
- 1.15 Prisoners were seen by a member of the health services team in private. They were not offered a shower in reception, as the intention was for this to happen on the first night centre. However, on one evening during the inspection prisoners were still in reception at 8.30pm and were not offered a shower when they reached their accommodation.
- 1.16 Prisoners were given a smokers' pack, including £2 PIN telephone credit, or a non-smokers' pack, containing £4 PIN credit and a coffee pack. The cost of these packs was recouped from prisoners at £1 a week from their second week at the establishment.
- 1.17 Although efforts were made to move prisoners quickly from reception to the first night centre, this was dependent on when the spaces arose. Consequently, some experienced long periods in reception, with little to occupy them. Prisoners were not taken to the wings over the tea-time period and were served hot meals and drinks in the holding rooms by two reception orderlies. In our survey, 68%, against the 58% comparator, said that they were treated well or very well in reception. Reception staff escorted prisoners to D and E wings, and first night staff collected prisoners from reception for F and G wings

First night

- 1.18 Most prisoners were located on G3 for their first night. The exception to this was prisoners who had restricted mobility, who were located on the ground floor of G wing. Prisoners were initially located in a large room, with a range of information about the establishment and resettlement services. Vulnerable prisoners were located in a separate interview room. Two competent Insiders, who were accommodated on G3, met each new prisoner to welcome them to the wing, respond to their questions and assist them with completing the communications compacts to facilitate booking visits and placing telephone numbers on their PINs.
- 1.19 First night interviews were conducted in private and the cell sharing risk assessment was completed, with particular attention to safer custody issues. Prisoners were asked if they

wanted to see a Listener, and we saw first night officers taking time to ensure that prisoners were settled and understood what would take place the next day, before being located in their cells. We were told by first night staff that telephone interpreting services were used for all prisoners who did not speak English.

- 1.20 Prisoners were offered a two-minute telephone call. All calls made were recorded, and the first night officers initially placed the call to confirm that the recipient was happy to receive the call. International telephone calls could also be facilitated. If the recipient of the call could not speak sufficient English to confirm that they were happy to receive the call, it did not take place. Prisoners were located in reasonably clean cells on G3; this landing was also occupied by wing cleaners and recently arrived prisoners who had not yet moved off the wing. During association, staff were vigilant about ensuring that prisoners did not access the G3 landing to identify new prisoners, to harass them for cigarettes.
- 1.21 During our night visit, staff could not easily identify those new to the prison and made the assumption that all prisoners (aside from the wing cleaners) located on G3 were new arrivals. Consequently, there were no enhanced observations by staff of those prisoners who might require extra monitoring during their first night at the establishment. Significantly more prisoners than the comparator (76% versus 71%) said that they felt safe on their first night, with the exception of black and minority ethnic prisoners and those who considered themselves to have a disability.

Induction

- 1.22 The induction programme, which started on the first full working day after reception, was comprehensive and supported by useful written information, which was available in translated formats. In our survey, significantly more prisoners than the comparator (92% versus 75%) said they had had an induction. Vulnerable and prisoners and those with a disability received an induction on a one-to-one basis and both groups were significantly more negative about whether they had received an induction.
- 1.23 A range of departments were involved in the programme, including the chaplaincy, education, health care (secondary screening), resettlement and the gym. All prisoners were seen by resettlement staff to undertake an assessment, offer advice and make referrals to appropriate services. This was then developed into a prisoner's passport, which was tracked by resettlement staff and reviewed just before discharge to ensure that all assessed needs had been addressed (see paragraph 9.16).
- 1.24 The induction timetable, which only staff had access to, outlined a four-day programme, which in reality took two days to deliver. Prisoners were therefore not sufficiently occupied during induction. Vulnerable prisoners received an even more restricted regime while on the first night centre, as they were unable to associate or exercise with other prisoners on the wing. Prisoners who did not speak English did not receive the full induction programme and were at a disadvantage regarding their knowledge about the rules and regime and resettlement services.
- 1.25 Prisoners who had been at the establishment within the previous six months were fast-tracked after seeing the relevant agencies. Prisoners were asked to fill out an evaluation sheet on their experience of the induction programme, and many rated it as good. Changes had been made based on prisoners' feedback, such as improving the induction canteen sheet.

- 1.26 Prisoners responded significantly better than the comparator about staff having enquired about a range of problems within their first 24 hours. During evening association, we observed first night staff being available and responsive to new prisoners' questions.

Recommendations

- 1.27 Prisoners should have their cell sharing risk assessments completed in private in reception.
- 1.28 Prisoners should have access to a shower either in reception or on the first night centre, regardless of their time of arrival.
- 1.29 All prisoners should receive a first night telephone call.
- 1.30 All prisoners should have equitable access to a full induction programme.
- 1.31 Prisoners should be fully occupied during the induction programme.

Housekeeping point

- 1.32 Prisoners new to the prison should be easily identifiable to night staff.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

- 2.1 External areas were clean but bare. Internal areas were mostly clean and reasonably well decorated, but there was graffiti in cells and showers. D wing was dirtier and shabbier than the other residential units. Prisoners generally could only shower every other day and ventilation problems had left showers with mould and peeling paint. The windows in the cells in F and G wings offered little ventilation. Only remand and convicted prisoners on the enhanced level of the incentives and earned privileges scheme could wear their own clothes.

Accommodation and facilities

- 2.2 The environment of the prison was mostly reasonable, with outdoor areas kept clean, although completely covered with tarmac and bare. Internal areas were well kept, and residential areas clean, with the exception of D wing, which was less clean than the other wings and showed more wear and tear. There was graffiti in some of the cells, and prisoners on F and G wings said that the windows in their cells offered poor ventilation. Several cells on each wing were shared by two prisoners and were cramped, although furnished reasonably. There were few lockable cupboards in which prisoners could secure their personal possessions but many prisoners had courtesy keys to their cells so could secure them, although not those sharing cells.
- 2.3 All prisoners on the standard or enhanced level of the incentives and earned privileges (IEP) scheme had televisions in their cells. There was an offensive and inappropriate materials policy, of which staff and prisoners were aware. The policy was adhered to and there was little unsuitable material on display in cells. There were bright, accessible and relevant notices for prisoners in residential accommodation.
- 2.4 In our groups and in our survey, prisoners were positive about the speed with which cell call bells were answered. Significantly more than at comparator prisons said that they were normally answered within five minutes (46% versus 36%) but this was worse than at the previous inspection, when 64% of prisoners had responded positively to this survey question. Records of cell call bell response times were available for the new accommodation on F and G wings, the health care department and the segregation unit, and most showed responses within five minutes. Observation panels in cell doors were free from obstruction, and we were able to see into cells during our night visit.
- 2.5 The wings were quiet and peaceful during patrol and night states. Significantly more prisoners than at comparator prisons said that it was normally quiet enough for them to be able to relax or sleep in their cells at night (73% compared with 64%).
- 2.6 There were no restrictions on the number of letters prisoners could send or receive but some prisoners complained that mail was slow to be delivered and received. The mail room had recently moved location, which had had a temporary effect on efficiency. In our survey,

significantly fewer foreign national than British respondents said they had had problems receiving or sending mail (23% compared with 42%). Mail room staff were aware of their responsibilities in not opening prisoners' legally privileged correspondence. In our survey, significantly fewer prisoners than at comparator prisons said staff had opened letters from their legal representatives (35% compared with 41%).

- 2.7 Prisoners could use telephones during association, and there were sufficient for the number of prisoners on each wing but, unless they were on the enhanced level of the IEP scheme, association was only every other day. Vulnerable prisoners in particular, both in the group and in our survey, mentioned difficulties accessing the telephones - 43% compared with 21% said they had problems getting access to the telephones. Although there was one telephone per 20 prisoners, there were usually queues to use them and they were locked away before all prisoners had been able to call friends and family.

Clothing and possessions

- 2.8 Only remand prisoners and convicted prisoners on the enhanced level of the IEP scheme were able to wear their own clothes. There was no limit to the number of times that full sets of clothing could be exchanged and visitors were able to bring clothes in on visits if prisoners had made an application for this. Prisoners were, however, required to have three full sets of clothing before they could start to wear their own clothes, and remand prisoners said they had been required to wear prison-issue clothing because they had not arrived with three full sets. Significantly more prisoners in our survey (70% against the 48% comparator and 62% at the time of the previous inspection) said they were offered clean, suitable clothes for the week.
- 2.9 Wing laundries on each residential unit were run by orderlies and generally operated effectively. Prisoners could iron their kit on the wings.
- 2.10 Systems for the storage and retrieval of property were reasonable. Just under a third of prisoners in our survey said that they could normally obtain their stored property if they needed to. Prisoners being discharged from the prison were offered unmarked bags in which to carry their property.

Hygiene

- 2.11 The standard of cell cleanliness was reasonable. In our survey, 60% of prisoners said that they normally received cell cleaning materials each week, and prisoners had daily opportunities to clean their living areas. Prisoners were not able to have a daily shower unless they were on the enhanced level of the IEP scheme, as access depended on time out on association. Most prisoners showered every other day. In our survey, only 33% said that they were able to have a shower every day, compared with 80% at other local prisons and 42% at the time of the previous inspection. Vulnerable prisoners responded more positively (41%) but prisoners with disabilities more negatively (27%) to this survey question. Shower units were mostly clean but were in a poor decorative state, as the ventilation was poor and had caused mould and paint to peel. On D and E wings, there was no opportunity to shower in privacy. There was a reasonable supply of basic personal hygiene items, initially issued on reception but then available through the wings.
- 2.12 Prisoners were issued with freshly laundered bedding on arrival and sheets were cleaned weekly thereafter. In our survey, significantly more respondents than at comparator prisons (91% versus 81%) said that they received clean sheets every week, and this was also better than at the previous inspection (87%). Prisoners were able to have their own bedding as part

of the IEP scheme. There was a system for replacing mattresses on application, and prisoners and staff said that replacements were available when necessary.

Recommendations

- 2.13 Two prisoners should not share cells meant for one.
- 2.14 All prisoners should be able to use the telephone daily.
- 2.15 All prisoners should be able to shower daily.
- 2.16 Shower units should be refurbished and private cubicles fitted on D and E wings.

Housekeeping point

- 2.17 Prisoners should be able to secure personal items.

Staff–prisoner relationships

Expected outcomes:

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

- 2.18 Most staff–prisoner interactions were good but there were examples of less positive engagement. Staff did not always set a personal example when carrying out their duties. Wing prisoner council meetings were valuable but irregular. The quality and frequency of wing file entries were mixed.
- 2.19 Staff–prisoner relationships were mainly good. In our survey, significantly more prisoners than the comparator said that most staff treated them with respect, and that there was a member of staff they could turn to if they had a problem. We observed respectful staff–prisoner interactions in reception and during induction.
- 2.20 Staff did not always set a personal example in the way they carried out their duties. Staff drank tea and coffee on the landings, yet prisoners were barred from doing the same for health and safety reasons. Some staff refused to push prisoners' wheelchairs, with no other arrangements in place, despite steep slopes in the prison grounds (see paragraph 4.54).
- 2.21 Interaction on most residential units was generally fair and courteous, although there were occasions when the interaction was not respectful. Many staff referred to prisoners by their surname only. Staff did not always knock when entering prisoners' cells when conducting fabric checks, and did not always explain what was happening.
- 2.22 Staff did not always support and encourage prisoners to take responsibility for their actions and decisions. We saw a foreign national prisoner asking permission to call his solicitor urgently. The member of staff ignored the request, told the prisoner to return to his cell and

locked him in. When the prisoner rang his cell call bell a few minutes later, the officer told him he would be along shortly but did not return.

- 2.23 Wing prisoner council meetings were held on each wing. Representatives were elected by prisoners. Agenda items were agreed in advance and covered a range of relevant issues. The meetings were minuted but not held regularly. A prisoner representative reported positively of the meetings.

Recommendations

- 2.24 Staff should ensure appropriate arrangements are in place for the pushing of prisoners' wheelchairs.
- 2.25 Staff should engage positively with prisoners at all times and encourage prisoners to be responsible for their own actions and decisions.

Housekeeping points

- 2.26 Staff should uphold the standards they set for prisoners, such as not drinking hot drinks on landings.
- 2.27 Staff should address prisoners by their first name or title and surname.
- 2.28 Staff should routinely knock before entering cells.

Personal officers

Expected outcomes:

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

- 2.29 The personal officer scheme was largely ineffectual, and staff had not received appropriate training. Few prisoners knew their personal officer but most said they had staff they could go to. Personal officers did not make accurate notes of contact with the prisoners in their care on P-NOMIS, and had little input in incentives and earned privileges, sentence planning, offender management or resettlement. Changes of cell resulted in changes in personal officer.
- 2.30 There was a personal officer scheme, but it was largely ineffectual. Staff understanding of the role was poor (see main recommendation HP48). The governor responsible for the scheme acknowledged that it was far from fully operational. A revised policy had yet to be finalised. Personal officers had not received training in relation to the scheme.
- 2.31 Personal officers were allocated by cell, and names were displayed above individual cells. Tables of personal officers were also posted in wing offices. Few prisoners could name their personal officer, and few personal officers could name the prisoners they were responsible for.
- 2.32 Those prisoners who knew their personal officer reported positively about the scheme. One prisoner who had attempted suicide in the past spoke highly of his personal officer and described the relationship as supportive and enabling.

- 2.33 Personal officers did not consistently make regular or meaningful entries on wing history sheets or P-NOMIS in relation to their caseload. Wing files sometimes documented introductory meetings, but there were few subsequent entries by the personal officer. The personal officer's name was not always entered in the relevant field on P-NOMIS. One personal officer we spoke to did not know how to enter this information. We sampled 25 wing files in our wing file analysis (see Appendix IV). The quality and frequency of wing file and P-NOMIS entries were mixed. Forty-two per cent of entries demonstrated social interaction with the prisoners concerned but many described negative conduct, with few reporting positive or progressive behaviour. Entries did not always objectively describe prisoners' actions or words but rather relied on subjective assessments of attitudes.
- 2.34 Personal officers were not involved in IEP, sentence planning, offender management or resettlement. We met one proactive personal officer who attended assessment, care in custody and teamwork (ACCT) meetings and encouraged the prisoners in his care to apply for enhanced status, but this was the exception rather than the norm.
- 2.35 Efforts were not made to minimise changes in personal officers. The personal officer relationship was not maintained when a prisoner was transferred to the segregation unit and temporary personal officers were not available there. If a prisoner was moved to a different cell on the same wing, a different personal officer was allocated.

Recommendation

- 2.36 Personal officers should provide input and advice on matters relating to the prisoners in their care, including the incentives and earned privileges scheme, sentence planning, offender management and resettlement.

Housekeeping point

- 2.37 Personal officers should maintain accurate and personal records of contact with the prisoners in their care, identifying any significant events affecting them, at least weekly.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 There was a comprehensive violence reduction strategy that was supported by a safer prisons committee. Staff and prisoners were aware of the strategy and it was implemented appropriately across the prison. Prisoners generally reported feeling safe at the prison. Incidents were investigated effectively and few prisoners reached stage three of the anti-bullying measures, but strategies for those displaying anti-social behaviour were punitive and victim support was limited.
- 3.2 The violence reduction strategy was well known and understood by staff and prisoners. It included a violence reduction improvement action plan, which was an ongoing support plan to reduce levels of violence, but the strategy for supporting victims of anti-social behaviour was mechanistic rather than supportive. The strategy was reinforced by a monthly safer prisons meeting, which was well attended by a multidisciplinary team that included prisoner and community representatives. At this meeting, trends in incidents of anti-social behaviour were analysed and discussed, and the responsibility then fell to wing managers to monitor the situation in their own areas.
- 3.3 A survey of prisoners' perceptions of safety had been carried out by the prison in 2008 and respondents generally perceived the prison as a safe place, with induction singled out as a safe place where good anti-social behaviour information was given to prisoners. The results of a further survey in November 2009 had not yet been analysed.
- 3.4 All incidents of anti-social or violent behaviour were investigated, usually by a senior officer. A violence reduction incident report was then completed and passed to the violence reduction coordinator. All investigations into reported bullying were completed in a timely fashion and the results were based on the evidence available. Reports were disseminated and appropriate action taken.
- 3.5 There were three levels of response to any bullying behaviour that was proven at the investigation stage. These ranged from behaviour monitoring at stage one to being placed on the basic level of the incentives and earned privileges scheme for a minimum 21-day period at stage three. In 2008, 50%, and in 2009, 39%, of prisoners investigated had been moved on to one of the levels of the violence reduction monitoring system; few prisoners made it to stage three. There was no constructive intervention for prisoners displaying bullying or violent behaviour and the process was punitive rather than rehabilitative. The only intervention was a psychological assessment that determined how the prisoner should be managed while subject to the levels of monitoring. Prisoners had to remain on each stage for the maximum time, as determined in the strategy document, with no account taken of good or improved behaviour.

- 3.6 Staff supervision on the wings, during association and during prisoner movement was good, and the physical layout of the wings allowed for good lines of sight.

Recommendations

- 3.7 The violence reduction strategy should include detailed support for victims and interventions for perpetrators of anti-social behaviour.
- 3.8 Prisoners should be removed from violence reduction measures when they have met the targets required of them and their behaviour warrants it.

Housekeeping point

- 3.9 The safer prisons committee should analyse the results of the 2009 survey of prisoners' perceptions of safety and act on the findings.

Vulnerable prisoners

- 3.10 Vulnerable prisoners resided in 32 double occupancy cells on E4 and part of E3, which were both gated landings to which other prisoners did not have access. There was an overflow facility on F wing, and at the time of the inspection two prisoners resided there.
- 3.11 Vulnerable prisoners identified in reception were located on G wing and flagged up for a one-to-one induction (see paragraph 1.22).
- 3.12 Vulnerable prisoners on E wing were allowed 15 minutes in the morning and afternoon (before movement to work) for domestic chores, and exercise took place at 9.30am behind E wing. In our survey, only 6% of vulnerable prisoners said that they went outside for exercise three or more times a week, compared with 18% of the main population (see paragraph 6.38 and recommendation 6.46). Association took place during the evening, and alternate sides of the wing were allowed out each evening. Two telephone booths were available for vulnerable prisoners, which was sufficient for the number of prisoners out at any one time, although in our survey 43% of vulnerable prisoners reported problems accessing the telephones, compared with 21% of the main population.
- 3.13 Vulnerable prisoners on E wing had access to three sessions a week at the gym, as well as a weekly library class (which included a dedicated information technology session), small education classes, a weekly Bible class, Muslim class/prayers on Friday afternoons and a Christian service on Sunday mornings, all of which took place on the E4 landing.
- 3.14 Vulnerable prisoners located on the overflow facility on F wing had a nominal regime that at times included just 20 minutes out of their cell to undertake a shower, telephone call and domestic chores. Prisoners there said that they were rarely offered exercise with the E wing prisoners and had not been offered a job.
- 3.15 There was one workshop for vulnerable prisoners, which could employ 31 prisoners at a time, and the work predominantly involved the packing of brewing kits and breakfast kits. This workshop was run well by staff and was organised and busy during the inspection. The work was mundane, however, and prisoners' pay was determined by the amount of packing they completed per shift, plus 25p attendance pay. As the afternoon work period was shorter than

the morning one, prisoners on part-time afternoon work were paid considerably less than part-time morning workers. Work in cardboard recycling was also available to vulnerable prisoners.

- 3.16 More vulnerable prisoners in our survey said that they felt unsafe than their main population counterparts; 77% (compared with 25% of the main population) said that they had felt unsafe at some time in this prison and 30% (compared with 9%) said that they felt unsafe at the time of the inspection. In the establishment's 2009 survey of prisoners' perceptions of safety, vulnerable prisoners indicated that they did not feel safe at the prison. During the inspection, vulnerable prisoners said that the areas they felt the safest were on the E4 landing and during vulnerable prisoner labour movement, and the places they felt least safe were on exercise, in reception and health care holding rooms and in the gym.

Recommendations

- 3.17 Vulnerable prisoners should have access to one telephone per 20 prisoners.
- 3.18 Vulnerable prisoners on the overflow facility should be offered the same regime as those residing on the dedicated vulnerable prisoner location.
- 3.19 Access to time at work, and thereby pay, for vulnerable prisoners should be fair and equitable.
- 3.20 Work with vulnerable prisoners should be undertaken to resolve their poorer perceptions of safety compared with non-vulnerable prisoners, and the data from the survey of prisoners' perceptions of safety used to identify action required.
- 3.21 Health care and reception holding rooms should be made safer for vulnerable prisoners.

Self-harm and suicide

Expected outcomes:

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

- 3.22 There was a comprehensive self-harm and suicide strategy, supported by a safer custody manager, a monthly meeting, and Samaritans and Listener schemes. Assessment, care in custody and teamwork (ACCT) documentation was of mixed quality, with good case reviews and post-closure reviews, but care maps and staff observations lacked quality. We were not assured that vulnerable prisoners could access the Listener scheme.

- 3.23 A comprehensive safer custody strategy was in place, with an ongoing improvement action plan, supported by a safer custody manager and a monthly safer prisons meeting (see section on bullying and violence reduction). Information was available through induction and on all the wings.

- 3.24 At the start of the inspection, there were seven open assessment, care in custody and teamwork (ACCT) self-harm monitoring forms, one involving a prisoner in the segregation unit. Case reviews were generally multidisciplinary, but we observed a number that had limited attendance. In every ACCT document, a generic care map was used, with added entries individual to the needs of the prisoner at risk. However, we saw some ACCT documents (opened and closed) where just the generic care map had been used, with no addition made for the individual prisoner. Staff observation entries were mostly functional and indicated limited or no interaction with the prisoner. Post-closure reviews were good, and we saw examples of further interviews being agreed and actioned. Ninety-six per cent of staff had been given the initial foundation training in ACCT but many had received no refresher training.
- 3.25 There had been no deaths in custody since the previous inspection, but there had been three post-release deaths (on the day of release), and at the time of the inspection two of those had been fully investigated by the Prisons and Probation Ombudsman. Only three recommendations applied to the prison, and they had been implemented.
- 3.26 The last two near-death incidents had occurred in January 2008 and May 2009, and had been fully investigated, with recommendations made and actioned appropriately. There was a 'near-miss' policy, governed by the head of residence and the safer custody manager.
- 3.27 Eight Samaritans-trained Listeners worked on a rota and were well supported by a weekly Samaritans meeting and regular interaction with the safer custody manager. The Listeners resided on every residential area, with the exception of the vulnerable prisoners landings. We were not assured that vulnerable prisoners had access to a Listener, although they were offered use of the Samaritans telephone. There were three dedicated Listener suites on D, E and F wings and they contained appropriate furniture, but the walls were bare and uninviting. Each wing had a Samaritans telephone and its use was logged by the Samaritans. F and G wing cells were all safer cells.
- 3.28 Night staff had been issued with ligature cutters, but did not always carry them. Staff knew where emergency equipment was held and the procedures to follow.
- 3.29 There was a telephone number for prisoners and their families to report concerns about prisoners at risk, in confidence and, although this was rarely used, staff reacted in a timely fashion to any calls received.
- 3.30 We could find no evidence that information on prisoners at risk who had finished their sentence was passed on to the probation team for continued support.

Recommendations

- 3.31 All assessment, care in custody and teamwork (ACCT) case reviews should be attended by relevant multidisciplinary staff.
- 3.32 Care maps should always be designed for each individual case.
- 3.33 Staff should interact with prisoners at risk and record such interactions in the ACCT document.
- 3.34 Staff should received refresher training in ACCT procedures.
- 3.35 The Listener scheme should include access to vulnerable prisoners.

- 3.36 Night staff should carry ligature cutters at all times.

Housekeeping points

- 3.37 Care suites should be decorated to make them less austere.
- 3.38 Information about prisoners released while at risk should be passed on to probation services.

Applications and complaints

Expected outcomes:

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

- 3.39 Prisoners found it easy to make an application. The tracking system for applications was incomplete and failed to follow the application back to the prisoner. Complaints were answered promptly, although at the time of the inspection responses were not quality checked. There was considerable formal statistical analysis of complaint data. In our survey, significantly more prisoners than the comparator said that complaints were dealt with fairly.
- 3.40 The system for making applications and complaints was explained during induction and there was further information (in English only) on wing noticeboards. The system for tracking applications held on the units only identified where the application had been referred to, with no record of the response or outcome, and the date that the prisoner received a response was not always clear.
- 3.41 Prisoners found it easy to make an application, with 93% of prisoners in our survey reporting having made an application. In our groups, prisoners reported having little faith in the application system, although this was not reflected in our survey.
- 3.42 All residential units had a good stock of application forms, with the exception of one unit, where there were no forms on the first day of the inspection and only a few on the following day. A range of application forms was available and wing staff attempted to resolve any applications before passing them on to a manager.
- 3.43 Complaint forms were not always readily accessible on all residential units and envelopes were not always available. There was a range of secure boxes for applications and complaints, which were emptied each night. Prisoners responded positively about applications in our survey, with 60% (against the 55% comparator) saying that applications were dealt with fairly and 57% (against the 48% comparator) that they were dealt with promptly.
- 3.44 There was a good system for logging complaints, and they were responded to promptly. In the six months before the inspection there had been 794 complaints submitted, with a response rate of 99.2%. Most complaints were about money, the prison shop, catalogue orders and property. There was considerable formal analysis of complaint data. At the time of the inspection there were no quality checks of responses, following the recent departure of a senior manager. In our survey, significantly more prisoners than the comparator (38% versus 31%) said that complaints were dealt with fairly. Only 22% said that they had been given information on how to make an appeal, compared with 37% in our 2005 survey.

Recommendation

- 3.45 Managers should regularly quality assure and analyse complaint data to identify and rectify issues.

Housekeeping points

- 3.46 Information about applications and complaints should be reinforced through notices and posters, both in English and other languages, and displayed across the establishment.
- 3.47 The tracking system for applications should record the outcome and the date of response.
- 3.48 There should be a ready supply of application and complaint forms and envelopes available in all residential areas at all times.
- 3.49 Information on how to make an appeal should be given to all prisoners.

Legal rights

Expected outcomes:

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

- 3.50 The full-time legal services officer had limited training, and cover for his absence was inadequate. He saw all newly received prisoners and advised on bail applications, appeals and recalls, according to their circumstances. Prisoners requiring bail addresses were referred to the ClearSprings charity and bail reports were provided for courts. Prisoners generally reported that it was easy to contact legal representatives but there were sometimes difficulties in making contact by telephone. Facilities for legal visits were good.
- 3.51 There was a full-time legal rights officer, but he had not been formally trained in legal services. There was no deputy in post to provide back-up during his absence, and on his return he tried to see all prisoners who had arrived at the establishment while he had been away from work. During prolonged periods of absence, staff from other parts of the offender management unit were drafted in to cover his work.
- 3.52 The legal services officer saw sentenced prisoners every day and checked whether they intended to appeal and if they had legal representation. Those who wished to pursue matters themselves were provided with appropriate paperwork and assisted in completing it. They were also able to access legal text books in the library, were given legal documents downloaded from websites by the legal services officer, and were supported with stationery and stamps at no cost. Prisoners were provided with a choice of legal advisers they could contact for advice and representation in a range of legal matters. Foreign national prisoners were referred to the foreign nationals officer.
- 3.53 The legal services officer had completed a distance learning course in bail information. He saw every unsentenced prisoner and assessed the viability of making a bail application. Prisoners who required a bail address were referred to the ClearSprings charity, and 10 such referrals had been made in the previous six months. The legal services officer checked addresses

provided by prisoners and made reports to support bail applications. In the previous six months, he had provided reports on addresses in 22 cases, including those for which an address had been secured with ClearSprings.

- 3.54 The legal services officer saw prisoners who had been recalled but there were delays in receiving documentation explaining the reasons for their recall and clarifying if they were subject to a fixed-term recall.
- 3.55 In our survey, more prisoners than the comparator (47% against 41%) reported that it was easy to communicate with their legal representatives, but some prisoners in our groups reported problems in telephone contact; they were unable to make telephone calls early in the morning, before legal representatives went to court, and calls transferred to solicitors' mobile telephones were cut off.
- 3.56 Facilities for legal visits were good, with seven private legal visits rooms. Prisoners were able to contact their legal representatives and make court appearances by video link (see section on courts, escorts and transfers).

Recommendations

- 3.57 There should be arrangements to provide a good quality service when the legal services officer is absent.
- 3.58 Prisoners wishing to telephone their legal representatives should be allowed to use telephones early in the morning.

Faith and religious activity

Expected outcomes:

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

- 3.59 Most prisoners felt that their religious beliefs were respected and were positive about the chaplaincy team. The team was visible and involved in the life of the prison. Its resources were stretched but about to increase with the prison's expansion. There were few study classes and one service clashed with regime activities. The current facilities for worship were unwelcoming and only just large enough to accommodate Christian and Muslim services.

- 3.60 The chaplaincy was led by a full-time Anglican coordinating chaplain, who had been in post since June 2009. Working systems had been steadily developed since that time, and the chaplaincy was providing a reasonable service to prisoners, with plans for developing provision. The team's resources were stretched but were due to increase with new posts, including an administrator, with the expansion of the population.
- 3.61 A Pentecostal chaplain worked 30 hours a week, a Quaker worked for 20 hours and a Roman Catholic chaplain for 11 hours a week. Methodist and Salvation Army chaplains attended for a day a week. Sikh and Buddhist chaplains attended regularly, and a range of chaplains of other faiths attended as required. A previously employed half-time Muslim chaplain had left towards the end of the previous year and 1.5 Muslim chaplains were being recruited to start in the

spring or summer of 2010. In the meantime, a Muslim chaplain provided cover for Friday prayers, and a Qur'an study group. Two other experienced chaplains provided assistance for two days a week and a third was due to start within a few weeks of the inspection. The only other course was a Bible study class.

- 3.62 Fifty-two per cent of prisoners were recorded as having no religion. Of the remainder, the main denominations were Anglican (22%), Roman Catholic (9%) and Muslim (8%). Most prisoners were positive about the chaplaincy team; in our survey, 58% of prisoners said that their religious beliefs were respected, significantly more than the 54% comparator, and 62%, significantly more than the 56% comparator, said that they had private access to religious leaders.
- 3.63 A chaplain met new arrivals as soon as possible after arrival, usually within a day, and prisoners received information about the chaplaincy on reception. Despite staff shortages, chaplains were integrated into the life of the prison, appeared to work well together and met regularly, usually monthly. A prisoner orderly assisted the team. The coordinating chaplain attended key prison committees, such as the safer custody and diversity meetings, and was also a member of senior management team. Chaplaincy staff visited the segregation unit daily. They provided pastoral care to bereaved or distressed prisoners.
- 3.64 The temporary multi-faith area in the main part of the prison had a generally unwelcoming environment, with a sink at the back. It facilitated both Christian and Muslim services and was only just large enough to accommodate the number of prisoners using it. There was a small and inadequate multi-faith room for vulnerable prisoners, which was also used for other purposes. The timings of prayers for vulnerable prisoners clashed with their access to the gym. New facilities were to be available in the new build.
- 3.65 There was limited celebration of the main religious festivals and this was an area that the developing chaplaincy team aimed to improve. A community chaplaincy project, 'way without walls', was run separately from the chaplaincy team (see paragraph 9.47).

Recommendations

- 3.66 Suitable and welcoming facilities for worship should be available for all prisoners, including vulnerable prisoners.
- 3.67 Regular cultural and religious celebrations should take place, involving prisoners, staff and outside communities.

Substance use

Expected outcomes:

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

- 3.68 The integrated drug treatment system (IDTS) was well established but the difficulties of transferring prisoners to category C prisons caused concern. A shortage of substance misuse

nurses had led to a focus on assessments and drug administration, and joint work with counselling, assessment, referral, advice and throughcare (CARAT) and mental health services was informal. Facilities on the new A wing did not allow for the co-location of the CARAT and IDTS teams, and the mandatory drug testing (MDT) suite due to relocate there. The year-to-date MDT rate exceeded the target slightly. There was no supply reduction action plan and security staff did not attend drug strategy meetings.

Clinical management

- 3.69 Following reception screening, drug/alcohol-dependent prisoners received a comprehensive assessment by a substance misuse nurse, saw a GP and started treatment immediately. The integrated drug treatment system (IDTS) had been implemented in 2007, there were comprehensive clinical management protocols and prescribing regimes were flexible.
- 3.70 At the time of the inspection, there was concern that two category C establishments in the region were not accepting transfers of prisoners under the IDTS, thus creating a logjam and stopping prisoners from progressing.
- 3.71 In February 2010, methadone was prescribed for 99 prisoners, mainly on a maintenance basis; three received suboxone and 11 underwent alcohol detoxification. All had initially been located on G wing, the first night centre/induction wing, before moving on to F1 or F2; drug/alcohol-dependent vulnerable prisoners stayed on E wing, and some who were stable on methadone resided on D wing. Those requiring high levels of monitoring were located in the enhanced care area.
- 3.72 Prisoners needing secondary detoxification could access a lofexidine regime, and the opiate blocker naltrexone could be given before release.
- 3.73 The substance misuse team consisted of a specialist GP, a band seven clinical lead nurse, two band six, and four band five nurses, as well as three health care assistants. Due to sick leave and two vacancies, there was a shortage of five nurses. Staff prioritised assessments and administering controlled drugs. They liaised daily with the GP, but there were no detailed care plans or reviews or formal joint care planning with the counselling, assessment, referral, advice and throughcare (CARAT) staff. Clinical staff linked in with the CARAT team and IDTS groups were co-facilitated by substance misuse nurses, but information sharing was informal and there was no joint care coordination.
- 3.74 Prisoners with complex needs were referred to mental health services, but neither the primary nor the in-reach mental health teams' skill mix included dual diagnosis expertise, and prisoners' care was not planned jointly, although funding had been secured for a dual diagnosis post.
- 3.75 Throughcare links had been established with local community teams; workers from Nottingham's criminal justice intervention team engaged with prisoners before discharge, and a rapid access service ensured that treatment continued on release. Similar links were being forged with a neighbouring team.

Drug testing

- 3.76 The year-to-date (April 2009 up to and including January 2010) random mandatory drug testing (MDT) positive rate was reported to stand at 10.3% against an annual target of 9.5%.

Due to recording errors, it was difficult to establish the exact figure. In addition to 28 prisoners testing positive, another 10 had refused or diluted tests.

- 3.77 Suspicion tests were conducted within the required time frame and there was an average positive rate of 41%. Both frequent and risk assessment testing programmes were in operation.
- 3.78 Test results and drug finds pointed towards cannabis, heroin and subutex as the main drugs of use. The establishment had not developed a detailed supply reduction action plan, although these issues were discussed at security meetings and appropriate measures were in place to tackle the problem. In our survey, significantly fewer prisoners said that it was easy or very easy to get illegal drugs.
- 3.79 There was no integration between supply and demand reduction initiatives; the security department was not represented at drug strategy meetings, and prisoners testing positive under MDT were not consistently referred to the CARAT service.
- 3.80 The MDT suite was based in temporary premises and due to relocate to A wing, which would house prisoners treated under the IDTS.

Recommendations

- 3.81 Clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services should undertake joint care plans and reviews, and provide fully integrated care.
- 3.82 A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems.
- 3.83 The prison should ensure that drug testing figures are accurately recorded and monitored.
- 3.84 A supply reduction action plan should be developed and implemented.
- 3.85 All prisoners testing positive under the mandatory drug testing (MDT) programme should be referred to the CARAT service.
- 3.86 The MDT suite should not be located on the drug treatment unit.

Housekeeping point

- 3.87 A manager from the security department should attend drug strategy meetings.

Section 4: Diversity

Expected outcomes:

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

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|-----|--|
| 4.1 | Strategic oversight of diversity areas other than race was underdeveloped and the diversity policy had yet to be properly implemented. |
|-----|--|
- 4.2 Strategic oversight of diversity other than race equality was only just developing. The new diversity and race equality policy was mainly aspirational and had not yet been properly implemented. For example, it included reference to a diversity incident reporting system that did not yet exist. It focused mainly on race equality, but this element had not been sufficiently researched. It did not include the findings of the Prison Service's race review, published in 2008, and included outdated references to the involvement of the Commission for Racial Equality, which no longer exists. There was a separate disability policy, which had not been implemented and also included references to resources that were not in place, such as assistant disability liaison officers (DLOs). It was not clear how the generic diversity policy fitted with this specific document. It was not based on a needs analysis. An establishment diversity action plan was being considered by the senior management team during the inspection.
- 4.3 A month before the inspection, the race equality action team (REAT) had been converted to include consideration of wider diversity issues. It now appropriately included strategic oversight and discussion of disability issues alongside race equality and foreign nationals. However, there was no evidence that older prisoners or sexual orientation were considered. An appropriate range of race equality impact assessments had been conducted, but wider equality impact assessments had not yet been produced.
- 4.4 The diversity team was adequately resourced. The diversity manager had oversight of all diversity strands and also acted as the DLO. She had assumed responsibility for older prisoners only a few weeks before the inspection and had not had the opportunity to make significant progress on this area of work.
- 4.5 There were two prisoner race representatives per wing, but so far no diversity representatives. A new leaflet entitled 'A Prisoner Representative's Guide to Understanding the Work of the Diversity and Race Equality Action Team' had just been produced but not yet distributed. Up to the inspection, the representatives had mainly acted as a race issues consultation group, meeting together before REAT meetings, and it was unclear how this role would be widened.

Recommendations

- 4.6 There should be a comprehensive diversity policy based on a needs analysis linked to time-limited implementation targets.
- 4.7 All diversity strands should be monitored and the resulting data routinely considered during diversity and race equality action team meetings.

- 4.8 Staff with diversity responsibilities should be appropriately trained.
- 4.9 Equality impact assessments should be completed and learning incorporated into establishment policies and plans.

Housekeeping point

- 4.10 Prisoner diversity representatives should have a clear role description.

Race equality

- 4.11 There was little evidence of racist discrimination. Black and minority ethnic prisoners had worse perceptions than white prisoners about prison life. The race equality officer was active and visible, but assistant race equality officers were not sufficiently involved. Prisoner consultation was inconsistent and did not include the wider black and minority ethnic population. Race equality action team meetings were usually well attended. Ethnic monitoring disparities were repeated from month to month, with little evidence of investigation or outcomes. Nearly three-quarters of staff had undergone 'challenge it, change it' training. Racist incidents were generally well investigated. There were few cultural celebrations.
- 4.12 At the time of the inspection, 24% of prisoners were from black and minority ethnic backgrounds. In our survey, there was little evidence of racist victimisation and prisoners generally reported little racism. A similar number of black and minority ethnic and white prisoners – about three-quarters – reported that they were treated with respect by most staff, and nearly 80% of both groups reported that there was a member of staff they could turn to for help. However, black and minority ethnic prisoners reported significantly more negatively than white prisoners in a range of other areas, including safety and the application of the incentives and earned privileges (IEP) scheme. Twenty per cent of black and minority ethnic prisoners said they felt unsafe, compared with 8% of white prisoners, and only 30% (compared with 55%) said that they had been treated fairly in the IEP scheme.
- 4.13 The race equality officer (REO) was visible in the prison and was known to staff and most prisoners. He was nominally full time but had recently spent time coordinating new prisoner officer training. His photograph, along with that of prisoner race representatives, was widely publicised around the prison. There were assistant REOs on each of the wings, and their roles were outlined in individual performance objectives. They carried out their roles with varying levels of interest and engagement and did not receive profiled time for race equality work. None had attended recent REAT meetings and some of those we spoke to felt uninvolved in this work.
- 4.14 There was some useful consultation on race issues. At recent prisoner race representatives meetings, views had been gathered for impact assessments and there had been some consideration of emerging concerns in the prison. The governor had attended a recent consultation meeting to lend his authority to the forum. However, many of these meetings concentrated on delivering information from the REO rather than genuine consultation. The minutes were often brief, and there were no standard consultation headings. There was no wider consultation forum for black and minority ethnic prisoners.
- 4.15 The (D)REAT meetings were led by the governor and usually well attended. Prisoner representatives attended routinely. There was little attendance by outside groups, although a

member of the Derby Race Equality Council had attended some meetings in the previous year. The meetings covered a range of areas, but the minutes reflected little discussion or analysis, and issues were not always followed up between meetings. Some ethnic monitoring disparities had been repeated for several meetings, with no evidence of investigation or outcomes. For example, the black and minority ethnic population had been below range for enhanced status under the IEP scheme for three months (August to October 2009) but there was no evidence that this had led to an investigation. The population of D wing also showed that the black and minority ethnic population was above range for seven consecutive months (April to October 2009) – a finding that had recurred in more recent monitoring – with no evidence of subsequent investigation.

- 4.16 Seventy per cent of staff had received 'challenge it, change it' diversity training in the previous year, but nearly 20% had received no diversity training at all within the previous three years.

Managing racist incidents

- 4.17 During 2009, 129 racist incident report forms (RIRFs) had been submitted. Just over half (68) involved prisoners complaining about staff or the establishment, of which 46 were unsubstantiated, seven withdrawn, three lay on file and one was partly substantiated and partly not. The remaining 11 were considered to be fully substantiated, although in only one of these was a member of staff found to be at fault; this individual had been abusive towards a prisoner and was sent for training. Three cases involved prisoners who wanted to have their names removed from the racist register (see below).
- 4.18 The quality of investigations was generally reasonable. Most were timely and included interviews with relevant people, and formal notifications were sent to prisoners. However, the approach did not always focus sufficiently on resolving prisoner concerns and sometimes took an excessively bureaucratic and unhelpful approach. For example, in one case a foreign national detainee had complained that he had not been allowed to use the telephone to contact his solicitor, despite an urgent need to discuss his case. This complaint had been upheld as institutional racism, as the prison had not taken into account the man's specific situation.
- 4.19 A sample of RIRFs submitted in 2007 and 2008 had been examined by external bodies (diversity officers from the police and fire services) in the previous two years. Their assessments had generally been positive, but had highlighted some delays in completion. External monitoring of RIRFs submitted in 2009 had not yet taken place.

Race equality duty

- 4.20 Race equality impact assessments had been completed on mandatory areas, and the examined documents demonstrated consultation with a wide range of prisoners. However, it was not obvious if the considerable effort and associated learning involved in the impact assessment process had led to changes in policies or practices in the prison.
- 4.21 Prisoners responsible for racially aggravated offences or identified as racist were placed on a 'race register'. There were six prisoners on the register at the time of the inspection. They were not routinely reviewed and there were no interventions to support change. Three had been removed from the register only after submitting RIRFs.
- 4.22 There had been few celebrations of culture. A cultural day held in the gym in October 2009 had had a Caribbean steel drum workshop, was attended by about 80 prisoners and staff, and had

a themed menu. There was no information on other recently celebrated events (see recommendation 3.67).

- 4.23 The prison had made efforts to encourage community engagement, with limited success. Two minority community groups that had previously been involved had withdrawn from the prison as a result of lack of funding.

Recommendations

- 4.24 The wider black and minority ethnic population should be consulted regularly and work with them undertaken to resolve their more negative perceptions, particularly around feelings of safety and respect for religion.
- 4.25 The establishment should seek regular and consistent engagement on diversity issues from at least one external community organisation.

Housekeeping points

- 4.26 The race equality officer (REO) should convene regular meetings with assistant REOs, and ensure that their roles are clear and that they are involved in equality work.
- 4.27 Diversity and race equality action team (DREAT) meetings should identify key issues for follow-up and systematically review them from meeting to meeting.
- 4.28 Prisoners identified as racist and placed on the race register should have access to interventions and routinely be reviewed.

Religion

- 4.29 Most prisoners reported positively on respect for their religious beliefs. Black and minority ethnic and foreign national prisoners were less likely to report this. There was no monitoring or analysis of treatment of prisoners by religion and no specific policy or action plan.
- 4.30 There was little evidence of tension between prisoners of different religions. In our survey, prisoners were significantly less likely than the comparator to report any concerns about victimisation on the basis of religion. Only 1% said that they had been victimised by other prisoners because of religious beliefs and none reported staff victimisation on this basis, which were significantly better than the comparators. However, black and minority ethnic and foreign national prisoners were significantly less likely to report respect for their religious beliefs than white and British prisoners. There was no specific policy or action plan relating to religion and the REO had not noted any particular emerging concerns on this issue. The 'challenge it, change it' training provided some discussion of religion. There was little monitoring of treatment of prisoners by religion, other than a basic examination of complaints data by the REO.

Foreign nationals

- 4.31 The foreign national officer did some useful work, but the overall approach to this group was insufficiently strategic or systematic. There were few foreign national groups, and no prisoner representatives or consultation. Access to independent immigration advice was poor. UK Border Agency staff attended weekly. There was limited availability of translated information, and foreign national prisoners, especially those who spoke little English, were less well informed about available assistance.
- 4.32 About 12% of the population was recorded as being foreign national. In our survey, over 80% said that they were treated with respect by staff and they were less likely than British nationals to say that they had been victimised by other prisoners. However, they reported more negatively in other areas; for example, none of those surveyed said that they were on the top level of the IEP scheme (see below).
- 4.33 There was a half-time foreign nationals officer, who was committed to the role and reasonably well known to foreign national prisoners. He had dealt with individual issues raised by a number of prisoners. However, the overall approach to work with foreign nationals was not sufficiently strategic or systematic. There was a draft foreign national prisoner policy that was not accompanied by an action plan. It included reference to aspirations such as foreign prisoner councils and exit questionnaires, which had not been implemented.
- 4.34 The foreign nationals officer conducted specific induction interviews with foreign nationals. These did not appear to follow a standard format and it was unclear if and how issues raised were subsequently followed up. One observed induction interview was added to the end of a meeting with immigration staff using telephone interpretation. It was conducted in a distracting environment, with immigration staff continuing their discussions and writing up paperwork.
- 4.35 Four or five foreign national groups had taken place over the previous year, some using interpreters. Only one, a Vietnamese group, which had taken place a year previously, had been minuted. It was clearly valued by those attending because of the opportunity it gave them to ask questions, discuss issues and make contact with same language speakers; they had asked for more regular groups, but these had not materialised. Most groups that had been held were conducted with immigration staff present, which, although useful to a degree, confused support and welfare needs with immigration requirements and may have inhibited prisoners. There were no prisoner representatives to provide support and information to foreign nationals and no formal consultation mechanisms.
- 4.36 Seventeen foreign nationals were recorded as being detained solely under UK Border Agency (UKBA) powers at the start of the inspection, but figures given to us later in the week provided nine names. We met several of this group and one turned out to be on remand for criminal matters as well as detained. Some detainees had been in detention for long periods, including one who had been held for 22 months. There were weekly visits from UKBA staff at the Midlands Enforcement Unit. Immigration staff sent a list of names to the foreign nationals officer, who then facilitated interviews. However, there was no independent immigration advice, despite significant need. There were nominal links with the Detention Advice Service (DAS), but when we spoke to staff at DAS they had not had any contact from Nottingham prison for over two years.
- 4.37 Immigration detainees (and those on remand) who declined to work were told by some staff that they were not eligible for enhanced status and would not receive any pay for a month. There were notices to this effect on some wings, and detainees we spoke to said that they had

been refused enhanced status simply because of their detention. A thorough investigation into ethnic monitoring disparities (see section on race equality) would have exposed this inappropriate policy.

- 4.38 Little translated information was available, and few prisoners said that they had received information in their own languages. They were allowed a free international telephone call each month and received PIN telephone credit for this purpose. A number of prisoners did not receive this when the foreign nationals officer was absent. Foreign national prisoners were also allowed an airmail letter each month, and on application to the foreign nationals officer could receive airmail letters each week. However, there was limited awareness of this facility among prisoners.
- 4.39 A list of staff interpreters on the wings was out of date and not known to all staff we asked about it. There had been reasonable use of telephone interpretation. Over the previous year, the service had been used an average of 21 times a month, mainly for Chinese and Vietnamese speakers. It was not possible from the available invoice information to establish in which parts of the prison the service was being used.

Recommendations

- 4.40 Weekly foreign national support and information groups should take place, using professional interpretation where necessary and with access to independent immigration advisers. UK Border Agency staff should not be at all of these groups.
- 4.41 Prisoner representatives should be appointed and given clear job descriptions.
- 4.42 Foreign national prisoners should be specifically consulted about their views and needs, and this information should be acted on.
- 4.43 Immigration detainees who decline to work should not be penalised.
- 4.44 Translated information should systematically be offered to foreign national prisoners.

Housekeeping points

- 4.45 Foreign national induction interviews should be conducted in a private environment and any issues raised should be followed up systematically.
- 4.46 Foreign national prisoners should always be able to have a free monthly international call and informed of their access to airmail letters.
- 4.47 Lists of staff and prisoner interpreters should be kept up to date.
- 4.48 Telephone interpretation invoices should be broken down to ensure that the service is being used in all appropriate departments.

Disability and older prisoners

- 4.49 Systems for identifying prisoners with disabilities were poor, as was communication between health and diversity managers. There was no clear support system following identification, and

prisoners with disabilities were often reliant on the goodwill of other prisoners in managing everyday tasks. There was no system for recognising or managing the needs of older prisoners, and there were few links with third sector organisations.

- 4.50 Although nearly a quarter of surveyed prisoners described themselves as having a disability, the diversity manager's figures identified only 8%, suggesting significant under-recording of people with disabilities. Communication between health care and diversity managers was poor and the diversity manager did not know how many prisoners had been identified through health care screening. There was no monitoring or analysis in relation to disability.
- 4.51 In our survey, prisoners with disabilities gave significantly more negative answers than other prisoners to a range of questions, particularly those relating to safety. They were more than three times as likely to say that they felt unsafe (25% against 7%), and twice as likely to say that they had been victimised by other prisoners (25% against 12%). They were also much less likely overall to report engaging in work or association, though efforts had been made to provide some prisoners using wheelchairs with laundry work that could be done on the wing. There was no discussion or consultation forum for prisoners with disabilities.
- 4.52 Some systems for identifying disability were inappropriate. Prisoner Insiders were asked to administer a disability questionnaire with all receptions to identify disabilities and needs. The questionnaire asked for personal medical information, including prompts to ask about serious illnesses such as cancer and about mental illness.
- 4.53 When prisoners volunteered information about disability, there was no clear support system. There were no social care plans for any prisoners and we only saw personal evacuation plans for prisoners using a wheelchair. We met one prisoner who used a crutch and had restricted mobility who did not have an evacuation plan. The prisoners we spoke to with personal evacuation plans said that they were not aware of them.
- 4.54 The DLO did not systematically see all those with disabilities, although she provided useful help to some prisoners. A number of prisoners with disabilities reported negatively on levels of care and attention given to them. There were some examples of reasonable adjustments that had not been made quickly enough. For example, a prisoner using a wheelchair had not had grab handles to help him get up from his bed for over a month after moving into an adapted cell. Another prisoner who used a crutch said that he did not have sufficient help to change his socks and shoes, and therefore sometimes did not leave his cell. Both were reliant on the goodwill of other prisoners for help with cell cleaning and fetching meals. A prisoner using a wheelchair did not have access to a shower in his cell and had to ask to use the shower of another prisoner using a wheelchair when he needed to. There was no formal social care scheme to provide support for prisoners with disabilities, although other prisoners were generally helpful.
- 4.55 The DLO had been in post for three years but had had no formal training in the role or in the needs of older prisoners. Wing staff were aware of people with visible disabilities and some older prisoners, but had received no specific training, which might, for example, help them to recognise the signs of mental health problems or the onset of dementia.
- 4.56 Most staff we observed adopted a common sense approach to helping those in wheelchairs, but some were unwilling to push them, apparently for health and safety reasons. The DLO was about to produce a 'wheelchair pushing' statement by way of guidance. There were eight adapted cells and prisoners were located on the ground floor landing where appropriate.

- 4.57 Approximately 8% of prisoners were over the age of 50 and 1% (seven people) over 60. Despite good health care provision for older prisoners (see section on health services), the overall strategic approach for recognising and managing their needs was weak. There was no consultation forum or other mechanism for older prisoners to make their views known and to obtain assistance. There was no system for recognising or managing the needs of older prisoners, and there were few links with third sector organisations such as Age Concern, although this was planned. Some retired prisoners were still required to pay 50p for televisions from the already low £3.50 weekly allowance. Older prisoners were not required to work if they did not want to. There was no particular approach to meeting the resettlement needs of older prisoners or those with disabilities.

Recommendations

- 4.58 Work with prisoners with disabilities should be undertaken to resolve their poorer perceptions of safety compared with prisoners without disabilities.
- 4.59 All prisoners should be confidentially assessed for needs relating to disability on admission. There should be a protocol for sharing relevant information between diversity and health services staff.
- 4.60 Prisoners with disabilities and those over retirement age should have a multidisciplinary care plan. They should be involved in the development and review of these plans, which should set out how reasonable adjustments and other specific needs will be met throughout their time in custody.
- 4.61 Prisoners with identified disabilities should have a personal emergency and evacuation plan and be involved in its formation.
- 4.62 A formal social care scheme should be introduced to support older prisoners and those with disabilities.

Housekeeping point

- 4.63 Prisoners of retirement age or over should not be required to pay television rental fees.

Gender and sexual orientation

- 4.64 Sexual orientation was not identified or monitored by the prison and staff were not aware of any self-declared gay or transgender prisoners.
- 4.65 In our survey, 2% of prisoners identified themselves as gay or bisexual. Sexual orientation was not identified or monitored by the prison and staff were not aware of any self-declared gay or transgender prisoners. There was no gay, bisexual or transgender prisoner discussion or support forum, or links with relevant outside bodies. The diversity and race equality policy made no reference to the needs of this population, except for an undertaking to monitor complaints relating to sexual orientation (see recommendation 4.7). There was no particular educational material in prisoner areas affirming respect for all, regardless of sexual orientation.

Recommendation

- 4.66 Information should be displayed in prisoner areas affirming equality of respect across the range of sexual orientation, and indicating sources of support and assistance.

Section 5: Health services

Expected outcomes:

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

- 5.1 Prisoners in our survey were very satisfied with the ease of access to health care professionals. The health care centre provided an excellent resource and services were well organised and managed. Pharmacy services were satisfactory, but there were some issues that required early attention. Dental services provided a good level of care, and there was a good mental health service.

General

- 5.2 Health services were commissioned by NHS Nottingham City Primary Care Trust. CitiHealth NHS Nottingham provided primary care services and Nottinghamshire Healthcare NHS Mental Health Trust provided a mental health in-reach service.
- 5.3 A comprehensive health needs assessment had been completed in November 2009 by the public health section of the primary care trust (PCT) and this had been used to identify the health needs of prisoners and any gaps in service provision. Subsequent action plans and workforce development plans had been designed to develop further the delivery of appropriate services to meet the needs of the prison population. The partnership board met monthly and was well represented by the governor and directing staff from the PCT. Health services were managed by a band eight nurse as the head of prison health, who had taken up the acting post three months before our inspection. The commissioners took an active interest in the delivery of health care and visited the prison every week.
- 5.4 Prisoners had good equity of access to health services, and respondents to our survey were very satisfied with the ease of access to health care professionals. Health services were delivered in excellent accommodation that had been constructed while the new facilities were being built. Prisoners were escorted to appointments in the health care centre and supervised by discipline staff who were allocated daily.
- 5.5 The health care centre provided GP and specialist clinics. The mental health in-reach team was based in the same building that housed pharmacy and dental services. Medicine administration and, on occasion, some minor treatments were carried out in treatment rooms on each of the wings. All areas used for the treatment and care of patients were appropriately equipped, clean and well decorated.
- 5.6 The health care centre was situated in a two-storey building, with the ground floor being dedicated to treatment and consultation areas. The first floor provided offices and storage facilities and was shared by the counselling, assessment, referral, advice and throughcare (CARAT) team. The main entrance opened into a large open waiting area and separately screened patient reception area. Fixed furniture provided a comfortable and relaxed atmosphere. There was a good range of notices and health care leaflets available and a wall-mounted television. Little information was available in languages other than English. There were two small holding rooms for vulnerable prisoners but these were more stark in

appearance. They did not provide any written information for patients and were not separately screened from the corridors, where other patients passed to attend their clinics (see recommendation 3.21).

- 5.7 The prison reception area had a health care room solely for the use of health services staff, to carry out the initial screening of prisoners. A sluice area was attached to the room and was used when prisoners were required to provide specimens. The area ensured privacy but was cluttered with the stored equipment.

Clinical governance

- 5.8 Health services had robust clinical governance arrangements, with close involvement of the provider trusts. Quarterly meetings and data collection contributed to the development and implementation of a performance plan. Despite problems with high staff turnover in the previous year, there was now more stability and a good recruitment programme. There was a good skill mix of nursing staff and evidence of investment in their professional development that was appropriate to the needs of the prison population.
- 5.9 The head of prison health was effectively managing a large team during a time of significant change to the prison and the health care environment. She had maintained and developed good working relationships with the PCT and was highly respected and supported by the governor and the prison senior management team. She was supported by four band seven nurses leading primary health, primary mental health, lifelong conditions and the integrated drug treatment system (IDTS). There were four nurse vacancies and two administrator vacancies at the time of the inspection. In addition, five new nursing posts had been created for the new build and recruitment had started.
- 5.10 Health services provided 24-hour cover. A range of clinics was available, including some provided by visiting specialists. Good arrangements with the PCT facilitated the acquisition of specialist equipment when required. However, the management and acquisition of occupational therapy equipment and aids had been devolved to the disability liaison officer and there was little communication between the departments (see section on disability and older prisoners). There was also no sharing of information or links with social services or charitable agencies.
- 5.11 Staff training was well supported and monitored. Professional training and development was managed by line managers and supported by the PCT. A programme of clinical supervision was made available to all staff, mainly on a one-to-one basis. The head of prison health monitored mandatory professional registrations, which were all in date at the time of the inspection.
- 5.12 GP services were provided by two part-time GPs from CitiHealth, who delivered a clinic daily, apart from Sunday. The GPs also provided the out-of-hours service. Medicines were dispensed and supplied by a local community pharmacy. In addition, a full-time pharmacist and two full-time pharmacy technicians were employed at the prison. The pharmacist had been in post for about seven months and had been employed to undertake a clinical and a governance role in the provision of the pharmacy service. Three further pharmacy technicians had been recruited and were due to start work in the near future. The prison pharmacist had spent much of his time so far working on new policies and procedures, many of which were yet to be implemented. Dental services were delivered by one dentist, providing four sessions a week, all day on Mondays and Thursdays. The dental surgery assistant (DSA) provided chair-side and clerical assistance during these sessions and also triaged patients all day on Tuesdays.

Both were employed by Nottinghamshire County NHS Trust. The DSA was undergoing training in oral health promotion.

- 5.13 Emergency resuscitation equipment was available on each of the wing treatment rooms and in the health care centre. There were only two defibrillators available. All equipment was checked weekly and records of checks were retained with the equipment. The defibrillator batteries had no daily record of checks. The mandatory training for emergency life support including the use of defibrillators and had been completed by all health care professional staff.
- 5.14 Clinical records were compiled using the SystmOne electronic record, and paper records were also maintained and archived. At the time of the inspection, the PCT had yet to make a decision on the future scanning and archiving of records, so both systems were maintained. All records were secure and only available to health services staff, complying with the requirements of the Data Protection Act and Caldicott guidelines on the use and confidentiality of personal health information. Policies were developed using National Institute for Health and Clinical Excellence (NICE) guidelines and National Service Frameworks where relevant. These were available to staff mainly through electronic means, but also in written form where necessary.
- 5.15 Prisoners did not have access to a dedicated forum where health care issues could be raised. They were well informed about the procedures for making complaints, most of which were made using patient advisory and liaison service documentation. All complaints were responded to within three days by the head of prison health, and referred on when required. There were approximately 20 health care complaints a month, all of which were dealt with swiftly and with appropriate sensitivity.
- 5.16 A range of services was provided for the management and control of communicable diseases, including vaccination and screening services and protocols for the control of the spread of tuberculosis and pandemic flu. Confidentiality was maintained in relation to public protection, and relevant information was shared with appropriate agencies when required, having gained the consent of the patient.

Primary care

- 5.17 All prisoners were seen by health services staff on reception and given an initial screening to identify any acute health problems. Particular note was made of any mental health or substance use problems. Any problems identified were referred to appropriate services and prisoners with acute problems were diverted to the enhanced care area for monitoring, treatment and stabilisation if required. The screening was recorded electronically, and an information leaflet on access to health services was provided. The leaflet was available in a range of languages and telephone interpreting services were used when required. Arrangements were made for all prisoners to receive secondary screening, and, if necessary, to see a GP, during induction.
- 5.18 Smoking cessation courses had been delivered by the PCT and new arrangements were in the process of being arranged. Sexual health advice was given to those attending genitourinary medicine clinics but condoms were only available by request. Most other activities concentrated on advice on such matters as diet and exercise for those patients with chronic diseases. A 'well prisoners' day was organised annually in the gym, when the range of services and advice were presented to prisoners.

- 5.19 The range of clinics provided was equivalent to that found in the community and appropriate to the prison population. The clinics delivered care for patients with lifelong conditions and also provided older prisoners with a weekly clinic for monitoring and treatment where necessary. Prisoners with lifelong conditions were not prevented from being transferred.
- 5.20 Prisoners were able to access health services by completing health care application forms, but these were taken to the wing treatment rooms by discipline staff, which compromised confidentiality. The applications were triaged by the wing nurses, who had completed short triage courses. There were no triage algorithms available to health services staff to ensure consistency in the types of treatment. Patients were then either seen and treated by the nurse the following day or referred to the appropriate clinic. Routine GP appointments were often made within 24 hours but we observed some waiting times of up to three days. Nursing staff were available to prisoners during the day on the wings and attended prisoners on the segregation unit daily.

Pharmacy

- 5.21 A medicines storeroom was located in a prefabricated building sited in a restricted area of the prison grounds. This building was fitted with lockable metal cupboards and a refrigerator, but was unsuitable for its purpose. There were concerns that the interior temperature was prone to be too hot or too cold, depending on weather conditions, and so a small air-conditioning unit had been installed in an attempt to resolve the problem. The use of this storage area was to cease as soon as the new health care premises were in use. Medicines were also stored in four treatment rooms on the wings, from where they were administered and supplied to patients. The rooms were suitably equipped and all were reasonably clean and tidy at the time of the inspection. A further treatment room was available in the reception area, from which medicines were supplied to new prisoners on arrival, and to prisoners being released or attending court. This room was less well kept and in a poor state of decoration.
- 5.22 Pharmacy-related incidents were recorded and available for review by the pharmacist and the PCT. A number of standard operating procedures had been developed by the pharmacist but most had not yet been implemented while waiting for appropriate staff training to be arranged. The supplier's pharmacist visited the prison for eight hours every month to audit prescription charts, and a pharmacy technician made weekly visits to the prison to check stock levels. There was a monthly meeting between pharmacy staff from the prison and the community pharmacy to discuss any ideas or concerns, and staff were supported in ongoing training programmes suitable to their level of expertise. A medicines and therapeutics committee met bi-monthly and was attended by pharmacy staff and representatives from the PCT.
- 5.23 Refrigerators were available in the pharmacy for the storage of heat-sensitive medicines. These were equipped with maximum/minimum thermometers and appropriate records were maintained. The machine for measuring methadone levels was regularly cleaned and calibrated.
- 5.24 Prescriptions could be issued out of hours by the on-call GP. There was limited access to medicines out of hours, with just a few pre-packs of antibiotics and other 'emergency' medicines available from general stock. There was no formal audit of medicines supplied from general stock. Under the current arrangements, medicines could only be ordered from the community pharmacy on weekdays. This was unsatisfactory because a regular GP clinic was held on Saturday afternoons, which meant that any medicines prescribed during that clinic would not be dispensed until the following Monday. An agreement had recently been reached

with another community pharmacy to dispense urgent medicines during weekends and evenings.

- 5.25 The pharmacist ran a weekly medicines review clinic for patients but this was not advertised and the pharmacist was not named as an option on appointment request forms. The pharmacy technicians assisted nurses in supplying and administering medicines during the daily treatment periods in the treatment rooms on two of the four wings. This provided some opportunity for patient counselling. It was intended that technicians would be involved in all treatment periods once the new recruits were in post.
- 5.26 There was an in-possession policy and steps had been taken to increase the provision of medicines in possession. In-possession risk assessments were documented and could be carried out by doctors, nurses or the pharmacist. Risk assessments were normally attached to the prescription and administration charts. The pharmacy technicians regularly checked through the prescription records to identify medicines for which repeat prescriptions were needed. The prescriptions were then generated, to be signed by the prescriber. Patients were not expected to take responsibility for requesting repeat supplies.
- 5.27 In-possession medication was supplied for discharge or court. Methadone was routinely given before discharge and arrangements made for its continuation on release. Patients usually left the prison before the pharmacy staff arrived, so it was normal practice for the nurses to dispense methadone mixture into labelled containers to be sent to the reception treatment room for administration. This amounted to primary dispensing by nurses, which contravened the professional guidance of the Nursing and Midwifery Council.
- 5.28 Duplicate prescriptions were issued: SystmOne was used to generate prescriptions, which were faxed to the community pharmacy for dispensing. The prescriber then copied these prescriptions on to standard prescription and administration charts, to be used in the prison for supply of medication. The prescriber indicated on the prescriptions whether the medicine should be supplied in possession or by administration.
- 5.29 All medicines, whether in-possession or for administration, were supplied from the treatment rooms each morning, during a single daily treatment period. Special sick medicines were also supplied during this time, which meant that the treatment period could be long.
- 5.30 Medicines were stored in lockable metal cupboards in the treatment rooms. The medicines were separated into named-patient dispensed medicines and general stock items. Most medicines were named-patient dispensed. Some general stock item medicines were available as pre-packs, but they were only single labelled and there was no procedure to enable professional control when they were supplied. All of the medicines for a single patient were grouped together. Many patients received a mixture of weekly and fortnightly in-possession medicines and also medicines to be administered. There was no separation of these medicines, although an indication was included on the dispensing label if the medicine was for in-possession supply.
- 5.31 There was evidence that some in-possession medicines had been split by nursing staff which amounted to secondary dispensing, contrary to Nursing and Midwifery Council guidance. We found evidence that medicines had been prepared for delivery to patients' cells for administration of later doses. This involved medicines being removed from their original dispensed packs and placed inside the relevant prescription and administration charts. Some of the medicines we found were part blister strips that had been cut from the original strips and were unlabelled. Others were loose tablets which had been placed in clear plastic Henley

bags, with the patient name written on a scrap of paper inside the bag. This practice, again, involved secondary dispensing by the nursing staff.

- 5.32 If medicines were supplied from general stock, the prescriptions were not normally faxed through to the pharmacy, so full patient medication records could not be maintained on the pharmacy computer. Controlled drugs were obtained via a signed order using a standardised requisition form, and photocopies of these forms were retained at the prison. Records were maintained using a combination of paper and electronic controlled drug registers.
- 5.33 A small range of simple medicines were available for supply as special sick medicines and supplies were recorded on the front of the patient's prescription chart. There was no audit of special sick supplies.
- 5.34 Medicine stocks were checked regularly by the technicians. We found no expired or obsolete medicines.

Dentistry

- 5.35 The dental surgery provided a satisfactory environment. Aspects of cross-infection control procedures were good, with widespread use of disposables, in line with current recommendations, and appropriate use of 'Disposashield' coverings, which were changed between patients. Clinical waste was appropriately stored and disposed of under the health care contract. There was no arrangement for disposal of hazardous waste, as amalgam was not used and radiographs were digital. There was no receptacle for disposal of extracted teeth containing amalgam.
- 5.36 The self-draining compressor was situated in an adjacent room and was maintained by the prison. The autoclave had been serviced quarterly but there was no documentation available relating to autoclave, compressor and X-ray machine maintenance. The radiation protection file was incomplete, but there was a quality assurance programme for radiographs.
- 5.37 At the time of the inspection, the dental policy documents were packed for transport to the new surgery, and so were not available. There was no record of recent PCT inspection of the dental surgery.
- 5.38 Appropriate dental instruments were stored and rotated satisfactorily and accounted for at the end of each session. Portable oxygen and emergency drugs were located in the dental surgery, with other resuscitation equipment nearby.
- 5.39 Dental records were kept solely in patients' electronic clinical record, which had no facility for dental charting. Medical history sheets and personal dental treatment plan forms FP17DC were not used. Record-keeping was otherwise of a satisfactory standard. The management of the digital radiographs was satisfactory. We were told that FP17 forms were submitted to Dental Services as a record of treatment provided, but none were completed on the day we visited.
- 5.40 New prisoners were invited to submit an application for dental treatment at their second health screen and could apply for dental treatment from the wings at any time. Applications were received daily by health care administration and passed immediately to the DSA, who triaged the application and arranged appointments and clinic lists. Urgent patients were seen at the next available session. There were 26 non-urgent patients on the triage waiting list, the longest

wait being two weeks. There were 36 patients on the waiting list for the dentist, the longest waiting for three weeks.

- 5.41 In order to generate end-of-month data concerning the length of the waiting list, no appointments were made for the following calendar month until the beginning of that month. This meant that patients requiring more than one appointment were often unaware, when leaving the surgery, of the date of their subsequent appointment.
- 5.42 Six to eight patients were booked for each dentist session, and slightly more for triage sessions. There was an estimated 20% failure to attend rate, usually due to other commitments. Full courses of treatment were offered to sentenced prisoners. A full range of NHS treatments, except crown and bridgework, was available and dentures for anterior spaces were regularly provided to restore aesthetics, often for remand prisoners. The treatment observed was provided with good teamwork and was satisfactory. The surgery door was not always closed during treatment.
- 5.43 Patients with an urgent problem in the absence of the dentist were seen by the prison doctor or nurse practitioner or were referred to the local accident and emergency department. Any referrals for complex treatment were to a local hospital dental department. Following the health needs assessment, plans had been made to provide additional dental sessions to cope with the imminent increase in prison population and the consequent need for increased provision of full courses of treatment.
- 5.44 Oral health education was provided at the chairside and also by the DSA during the triage sessions. Oral health education leaflets were available and tooth brushes and toothpaste were available for purchase in the prison shop. Patients were treated with care and courtesy.

Inpatient care

- 5.45 There was no inpatient area but there was an enhanced care area of eight cells on the F3 landing, enabling prisoners in need of additional nursing support to be cared for in a more relaxed environment. The facility was more suited to patients with mental health needs, while prisoners with increased physical health problems were generally cared for in their own cells. A nurse was available to provide 24-hour cover and patients followed the same regime as other prisoners, including access to education and the gym when able.

Secondary care

- 5.46 Arrangements for patients to attend outside hospital appointments were managed by one of the administrative staff. Approximately 20 appointments were made monthly and we were told that they were all within the national waiting target, but the collation of information had only recently started and there were no historical data to scrutinise. Escorting staff enabled two appointments to be made each day, which was sufficient for the prison population at the time. Patients waiting for appointments were put on medical hold when required.

Mental health

- 5.47 There was a good mental health service, including six mental health nurses in primary care, who met twice weekly with the secondary care in-reach team. The in-reach team was led by a band eight nurse, who managed secondary mental health care in three other prisons. The team of seven mental health nurses and two administrators was based in the health care

centre and provided courses of treatment and one-to-one consultations. There were no day care services and no counselling services. A rolling programme of mental health awareness training was delivered to all prison staff.

- 5.48 Patients were seen via an open referral system and their care was discussed at a weekly meeting with the psychiatrist. Any previous care in the community was followed up and the team had recently employed an outreach worker to ensure that patients had some continuity of care on their release. Nurse caseloads were between 15 and 20 patients. One forensic psychiatrist and two registrars provided four sessions a week, with a caseload of 40 patients at the time of the inspection. Routine referrals were seen within seven days and urgent ones within 24 hours. Good relationships with the community facilitated transfer to secure units generally within two to four weeks, although one recent case had waited eight weeks for transfer.

Recommendations

- 5.49 Information on health services should be available in a range of languages.
- 5.50 The head of prison health should liaise with the disability liaison officer to facilitate the supply of occupational therapy aids and equipment.
- 5.51 Prisoners should have access to a dedicated health care forum.
- 5.52 Condoms should be more easily available to prisoners.
- 5.53 Health care application forms should be collected and controlled by health services staff on the wings.
- 5.54 Triage algorithms should be developed and used to ensure the consistency of treatment for patients.
- 5.55 All pharmacy procedures and policies should be formally reviewed and adopted via the medicines and therapeutics committee. All staff should read and sign the agreed adopted procedures.
- 5.56 Medicines dispensed for in-possession supply should be handed over to the patient, without batches being split by nursing staff. These medicines should be stored in bags ready for collection, so that they are distinct from medicines to be administered.
- 5.57 In-possession medicines should be supplied separately from medicines to be administered, to reduce the length of the treatment period.
- 5.58 There should be cover for the dentist's leave.
- 5.59 Day care services should be available for prisoners having difficulties in coping on the wings.
- 5.60 Prisoners should have access to a counselling service.

Housekeeping points

- 5.61 Holding rooms in the health care centre should have noticeboards and written information available to prisoners waiting for appointments.
- 5.62 The health care room in reception should be used solely for screening purposes and not as a store room.
- 5.63 The health care room in reception should be decorated.
- 5.64 The automated defibrillators, including the batteries, should be checked daily and records maintained.
- 5.65 Patients should be made aware of the availability of the pharmacist for consultation. The pharmacist should be added to the list of health professionals on treatment request forms.
- 5.66 Patients should be encouraged to take responsibility for ordering their own repeat medication.
- 5.67 A special sick policy should be adopted, with a suitable list of medicines available for supply by nursing staff. Appropriate records of special sick supplies should be maintained and these should be audited by the pharmacist.
- 5.68 Nurses should comply with the directions of the prescriber with regard to whether medicines should be administered or given in possession. Any changes should be appropriately authorised.
- 5.69 Medicines should be administered directly from the original container, in the presence of the patient, and loose tablets and tablet foils should not be present in stock.
- 5.70 Signed, dated medical history sheets should be used.
- 5.71 There should be arrangements for the disposal of hazardous dental waste, to include containers for waste amalgam and extracted teeth containing amalgam.
- 5.72 Documentation relating to compressor, autoclave and X-ray machine maintenance should be auditable.
- 5.73 The radiation protection file should be complete.
- 5.74 There should be regular surgery inspections by the primary care trust.
- 5.75 FP17 claim forms should be consistently used as a record of dental treatment provided.
- 5.76 Patients should be made aware of the date of their next dental appointment on leaving the surgery.
- 5.77 Dental crown and bridgework should be available to prisoners.
- 5.78 The dental surgery door should be closed during treatment.
- 5.79 The system for issuing prescriptions should be amended to avoid the need for duplication, which is time consuming and increases the risk of error.

- 5.80 Regular professional checks should be carried out for medicines supplied from general stock.
- 5.81 The use of dual-labelled pre-packs should be adopted to allow the pharmacist to exercise professional control.
- 5.82 Dental chartings should be recorded, either electronically or paper.

Good practice

- 5.83 *The recruitment of a mental health outreach worker was an innovative means of ensuring continuity of care.*

Section 6: Activities

Learning and skills and work activities

Expected outcomes:

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

- 6.1 The amount of purposeful work was insufficient to meet the needs of the population, and much of it was mundane and did not effectively address prisoners' employability or resettlement needs. The provision of work activities for vulnerable prisoners was limited. Most prisoners received a good induction to the learning and skills programmes. There were few links between sentence plans and individual learning plans. The leadership and management of learning and skills were satisfactory, as was teaching and learning. Qualification pass rates were generally poor, except for industrial cleaning programmes. Class attendance and punctuality for education programmes were unsatisfactory. Learning opportunities were available to all prisoners on a part-time basis, but vulnerable prisoners did not have equal access to the provision. Library facilities were satisfactory.

Leadership and management

- 6.2 The management of learning and skills was satisfactory. The prison had a clear vision and well developed strategy for the development of learning and skills, and made good use of quality assurance arrangements to assess and improve the effectiveness of teaching. The self-assessment process was inclusive and was effectively used to drive forward improvement. The prison provided a safe training and learning environment, with particularly good safe working practices in the workshops. Both the management and quality of available resources were satisfactory. The education and training provision had been developed in response to an analysis of skills needs in prisoners' release areas, but there were significant shortfalls in the range of training and education opportunities. Prisoners' success in achieving qualifications was low (see below).
- 6.3 The promotion and monitoring of equality of opportunity was satisfactory. Equality and diversity was satisfactorily promoted at induction and throughout prisoners' education and training. Learning took place in a positive environment that valued mutual respect between learners and teaching staff. The prison made adequate use of data to set targets and plan and review the learning and skills provision, but it was not used sufficiently to monitor the success of different groups or for setting targets for improvement.
- 6.4 Vulnerable prisoners were disadvantaged by not having equal access to the provision (see main recommendation HP50). Pay rates for all prisoners were equitable for participation in education and training. However, those participating in education in the afternoon could only undertake four, rather than five, paid sessions. The information, advice and guidance (IAG) service provided by Lincoln College for prisoners attending education classes was good, and satisfactory elsewhere, and included appropriate referral to training and education

opportunities on release. Prisoners were able to access the service at any time during their sentence.

Induction

- 6.5 Most prisoners received a good induction to learning and skills, and a useful leaflet containing the type of advice and services available was distributed to each prisoner, although it was available only in English. Initial assessment of literacy and numeracy needs took place promptly and was adequate, although this assessment was weaker in foreign nationals. The effectiveness of induction for foreign nationals who spoke English as a second language was also weak. Careers information staff recorded each enquiry and swiftly referred all queries to the relevant teams. The results of the initial assessment of literacy and numeracy skills were adequately used to guide prisoners' decisions about education and work. Where prisoners understood little or no English, tutors experienced difficulties in communicating with them.

Work

- 6.6 Allocation, through the employment board, to workplaces based on risk assessment and information from a range of sources was fair and equitable. The board considered many aspects of a prisoner's previous work record, behaviour, security rating and motivation. However, the board had little detail of the initial assessment results for individual prisoners on which to base their decisions on education and training opportunities. The amount of purposeful work in the prison was insufficient to meet the needs of the population. Opportunities were available for around 255 prisoners (48% of the population). At the time of the inspection, typically around 44% of the prison population was employed in activities, many in mundane work such as textile production, breakfast packaging and clothing exchange activities. Further workplaces were available on the wings, in gardens and in waste management parties. The kitchens provided a clean and welcoming working environment for prisoners.

Vocational training

- 6.7 Vocational training was available for around 120 prisoners. However, many of the accredited programmes offered were not relevant to industry-standard qualifications that would support prisoners in finding employment on release. Too many of the qualifications, while useful in recognising achievement, were low-level vocationally related programmes. Few prisoners on information and communications technology (ICT) programmes achieved a full qualification and many completed only a single unit at either level one or level two. However, the industrial cleaning programme and national vocational qualification (NVQ) courses in the kitchen were well organised and managed. Prisoners in the kitchen achieved a wide range of additional qualifications to support their knowledge and understanding of the work they were involved in, including manual handling, food safety and hygiene, and emergency first aid at work. Arrangements were well advanced to extend the range and level of these programmes. These courses were also available to prisoners elsewhere in the prison, and over the previous year, a large number of prisoners had successfully completed short and useful vocationally related courses, with some pass rates at 100%.
- 6.8 Pass rates on industrial cleaning programmes were good, averaging around 80%.

Education

- 6.9 The prison had 100 part-time education places. The range of courses was appropriate to meet the needs of most prisoners, but not those of more able or vulnerable prisoners (see main recommendation HP50). The standard of prisoners' work overall was satisfactory, although tutors did not always ensure that work was corrected and feedback given to aid learners' progress. Prisoners found many of their classroom activities insufficiently interesting and some found it difficult to engage in the lessons. Class attendance was approximately 60%, with some poor punctuality and small numbers of learners attending classes. Qualification pass rates were generally poor. Overall pass rates for Skills for Life programmes were low, at 37%, and for literacy programmes were only 35%. Adult numeracy was the best performing programme area, with 44% pass rates, and English for speakers of other languages (ESOL) programmes had particularly low pass rates, at 25%, with no prisoners achieving a qualification at entry level in the previous 12 months.
- 6.10 Teaching and learning were satisfactory. In the better lessons, the tutors utilised a good mix of theory and interesting practical activities to engage learners. In the weaker lessons, tutors led the sessions excessively and did not use learning resources effectively. Prisoners' behaviour in class was satisfactory, but some tutors experienced difficulty in maintaining discipline in the classroom. The use of individual learning plans to monitor and advance learners' progress was satisfactory overall, but few plans linked effectively to sentence planning. Resources were appropriate and suitable for all programmes. The prison had too few links with employers to assist learners' development of employability skills.
- 6.11 The provision of care, guidance and support was satisfactory. Prisoners received effective careers information, advice and guidance. However, classroom peer support was not well utilised under the direction of the tutor. Specialist support for prisoners with additional learning needs was insufficient, and only one tutor was trained as a specialist in dyslexia.

Library

- 6.12 Library services were provided by Nottingham City Council. Although small, the library provided an appropriate environment for reading and information seeking. Most prisoners had limited access to the library: those in education had 30 minutes a week, during the teaching regime; vulnerable prisoners had 40 minutes a week; and prisoners in work had an hour a week. The library was not open during the evenings or at weekends. Access to the library for those with restricted mobility was adequate. Approximately 50% of the prisoners were registered as library users. The promotion of library services to prisoners during their prison induction was weak.
- 6.13 The library was well staffed. A full-time qualified librarian was supported by two part-time assistants and one orderly. Library stock included a range of specialist legal books on immigration and repatriation, as well as Prison Service Orders. A limited collection of easy-read books, audio books and graphic novels was also available. The range of books related to the development of work skills and industries was narrow. The selection of foreign language books appropriately reflected the different cultures of the prison population but was small. The selection of foreign magazines was limited. National English newspapers were available daily.
- 6.14 The library had actively promoted the further development of literacy skills by holding literary events and having reading partnerships with external organisations, and prisoner participation in these had increased.

Recommendations

- 6.15 The prison should make more effective use of data to monitor the success of learning and skills in different groups of prisoners.
- 6.16 Access to time in education, and thereby pay, for prisoners should be fair and equitable.
- 6.17 The initial assessment of prisoners speaking little or no English should be improved.
- 6.18 Allocation to work should be based on need identified through initial assessments.
- 6.19 More relevant vocational qualifications should be introduced.
- 6.20 The range of courses available should be expanded to meet the needs of more able prisoners.
- 6.21 The learning and classroom support available should be improved.
- 6.22 Full and part qualification pass rates should be improved.
- 6.23 Attendance and punctuality at learning sessions should be improved.
- 6.24 Individual learning plans should be linked in with sentence planning reviews and targets.
- 6.25 Links with employers to assist prisoners' development of employability skills should be increased.
- 6.26 The promotion of the library service on induction should be improved and access by prisoners increased.
- 6.27 A larger selection of library materials for foreign national prisoners should be provided.

Housekeeping point

- 6.28 Prisoners' work should always be corrected and returned.

Physical education and health promotion

Expected outcomes:

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

- 6.29 The management of the PE provision was satisfactory. There was good access to the activities for most prisoners. Recreational PE was available in the evenings and weekends, but prisoners using a wheelchair could not access the facilities. A range of short programmes was

offered, with prisoners achieving high pass rates. There were no opportunities for the accreditation of relevant vocationally related programmes.

- 6.30 Gym programmes were appropriately staffed and opening hours were well promoted. During induction, prisoners received detailed and thorough information on the facilities and programmes available to them. On entry to the prison all prisoners received a relevant fitness assessment. During the gym induction, and before taking part in gym activities, prisoners completed a health questionnaire that provided PE staff with details of their individual self-assessed health standards. PE was encouraged by staff.
- 6.31 The resources were limited to a combined cardiovascular and weight training room, a sports hall and a second cardiovascular area that doubled as a storage room. There were no outside facilities for sports activities. Storage space was limited, as was the changing area. There were sufficient showers, and they were clean and well maintained.
- 6.32 A range of short programmes was offered, with prisoners achieving high pass rates, but there were no opportunities for the accreditation of relevant vocationally related programmes. Recreational PE was available in the evenings and weekends. Prisoners had good opportunities to access PE at least twice a week. Those in full-time employment could attend timetabled sessions to suit their needs and availability. Remedial and GP referral sessions were available, but there were no sessions for older prisoners, and those using a wheelchair could not access the facilities. A diet and nutrition programme had recently been introduced. Well-kept records of accidents, injuries and assaults were monitored and changes made to procedures to ensure prisoners' safety as a result of incidents. Black and minority ethnic participation data were recorded in attendance registers but not evaluated. Prisoners using the gym were provided with clean gym kit at each session they attended. All prisoners used the shower facilities after each session, and they were effectively supervised by staff.

Recommendations

- 6.33 Relevant vocationally related courses to support prisoners' employability on release should be introduced.
- 6.34 Suitable programmes for older prisoners should be introduced.
- 6.35 Access to the gym for all prisoners should be available.
- 6.36 Individuals' use of the PE facilities should be recorded and analysed to determine and better target the promotion of activities to those who do not use the facilities.

Time out of cell

Expected outcomes:

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

- 6.37 The average time out of cell on a weekday was around six hours, which was less than the seven hours claimed by the prison. There were wide variations in the experience of individual prisoners and some reported less than one hour a day. Association was only available daily to

enhanced prisoners and most other prisoners could not shower and make telephone calls daily. Association was well supervised but not all staff interacted with prisoners. Exercise in the fresh air was available daily but exercise areas were bare and uninviting. Employed prisoners were not able to take exercise on weekdays, as it clashed with other activities. Few vulnerable prisoners participated because they did not feel safe in the exercise area available to them.

- 6.38 The prison reported an average weekday time out of cell of 7.1 hours but our interviews with a sample of prisoners indicated that this was aspirational and that a truer average was around six hours (see Appendix III). The published core day allowed for a maximum of eight hours and 30 minutes out of cell and this was reported in interviews as the actual experience of enhanced full-time employed prisoners. Those in full-time employment on the standard level of the incentives and earned privileges (IEP) level lost association time, and their time out of cell was reduced to six hours and 30 minutes. The time out of cell for part-time employed prisoners ranged from four hours and 45 minutes to two hours and 11 minutes. Time out of cell for unemployed prisoners was, at most, three hours and 20 minutes. The worst examples were on F wing, for both vulnerable and main location prisoners, where prisoners reported just 10 minutes out of cell to collect meals on days that they did not have association.
- 6.39 We conducted two spot checks during the inspection and found that 36.1% of prisoners were locked up on a weekday morning and 37.6% were locked up on a weekday afternoon. The core day was published on the wings and staff adhered to the timetable.
- 6.40 Association was only available daily to enhanced prisoners, and in our survey just 25% (against a local prisons comparator of 49%) reported going on association more than five times a week. Those on the basic and standard levels of the IEP scheme, almost 80% of the population, had association on two weekdays. This meant that these prisoners could not shower or make telephone calls every day.
- 6.41 During association, prisoners were able to play table games, and some board games were available on some wings. Association sessions were well supervised, with up to six officers present, and prisoners reported feeling safe at these times. Although staff were out on the wings during association, not all of them engaged with prisoners unless approached. In our survey, just 12% of prisoners, against a comparator of 17%, said that staff spoke to them during association.
- 6.42 Association was reliable and rarely cancelled. Prisoners we spoke to said that they were encouraged to participate in association and staff were able to identify those who did not come out during association periods. Staff we spoke to on F wing identified one prisoner whose behaviour had changed since he had been convicted, and that he had withdrawn from association. His wing record showed that this had been investigated and that his behaviour was being monitored.
- 6.43 Exercise was available for one hour during the working day, which meant that full-time employed prisoners did not have time in the fresh air during the week. It also clashed with gym sessions and religious services, so prisoners sometimes had to forfeit outside exercise to participate in other aspects of the regime. In our survey, just 17% of prisoners, against a local prison comparator of 38%, said that they went outside for exercise three or more times a week.
- 6.44 During the six weeks before the inspection, exercise had not been held on 17 days because of dangerously icy conditions, but it was not cancelled for other reasons. There were no supplies of protective clothing on the wings for prisoners who wished to exercise in wet weather.

- 6.45 There were two exercise yards, used by all except segregated and vulnerable prisoners. They were bare and unfurnished but clean and clear of litter. The exercise area available for vulnerable prisoners was not suitable, as they were in view of prisoners located on the ground floor of the wing and subjected to abuse, with the result that few vulnerable prisoners took exercise. The vulnerable prisoners located in the overspill on F wing had limited access to exercise.

Recommendations

- 6.46 All prisoners, other than those segregated for disciplinary reasons, should be allowed daily association for at least one hour and all should have sufficient time out of cell daily to shower and make a telephone call.
- 6.47 All prisoners should be able to access time in the fresh air without forgoing other activities and be offered suitable outdoor clothing when necessary.
- 6.48 Exercise yards should be made more inviting and equipped with seating.
- 6.49 Vulnerable prisoners should be provided with an exercise area that does not expose them to abuse from other prisoners.

Housekeeping point

- 6.50 Board games should be provided during association on all wings.

Section 7: Good order

Security and rules

Expected outcomes:

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

- 7.1 Physical and procedural security was sound. Dynamic security was good, with staff interaction at the core. There was a steady flow of intelligence, which was comprehensively analysed and appropriately acted on by security department staff. The number of prisoners subject to closed visits arrangements was relatively low. Security risk assessment arrangements were logical and effective.

Security

- 7.2 Physical and procedural security were sound. A full security audit was due to be conducted later in 2010, the most recent security audit having returned a score of 85%. Dynamic security was good; staff-prisoner relationships were positive and the content of security information reports (SIRs) reflected a continuing focus on issues identified in previous months' intelligence reports.
- 7.3 A security committee met monthly and was well attended by a range of disciplines, including offender management, education and health care departments, and escort contractors attended some of the meetings. Analysis of individual security issues was comprehensive, with appropriate action identified. Data relating to the number of SIRs submitted, further broken down by subject and area of the prison, were collated and routinely monitored. Action points were raised on analysis of SIRs but, although actions were identified for the next month, there was little evidence of these being reviewed in the general minutes, although there was follow-up information in the separate monthly intelligence assessment. Our own analysis indicated that the flow of security intelligence had remained constant over the period 2008/09 to 2009/10, at around 4,000 a year.
- 7.4 The security department played a key role in the work allocation process. The algorithm used to risk-assess work placements was fair and reflected appropriately in terms of restrictions applied to prisoners.
- 7.5 There was a full-time police information officer, who played a key role in the daily work of the department. Some excellent work identifying prisoners with gang connections had been carried out, and also some insightful work on projected increases once the new wings opened.
- 7.6 Supervision of the permanent search staff ensured that the quality of searching remained constantly high and was carried out sensitively and respectfully. An average of 130 cell searches had been completed over each of the previous three months (complaints averaged only around eight a month).

- 7.7 There were nine prisoners subject to closed visits arrangements, the longest-standing of which had been in place for three months. There were regular reviews of closed visits, the results of which were then discussed at the security committee.
- 7.8 There were instances when there was no evidence to link prisoners on closed visits to trafficking activity. Prisoners could be placed on closed visits following a mandatory drug testing positive result for class A drugs and for refusing to be tested. When prisoners tested positive for lower-class drugs, a warning letter was issued, followed by closed visits if they tested positive in the future.
- 7.9 Prisoners were placed on closed visits for three months, and were reviewed monthly by the head of security. There was evidence of some prisoners being removed from closed visits before three months; unusually, one of these had been placed on closed visits for trafficking through visits.
- 7.10 There were currently 21 visitors subject to visiting bans, six of whom were permanently banned, with one subject to an area-wide ban. During the inspection, the policy was changed to ensure that all banned visitors would be reviewed monthly. The majority of bans were appropriate and there was evidence of proportionate reviews, with some bans being lifted before the original review date.
- 7.11 Prisoners were not routinely strip-searched. The searching policy was clear on the use of strip-searches, but the recording of such searches was vague and no central log was kept. There was good recording of searches carried out in reception.

Rules

- 7.12 Rules and routines were explained to prisoners during induction, were contained in the induction booklet that all prisoners received and were widely publicised on the units.

Recommendations

- 7.13 Closed visits should only be used when there is evidence to link the prisoner (or visitor) to trafficking through visits.
- 7.14 All strip-searches should be logged, and monitoring of full searching data should be conducted by senior managers.

Housekeeping point

- 7.15 All visitor bans should be regularly reviewed.

Discipline

Expected outcomes:

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

- 7.16 Levels of adjudications were reasonable and the downward trend of previous years had continued throughout 2009. There was little monitoring or analysis of adjudication data but quality assurance measures relating to adjudications were robust. The use of force was low and the quality of associated paperwork was generally adequate. De-escalation was evident in some records but the single video-recorded incident gave us cause for concern. Use of special accommodation was inappropriate and we were concerned over the long use of the special cell to manage a prisoner on an assessment, care in custody and teamwork (ACCT) document. The number of prisoners located in the clean and well managed segregation unit was usually low and prisoners were normally managed back on to their parent wings.

Disciplinary procedures

- 7.17 The number of adjudications had fallen steadily, from 1,212 in 2007 to 834 in 2009. There had been 61 adjudications in the first month of 2010.
- 7.18 The minutes from the quarterly adjudication standardisation meeting evidenced little monitoring or analysis of adjudication data to identify trends or the demographics of breaches of prison discipline. There was an appropriate level of scrutiny of adjudication (F256) paperwork at the quarterly standardisation meeting.
- 7.19 Each prisoner attending the unit for adjudication was quickly seen by a member of staff from the health care department and a safety algorithm was completed, regardless of the likelihood of cellular confinement. All prisoners had their charges explained to them, both by staff issuing paperwork and the adjudicating governor, with efforts made to ensure that they were understood – for example, an adjudication we observed of a Latvian prisoner was adjourned to arrange for an interpreter to be brought in. All adjudications we observed were conducted correctly, with adjournments for legal advice if requested by the prisoner. Prisoners were given sufficient opportunity to provide their version of events. A further sampling of 30 sets of adjudication paperwork showed that findings were well founded and punishments reasonable. In the six months to January 2010, approximately 10.5% of adjudications had been either dismissed or not proceeded with. Appeal procedures were explained by segregation staff immediately after adjudications when there was a finding of guilt.
- 7.20 The tariff was ineffective and confusing in that it offered the same range for all charges, with the exception of some not carrying cellular confinement as a punishment. Records of adjudications were qualitative and demonstrated an appropriate level of investigation into circumstances carried out by adjudicating managers.
- 7.21 The independent adjudicator attended regularly, usually well within the 28 days required.

The use of force

- 7.22 Levels of use of force were not high, with 131 incidents in 2009, 95% of which were recorded as spontaneous. Of the 30 records we saw, there were some that could have been categorised as 'planned' and therefore should have been video-recorded. A range of data was collated, but not used to analyse trends, or to identify areas for further investigation.
- 7.23 There was no use of force committee, and little governance of control and restraint paperwork or videos. The completed use of force records were not reviewed by the senior manager with functional responsibility for the area (or anyone in authority), and the inclusion of use of force

in the security committee was limited to the number of staff trained and the number of use of force incidents in the preceding month.

- 7.24 Four of the records we saw gave us cause for concern regarding the sequence of events leading up to the use of force and also the decisions taken by managers during some of those incidents. In the one videoed use of force available, the prisoner was placed in wrist locks while being compliant. While use of force paperwork evidenced some managers' understanding and use of de-escalation techniques, in the video we saw, staff retained their full personal protective equipment throughout the incident.
- 7.25 The quality of use of force paperwork was mainly adequate and in some cases very good, with full descriptive accounts of incidents. There were, however, a number of uses of 'Home Office approved techniques were deployed' and 'minimum effective force was used at all times'. All records of use of force included a F213 form (used to report injuries to prisoners), although they were often not completed, with only illegible signatures.
- 7.26 There was a good level of training across almost all discipline grades, with the exception of governor grades, of whom only one had undergone refresher training in the previous 12 months.
- 7.27 Special accommodation was over- and inappropriately used. It was routinely used as a search area for prisoners being taken to the segregation unit following or as part of a use of force incident. Senior managers we spoke to defended this practice because of the video capability of the special cell. There was evidence of the special cell also being used as a calm-down cell, with prisoners being locked in there for up to 15 minutes without records being kept (see main recommendation HP47). Although the special cell was rarely used for prisoners at risk, it had been used for a prolific self-harmer who was on an open ACCT document in June 2009. He had been held in the cell for nearly seven hours but the paperwork we saw did not give assurance that it had been necessary to use this cell to reduce the risk to him. This paperwork was also incomplete and no authority for the prisoner to come out of the special cell had been signed. Governance arrangements for the use of special accommodation were inadequate.

Segregation unit

- 7.28 The segregation unit was clean and well maintained, although there was a 'slide-feeder' on the ground floor dirty protest cell. Staff made daily checks to check for graffiti. The unit was on two levels, with shower facilities on the second landing, which could have been problematic for older prisoners or those with disabilities.
- 7.29 Staff in the segregation unit were professional and exhibited a sound knowledge of the five prisoners in their care at the time of the inspection, in addition to the cleaner, who resided elsewhere in the prison. They were selected according to the published policy and were mostly well trained, although not all had undergone mental health awareness training. The prisoners we spoke to were positive about the segregation staff and their care on the unit.
- 7.30 Most prisoners remained on the unit for less than a week, unless serving longer sentences of cellular confinement, and prisoners were normally managed back on to their parent wings. One prisoner was being held on the unit because a judge had insisted that he be kept separate from his co-defendants during his trial. He was unable to shower before leaving for court, not allowed access to any regime activities, and could not have a television until he had been in the prison for 28 days.

- 7.31 Prisoners on the unit had no association or access to the gym, general library, work activities or education, other than some basic in-cell work. Prisoners collected meals from a spotless hotplate and interaction there was courteous and further demonstrated staff knowledge of the prisoners. Prisoners ate their meals in their cells at all times. The regime allowed for daily access to exercise, although showers and telephone calls were only allowed on alternate days. Access to religious services off the unit was unrestricted for all prisoners.
- 7.32 Paperwork recording initial and ongoing authorisation to locate prisoners in the segregation unit gave clear reasons for this, and multidisciplinary reviews were held regularly for all prisoners located there on Rule 45 (good order or discipline). Records of contact were maintained on individual history sheets for all prisoners in the segregation unit. There was provision for a care plan in the recording format, although not all prisoners on the unit had one.

Recommendations

- 7.33 Data relating to adjudications should be collated and routinely analysed to identify and respond to emerging patterns and trends.
- 7.34 The special cell should only be used as a last resort, and the paperwork should be fully endorsed and contain reasons why use of this cell is required over other interventions.
- 7.35 Segregation staff should be trained in mental health awareness.
- 7.36 Prisoners held on the segregation unit should be allowed access to regime activities, subject to risk assessment.
- 7.37 All prisoners in the segregation unit should have daily, unrestricted access to showers, exercise and telephone calls.

Housekeeping points

- 7.38 The adjudication tariff should reflect the establishment's response to trends and seriousness of offence.
- 7.39 All prisoners held in the segregation unit should have a care plan.
- 7.40 The 'slide-feeder' on cell S104 should be removed when not in use.

Good practice

- 7.41 *Each prisoner attending the unit for adjudication was quickly seen by a member of staff from the health care department and a safety algorithm completed.*

Incentives and earned privileges

Expected outcomes:

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

- 7.42** The recently updated incentives and earned privileges (IEP) policy clearly outlined how the scheme operated but some staff were not yet conversant with it, and the personal officer scheme was not yet functioning to support it. The policy was linked to other relevant strategies. Significantly fewer prisoners than the comparator said they were treated fairly in their experience of the IEP scheme or that they were on the enhanced level. Files demonstrated that verbal warnings were used before more formal measures. The basic compacts did not include behaviour improvement targets.
- 7.43** The recently updated incentives and earned privileges (IEP) policy clearly outlined how the scheme operated but some staff were not yet conversant with it. The personal officer scheme was not yet functioning to support it, despite the personal officer scheme policy referring to the IEP scheme as an integral part of the work of personal officers. The policy was linked to the violence reduction strategy, race equality policy and drug strategy, and prisoners' involvement in drugs, bullying or racist behaviour could result in a referral to the IEP board and possible demotion. The policy also outlined the fast-track scheme, which permitted prisoners who were transferred back to the establishment, or had just arrived at the establishment but had been there previously, to fast-track to enhanced, provided that they met certain conditions, but the scheme was inequitable for new prisoners. When we queried the rationale of this scheme with the head of residence, he was unaware of it.
- 7.44** In our survey, significantly fewer prisoners than the comparator said that they were treated fairly in their experience of the IEP scheme, and significantly fewer said that they were on the enhanced level. In our groups, prisoners told us that there was little incentive to achieve enhanced status. Access to DVD players (but not DVDs), private cash, more association and the opportunity to wear their own clothes were some of the limited incentives to achieve enhanced status. The scheme was not location based and there were no pay differentials attached to the different IEP levels.
- 7.45** Prisoners transferred to the establishment were able to retain their enhanced status, and first night staff on G wing were responsible for confirming prisoners' status. All other prisoners were placed on the standard level of the scheme. In order to be considered for promotion to enhanced, prisoners were required to be on the standard level for 42 days, with no behaviour warnings during this period, as well as a range of other requirements and supporting reports from personal officers, the offender management unit (where appropriate), work or education staff, and security information.
- 7.46** At the time of the inspection, 22% of the population were enhanced 77% were on the standard level and there were eight prisoners on the basic level. IEP review boards were held nearly every day and chaired by a principal officer. Prisoners could make written representations for boards and if they were not satisfied with the outcome of a board and were notified of this in writing. Appeals were dealt with by the residential governor, who ensured that the process was adhered to, and that prisoners were issued with behaviour warnings in writing, and for patterns of behaviour rather than a single incident (unless it was serious).
- 7.47** Files we reviewed highlighted that verbal warnings were used before more formal measures, but records were not always clear about when prisoners were informed in writing of the behaviour warning, outlining the unacceptable behaviour.
- 7.48** Prisoners placed on the basic regime were expected to remain on that level for a minimum of 14 days. Their regime consisted of daily work or education, one gym session a week and two periods of association a week, one during the weekend and one on a weekday. Although all basic prisoners should have been moved to another cell and lost access to a television, cell

shortages meant that this was not always possible. The basic compacts we reviewed did not have any behaviour improvement targets, so it was unclear what type of behaviour they needed to demonstrate to be removed from the basic level. Staff made regular entries into the basic level booklets but they were largely observational.

- 7.49 There was some monitoring of the scheme through statistics on the number of prisoners that were promoted and demoted, and their location, but little else beyond this. Despite black and minority ethnic prisoners being below range on the enhanced level of the scheme for three months in 2009 (August to October), there had been no investigation by the residential governor responsible for the policy and he was unaware of this anomaly. The IEP scheme was a regular agenda item at the prisoner consultation meetings but little was discussed.

Recommendations

- 7.50 The fast-track scheme should be removed from the incentives and earned privileges (IEP) policy.
- 7.51 There should be greater differentials in privileges allowed between the standard and enhanced levels of the IEP scheme.
- 7.52 Prisoners placed on the basic regime should have behaviour targets set, and staff entries in basic level booklets should make reference to whether prisoners are achieving them.

Housekeeping points

- 7.53 Prisoners should be informed in writing of any behaviour warnings.
- 7.54 Prisoners should be consulted about their experience of the IEP scheme and what privileges would act as incentives.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 Prisoners were provided with a good range of menu choices, including healthy options. Breakfast was served on the day before it was eaten and the lunch and evening meals were served too early. There was no dining in association. The kitchen and serveries were clean. Catering staff were visible at mealtimes and responsive to prisoner comments.
- 8.2 The kitchen was clean and well run. Prisoners had excellent training opportunities (see section on learning and skills) and food prepared was to a good standard. In our survey, black and minority ethnic prisoners were less positive than white respondents about the food, with only 19%, compared with 29%, saying that it was good. The food we tasted was of a good quality and there had been few formal complaints about it. Wing serveries were well supervised and catering staff regularly attended the hotplate at or after mealtimes to attend to any issues or concerns.
- 8.3 The menu was on a four-week cycle and prisoners pre-selected their meals. The system for pre-selection was responsive to new arrivals. Food met dietary, cultural and religious needs, including healthy options, and there was access to fruit and vegetables. Mealtimes were too close together, particularly at weekends, and breakfast was served the day before it was due to be eaten. There was no dining in association, although there was space on the wings for tables and chairs.
- 8.4 Catering was a regular item on the prisoner council meetings. Food comments books were available in all residential areas and catering staff responded to comments, sometimes changing provision as a consequence. Prisoners were consulted about food through regular food surveys, with the most recent having generated 328 returns. The comments were responded to and prisoners notified of results.

Recommendations

- 8.5 Black and minority ethnic prisoners should be consulted about the food to investigate their negative perceptions and improve these.
- 8.6 The lunchtime meal should not be served before noon and the evening meal not before 5pm.
- 8.7 Breakfast packs should be issued on the morning they are to be eaten.
- 8.8 Prisoners should be able to eat in association.

Prison shop

Expected outcomes:

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

- 8.9 Prisoners could purchase a reasonable range of items but were concerned about increases in prices. Black and minority ethnic prisoners had poorer perceptions about what was available. New arrivals had immediate access to a limited range of goods and subsequently prisoners could also purchase items from catalogues.
- 8.10 In our survey, the proportion of prisoners who said that the shop stocked an appropriate range of goods had fallen from 52% to 45; this seemed to be related to contract changes. The perceptions of black and minority ethnic prisoners were significantly more negative, at 37% compared with 47% of white respondents, although significantly better for foreign national prisoners, at 65% compared with 42% of British respondents. Two council meetings dedicated to the shop had been held in 2009 and then subsumed into the main prisoner council meetings. There was evidence of general consultation with prisoner representatives about shop items but no specific consultation with wider prisoner groups about their needs. Prisoners and staff were negative about the change in contract; prisoners were concerned about the increased prices and staff about the increased costs of the contract.
- 8.11 Prisoners were not able to use the shop within 24 hours of their arrival but those who arrived with private cash had the opportunity to buy a grocery pack, tobacco and extra telephone credit up to £15.50. Those who arrived without any money could purchase telephone credit and a smaller grocery pack or tobacco, and the prison recouped the money when the prisoners started work or education.
- 8.12 Prisoners did not have to pay an administration fee for catalogue orders and there was a wide range of catalogues from which they could select items. They could purchase newspapers and magazines on application.

Recommendations

- 8.13 Prisoners, particularly those from black and minority ethnic backgrounds, should be consulted about the range of goods provided in the shop.
- 8.14 The changes in the shop contract should be evaluated to assess the provision, service and cost to prisoners compared with the previous service.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 The reducing reoffending policy had recently been reviewed but was not supported by a full needs analysis. The governance arrangements to monitor progress were limited. All prisoners had their resettlement needs assessed on induction, and a range of services was provided by the resettlement unit. There was no use of release on temporary licence. A strategy of moving sentenced prisoners on to training establishments was sometimes frustrated by the difficulty of having certain categories of prisoners accepted at training establishments. There was no monitoring of the quality or outcomes of resettlement services.
- 9.2 The reducing reoffending policy had been reviewed in December 2009 and described the imminent development of the establishment as a community prison. It did not provide a clear description of current provision, but consultation with staff had produced a gap analysis based on resettlement pathways. An action plan to address the gaps had been developed but implementation was behind schedule. It was not linked to a regional or area strategy.
- 9.3 There had not been a full needs analysis of the prison's population to inform current resettlement practice. A needs analysis of learning and skills had addressed accommodation and employment needs, but this had not had a significant impact on resettlement practice.
- 9.4 Governance of resettlement was inadequate. There was no overarching resettlement committee to drive the development of services or draw together key departments. The roles and responsibilities of staff working in offender management and resettlement were not clearly defined. There was no process for monitoring the quality and outcome of resettlement services, other than the collection of key performance data. The views of prisoners and outcomes of interventions were not systematically recorded and analysed.
- 9.5 The range of services provided by the resettlement unit was appropriate but was under pressure to meet the level of demand. In our survey, fewer prisoners than the comparator thought they would have problems on release with employment, accommodation, finances, training and health. Significantly more prisoners in our survey said that a member of staff had helped them address their offending behaviour than the comparator (34% versus 26%).
- 9.6 Resettlement services were not supported by release on temporary licence (ROTL). We were told that there had been no ROTL applications considered for resettlement purposes in the previous five years.
- 9.7 The emphasis in managing sentenced prisoners was on assessment and allocation to an appropriate establishment according to security category and sentence plan targets. This emphasis was apparent in the turnover of prisoners, with only 23% of the population at the prison for three months or more.

- 9.8 There were a small number of prisoners, especially those receiving drug dependency treatment and sex offenders in denial of their offences, who were difficult to allocate and had remained at the prison for several years, with little provided to enable them to make progress in addressing their risk of reoffending.

Recommendations

- 9.9 A regional reducing reoffending strategy should clarify the role of HMP Nottingham within the East Midlands area.
- 9.10 A reducing reoffending committee, chaired by a senior manager and including all relevant prison departments and other providers, should oversee the implementation of the reducing reoffending policy. The action plan included in the policy should be reviewed by this group and monitored to ensure that the actions are implemented.
- 9.11 A needs analysis should be carried out to determine the resettlement needs of the population.
- 9.12 Release on temporary licence should be used to support the resettlement objectives of prisoners.

Housekeeping points

- 9.13 Staff working in resettlement and offender management should have clear job descriptions which specify their roles and expectations of them.
- 9.14 The quality and outcome of resettlement services should be monitored by a range of means, including prisoner and provider consultation.

Offender management and planning

Expected outcomes:

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

- 9.15 Unsentenced and short-sentenced prisoners had their resettlement needs assessed and referrals were made to the resettlement team. Offender supervisors arranged sentence planning boards but did not maintain regular contact with prisoners in scope for offender management. Not all risk of harm assessments and management plans were of sufficient quality, and not all offender assessment system (OASys) assessments for low-risk prisoners were completed on time. Home detention curfew assessments were completed on time but few prisoners remained at the establishment for the assessment to be completed. Prisoners were not consulted in the categorisation process. Transfer of prisoners was not always aligned with their sentence planning needs and some prisoners were transferred before assessments were completed. Public protection systems were robust and information was shared with relevant departments. There was insufficient focus on the needs of indeterminate-sentenced prisoners and some were not transferred to establishments where they could progress.

Sentence planning and offender management

- 9.16 Most of the prison population at the time of the inspection were unsentenced prisoners (288) and there were also 91 short-sentenced prisoners. While they were not subject to a formal offender assessment system (OASys) assessment, their resettlement needs were assessed. Prisoners were interviewed during induction and a needs assessment form completed as part of a 'passport', which was a case record of assessments, referrals and action. Any needs were referred to the resettlement team, which provided advice and assistance with accommodation, finance and employment issues. Referrals were also made for assistance with substance misuse and health needs on the basis of specialist assessments. A pre-discharge board was held approximately four weeks before release for any outstanding needs to be identified.
- 9.17 At the time of the inspection, there were 58 sentenced prisoners in scope for offender management. There were also 64 lower risk prisoners sentenced to longer than 12 months, who were out of scope for offender management but subject to OASys processes.
- 9.18 Five offender supervisors (three prison officers, two Probation Service officers) were responsible for prisoners in scope for offender management and life-sentenced prisoners. Cases were allocated according to their caseloads. The link between offender management and the personal officer scheme was ineffective and offender supervisors did not keep in regular contact with the prisoners allocated to them.
- 9.19 Sentence planning boards were up to date and offender managers from the community contributed to them by attendance or telephone conferencing. Attendance from other departments in the prison was unreliable, especially from residential staff, but health services and substance misuse workers were often present. Offender supervisors felt that their job was hampered by poor facilities for holding sentence planning boards and confidential interviews. There was a lack of private rooms on residential units with telephone access, and interviews in work areas sometimes had to be held in corridors or changing rooms.
- 9.20 In the files we examined, sentence plans included relevant objectives to manage risk of harm to others and the likelihood of reoffending, but only half were outcome focused. Some records had not been updated by the offender manager, even though he or she had attended the sentence planning board.
- 9.21 There were no systems to assure the quality of OASys assessments and sentence plans at the time of the inspection but the recently appointed head of offender management was planning to introduce a monthly sampling approach. Not all OASys assessments of prisoners sentenced to 12 months or more but out of scope for offender management were up to date, and in 20% of the files we examined, prisoners had been transferred to training prisons without one being completed.
- 9.22 Home detention curfew (HDC) procedures were started 11 weeks before a prisoner's eligibility date where possible, but most were transferred to other establishments before the process was completed. Papers were transferred and outside agencies involved were informed of the transfer, to minimise delays. The few prisoners released from Nottingham on HDC were released on their eligibility dates, except when there was less than 11 weeks to complete the assessment.

Categorisation

- 9.23 Categorisation was carried out promptly once a prisoner was sentenced, using the standard algorithm, but he was not consulted in the process. Information provided during the inspection stated that 168 sentenced prisoners had not been categorised, but we were told that this was not accurate. Observation, classification and allocation (OCA) staff maintained that the true figure was much smaller and that the inaccuracy arose from adoption of the new P-Nomis information system. They could not provide the accurate figure.
- 9.24 The department was under pressure to find prisoners to fill approximately 30 places a week, and this led to many prisoners being allocated regardless of their sentence planning targets or before targets had been identified. A few prisoners, especially those receiving drug dependency treatment and sex offenders in denial of their offences, were difficult to allocate and had remained at the prison for several years, with little provided to enable them to make progress in addressing their risk of reoffending. Offender supervisors told us that they did not receive sufficient support from OCA staff to transfer hard-to-place prisoners in scope for offender management. One IPP prisoner had been refused by several establishments because he was associated with terrorist offending.
- 9.25 Recategorisation reviews took place on time but were limited in scope. Information was considered from security and wing staff but the prisoner was not consulted and no board was held.

Public protection

- 9.26 Public protection was managed by two probation officers, with administrative support. All prisoners received at the establishment were screened and those identified with public protection issues were listed on a spreadsheet, which was available to all departments on the prison intranet. A full assessment was carried out by the probation officers on all those identified, and the restrictions were added to the spreadsheet.
- 9.27 At the time of the inspection, there were 117 prisoners subject to restrictions, which included 64 with full restrictions on child contact, 37 with domestic violence restrictions and 36 on the sex offender register. Multi-agency reviews were held every two months, attended by security staff and police representatives.
- 9.28 The legal services officer informed prisoners of the restrictions on them and provided them with information about how to challenge the assessment. He told them how they could apply for child contact and provided them with application forms. Applications were assessed by the probation officers, who liaised with social services, families and the police.
- 9.29 Examination of offender management files found some deficits in risk of harm screening and risk management planning. Most did not include previous relevant behaviour. For example, one analysis omitted a long history of fire setting. Details of child safeguarding concerns were not always included.

Indeterminate-sentenced prisoners

- 9.30 There were 13 prisoners serving indeterminate sentences for public protection (IPP) and 36 lifers in the establishment at the time of the inspection. They were mainly a mixture of newly

sentenced and recalled prisoners. There were also some prisoners who had been returned from lower category prisons.

- 9.31 Since late 2009, indeterminate prisoners had not been managed by a dedicated team, with all cases now shared among offender supervisors. This change seemed to have reduced the focus on lifers' needs. Prisoners who were remanded on charges likely to attract an indeterminate sentence were not identified and supported before conviction. We were told that this practice had ended when the lifer team had been disbanded.
- 9.32 Lifer and IPP prisoners were allocated promptly to offender supervisors, and the cases we examined showed that their sentences were explained to them, but in some cases not until two weeks after reception.
- 9.33 The psychology department prioritised work with indeterminate-sentenced prisoners and their contribution to multi-agency risk assessment procedures (MARAP) meetings.

Recommendations

- 9.34 Offender supervisors should meet prisoners on their caseload at least once a month to assess their progress.
- 9.35 Attendance at, or contributions to, sentence planning boards should include all departments that have knowledge of the prisoner.
- 9.36 Offender supervisors should be provided with suitable interview facilities in residential and work locations.
- 9.37 The quality and timing of assessments and records of the offender management unit should be checked monthly by a senior manager and fed back to offender supervisors.
- 9.38 Prisoners' views should be considered in categorisation and recategorisation decisions.
- 9.39 Prisoners should not be transferred before an up-to-date risk assessment and sentence plan is available.
- 9.40 Prisoners should be allocated to prisons that will enable them to complete sentence planning targets.
- 9.41 Risk of harm to others should be thoroughly analysed and a comprehensive risk management plan put in place.
- 9.42 There should be an appropriate focus on indeterminate-sentenced prisoners to ensure that their needs are met, including meeting them within five days of sentence to explain their sentence.
- 9.43 Reviews of indeterminate-sentenced prisoners should be held at least annually.

Housekeeping points

- 9.44 The respective roles of observation, classification and allocation staff and offender supervisors in finding establishments to accept prisoners in scope for offender management should be clarified and understood by staff.
- 9.45 Accurate records of prisoners' categories should be easily accessible.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 9.46 The mentoring programme covered the resettlement pathways and was a valuable support for prisoners who were suitable and willing to participate. The number of prisoners released without a permanent address was comparatively high. Relationships with local authority accommodation providers were good but other sources of accommodation were underdeveloped. Rent arrears and housing benefit problems were addressed. A pre-release programme addressed issues of training and employment. The education department provided a money management workshop. Prisoners' financial needs were assessed and support provided. Debt counselling was provided monthly by Citizens Advice. There was little pre-release planning for general patients, and health services staff did not attend pre-discharge meetings. Medication for released prisoners was provided but they were not given letters for their GP.
- 9.47 A mentoring project by the community chaplaincy, 'way without walls', had been established in the prison for four years. Prisoners who applied for the service were assessed for suitability and a volunteer mentor was assigned before release. Prisoners were encouraged to develop targets covering all the resettlement pathways, and the mentor provided practical help to prepare for release where required. Contact was maintained with prisoners transferred to other local establishments and prisoners could be met at the gate on release. Ongoing support was provided for those willing to engage for up to 12 weeks. At the time of the inspection, the project was supporting six men in the community, 20 prisoners at the establishment and six at other prisons.

Accommodation

- 9.48 In the previous six months, 42 sentenced prisoners out of 357 (11.8%) had been released without accommodation. However, in our survey, comparatively few prisoners interviewed thought that they would have a problem with accommodation on release (37% against the 43% comparator).
- 9.49 The accommodation needs of all prisoners were assessed on induction and sentenced prisoners were referred for housing assistance to their home areas. Unsentenced prisoners

were not provided with assistance in finding accommodation (except in relation to bail applications) because providers would not accept referrals without a release date. These prisoners were provided with an application form to complete once sentenced.

- 9.50 Referrals for accommodation were made to local authorities in most cases, and some to probation hostels or specialist voluntary organisations. There were no links with private accommodation providers. All referrals to Nottingham and Derby city areas had to be made through a clearing house, which coordinated housing associations. Referrals to other areas were made directly and housing surgeries in the prison were provided monthly by some Nottinghamshire local authorities.
- 9.51 Councils were contacted for prisoners requiring assistance with maintaining a tenancy or transferring housing benefit. While we were not provided with monthly totals, we were told that between 30 and 50 housing benefit issues were resolved every month. Councils were also contacted on behalf of prisoners with rent arrears, and repayment agreements could be put in place and arrears of housing benefit obtained.

Education, training and employment

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

- 9.52 Prisoners nearing their release date were invited to attend a pre-release programme, with 60% of those invited attending. However, this invitation was not extended to vulnerable prisoners. The prison had recognised this and was implementing actions to deal with this oversight. The pre-release programme provided opportunities for input from external agencies on benefits, grants and accommodation. Every prisoner had a pre-release interview shortly before leaving the prison, including advice on accommodation, and education, training, employment.
- 9.53 A money management workshop and individual support were available to prisoners. Planning was well advanced to develop internal links with learning and skills managers and external partnerships with employers. The strategy was to offer a range of relevant vocationally oriented provision within the prison workshops and to support prisoners in reducing reoffending through a range of interventions. The resettlement team had developed a range of detailed and thorough policies, including an employer engagement strategy.

Mental and physical health

- 9.54 Despite some multidisciplinary assessments of mental health patients, there was little pre-release planning for general patients. Nursing staff did not attend pre-release meetings but arrangements and any medication requirements were managed adequately. There were no routine letters for the prisoner's future GP, outlining any care and treatment provided during his time in the prison. Help and advice for contacting community health services were given to prisoners without a GP.
- 9.55 The primary care trust provided palliative care links, with good access to end-of-life programmes. Prisoners with severe and enduring mental health problems were managed appropriately using the care programme approach.

Finance, benefit and debt

- 9.56 Prisoners' financial situations were assessed on induction and referrals made for financial assistance where required. Around 60 to 80 referrals a month were received for debt advice,

including rent arrears. Creditors were contacted on prisoners' behalf and repayment agreements or suspensions were negotiated.

- 9.57 Prisoners with more complex debt counselling needs were referred to the Citizens Advice surgery, which was held fortnightly in the prison.
- 9.58 A full-time Jobcentre Plus worker provided benefit advice to all prisoners. She closed down claims, secured arrears and advised prisoners about appropriate benefits they would be entitled to on release. Fresh Start interview appointments were booked for prisoners before release and they were helped to build up identity evidence. Prisoners could not open bank accounts while in prison but the identity evidence was helpful for those wishing to set up an account on release. If requested, the Jobcentre Plus member of staff provided advice to prisoners' families about benefits and arranged for benefits to be transferred where appropriate.
- 9.59 There were no prisoners attending money management or budgeting courses at the time of the inspection. The last money management course had been delivered in 2008 but a money management workshop was provided by the education department.

Recommendations

- 9.60 The prison should develop a wider range of accommodation providers to whom they can refer homeless prisoners.
- 9.61 Vulnerable prisoners should have the same access to the pre-release resettlement programme as other prisoners.
- 9.62 Nursing staff should attend discharge planning meetings.
- 9.63 Prisoners should be provided with routine letters to their future GP on release.
- 9.64 Prisoners should be supported to open bank accounts.

Drugs and alcohol

- 9.65 The drug strategy policy lacked action plans, was not informed by a comprehensive needs analysis and excluded alcohol services, but there was a designated service for prisoners with primary alcohol problems. Prisoners could access counselling, assessment, referral, advice and throughcare (CARAT) interventions easily but uptake was low. The short duration drugs programme was due to recommence. A good level of joint work between service providers in the prison and the local community had been developed.
- 9.66 The drug strategy committee met bi-monthly, chaired by the head of residence in his role as establishment drug coordinator. Links had been developed with community-planning bodies and services, members of which regularly attended meetings, but the security department did not send a representative.
- 9.67 The drug strategy policy did not include alcohol services, and the document did not have up-to-date performance measures and action plans. While a detailed health needs analysis included

substance misuse, the establishment had not conducted a comprehensive drug and alcohol needs assessment to inform service provision.

- 9.68 Prisoners reported positively on the support they received. In our survey, 93% knew who to contact about their drug or alcohol problem, against the 81% comparator. Of these, 78% (against the 70% comparator) had received help and 86% (against the 76% comparator) had found the help/intervention useful.
- 9.69 Counselling, assessment, referral, advice and throughcare (CARAT) services were provided by a manager and seven workers from Phoenix Futures, as well as four integrated drug treatment system (IDTS) officers. There were appropriate management and supervision arrangements.
- 9.70 Prisoners learned about CARAT services and were given harm reduction information during their induction. In February 2010, 731 drug intervention records had been completed, against an annual target of 920, and prisoners were usually seen within 24 hours.
- 9.71 The open caseload stood at 70, with another 78 files suspended. Prisoners could access structured one-to-one work, supplemented by in-cell work packs, IDTS group work modules, which were delivered twice a week and took place on D wing, and CARAT gym sessions. There was concern that some prisoners were reluctant to take up CARAT support and only wanted prescribing services. Under current plans, the CARAT team was to remain in the health services building, while clinical IDTS staff would relocate to A wing, where there were no group work facilities; there were concerns that this would increase prisoners' perception of a separate rather than an integrated service (see recommendation 3.81).
- 9.72 The CARAT service linked in well with the compact-based drug testing (CBDT) coordinator, the offender management unit and the short duration drugs programme (SDP); contributed to sentence plans, reviews and parole boards; and attended safer custody meetings.
- 9.73 Prisoners requiring structured intervention could undertake the SDP, which was well established and managed. However, due to staff shortage, two courses had been cancelled and 72 prisoners, rather than the target of 96, had started the SDP since April 2009. Of these, 59 had successfully completed the programme. The SDP team worked closely with other departments, such as health services, mental health teams, the psychologist, the community chaplaincy team and CARAT services. Participants' case files contained detailed care plans, and post-course reviews were often attended by family members and offender managers. The family support service 'Hetty' provided input into the course.
- 9.74 Prisoners receiving CARAT support could access twice-weekly gym sessions but a peer support scheme had been discontinued because of the high population turnover. The required level of drug testing took place, but while any positive results led to discussion rather than exclusion, the compliance testing compact in use did not reflect this.
- 9.75 The CARAT team currently undertook pre-release work on a one-to-one basis, but hoped to start a pre-release group. The service had established links with the local drug intervention programme (DIP) and community agencies. Four workers from the local DIP held weekly clinics at the prison, and a further two workers from a neighbouring area were being security-cleared. Black and minority ethnic prisoners could access a mentoring scheme provided by Black and Asian Communities Inside (BAC-IN), which provided support around substance use and integration issues.

- 9.76 There was a designated service for prisoners with primary alcohol problems, provided by the community agency Alcohol Problem Advisory Service (APAS). One worker had a caseload of 67 clients; a second post was vacant and a third due to be funded. A detailed alcohol pathway had been developed, and there was good integration with health, CARAT and community services. Comprehensive assessments informed care plans, and a range of information and in-cell packs was available to clients. Work currently took place on a one-to-one basis, with group work courses planned.
- 9.77 CBDT was well coordinated, with 302 compacts in place against a target of 300. Testing was undertaken with the required frequency, and testing suites had been established on D, G and E wings. E wing was the designated drug testing unit, but prisoners could participate in VDT independently of location. In January 2010, 219 had signed up to VDT and another 83 were compliance tested; however, compacts did not distinguish voluntary from compliance/incentive-based testing.

Recommendations

- 9.78 The drug strategy policy should include alcohol services, contain detailed action plans and performance measures, and be informed by a comprehensive needs analysis.
- 9.79 The establishment should ensure that clinical substance misuse and CARAT staff have access to appropriate group work facilities on the new drug treatment wing.

Housekeeping points

- 9.80 There should be consistent security department representation at the drug strategy committee.
- 9.81 The CARAT service should develop a mechanism for service user feedback to inform service provision and increase uptake.
- 9.82 Drug testing compacts for short duration drugs programme participants should be amended to reflect the ethos of the programme.
- 9.83 Voluntary and compliance/incentive-based drug testing compacts should be clearly differentiated.

Good practice

- 9.84 *Primary alcohol users could access a designated service, which was well integrated and due to expand.*

Children and families of offenders

- 9.85 It was difficult for prisoners to have a visit during their first week at the establishment. The visitors' centre was large, bright and comfortable and had good facilities, but there was only a single vending machine serving hot drinks and no play area, toys or books for children. Visits sessions did not start on time in the afternoon. The current visits hall was austere, the non-contact tables were institutional, and the crèche and snack bar were not always open. The atmosphere in the hall was relaxed but supervision at the beginning of afternoon visits

sessions was poor. Family visits were available once a month and valued by prisoners and their families.

- 9.86 It was difficult for prisoners to access a visit during their first week at the establishment, and in our survey significantly fewer prisoners (29%) than the comparator (36%) said that they had had a visit in their first week. The establishment had been using P-NOMIS for a few months, and the booking of visits was completed through this system. Prisoners had to provide staff with a list of visitors, their dates of birth and their full addresses, and this information was input into the computer in order for visiting orders to be produced. If this list was not completed as soon as prisoners arrived, they were unlikely to receive a visit in their first week, so the communications compact was completed as part of the first night in custody arrangements for new arrivals (see section on first days in custody). Prisoners were frustrated by this system and described having to contact family and friends over the telephone in order to be able provide the correct details for them.
- 9.87 Convicted prisoners could access one domestic visit every fortnight, and unconvicted prisoners three domestic visits a week. The availability of visits sessions was good, with two-hour sessions each afternoon from Monday to Sunday, and morning sessions from Tuesday to Sunday. Visitors mainly arranged their visits through the visits booking line. The two officer support grades were struggling to cope with the volume of calls and faxes for domestic and legal visits. Visitors we spoke to expressed frustration with the visits booking line being constantly engaged. Efforts had been made to introduce additional methods for booking visits, including via email. Visitors could book their next visit while on a visit. The number of staff managing the booking lines was due to be increased to four administrative officers when they moved to the new visits hall, which would be able to accommodate up to 80 visits, rather than the current capacity of 39.
- 9.88 The visitors' centre was large, bright and comfortable, with ample lockers, toilets and baby changing facilities. There was only a single vending machine, serving hot drinks, and no play area, toys or books for children. The centre was open before and after visits sessions and contained a range of information about the establishment and family support services.
- 9.89 Visitors received a rub-down search in a small screened area which was also used as a kitchen area. They were then required to wait in a small holding area until they were escorted to the visits hall.
- 9.90 Visits sessions did not start on time in the afternoon, as the staff who escorted prisoners to the visits hall also lined the route for afternoon movements, which ended at 2pm – the same time that visits sessions were supposed to start. We were told by the manager of visits that he was reviewing the staffing profile of visits to eliminate this problem.
- 9.91 Although the new visits hall would be a much improved environment, the current facility was austere, the non-contact tables were institutional, and the crèche and snack bar were not open during every visits session. There were four tables set aside for vulnerable prisoners, which made them easily identifiable. The new hall was large enough to accommodate main location and vulnerable prisoners in the two rooms.
- 9.92 In the visits session we observed, prisoners were still being brought over to the hall 30 minutes after the session had started. Vulnerable prisoners were brought over last, as there was no separate waiting room. The officer directing visitors and prisoners to their table was good at communicating with visitors, and explaining and apologising for the delays. The atmosphere in the hall was relaxed but there was poor supervision of the hall at the beginning of an afternoon

visits session, when there were only two members of staff in the hall, booking-in visitors, and no one was patrolling or supervising the hall until 25 minutes after the session had started.

- 9.93 All prisoners had to wear fluorescent bibs, despite male visitors wearing wrist bands; there were no plans to change this when visits moved to the new facility. There were two closed visits rooms, and during the inspection there were nine prisoners on closed visits (see section on security and rules).
- 9.94 Family visits were available to prisoners once a month. They were open to all prisoners, regardless of their incentives and earned privileges (IEP) level, subject to risk assessment. The sessions lasted two hours and were facilitated by family links services in the visits hall. The furniture was rearranged to provide a space in which families could play, and the emphasis was on the men interacting and playing with their children. Each family day was evaluated, with feedback from the prisoners and their families. The evaluation forms we reviewed showed that the time together was valued but not long enough.
- 9.95 A book share club was available to prisoners, subject to IEP level and risk assessment. It allowed prisoners to read to their children and also record a range of stories that children could listen to at home. This was provided by the library service. There were no relationship or parenting courses available, although these were planned.

Recommendations

- 9.96 Prisoners should be able to receive a visit during their first week at the establishment.
- 9.97 There should be sufficient staffing to manage the visits telephone line.
- 9.98 The search area should be improved, provide privacy and meet the needs of the numbers of visitors entering the establishment.
- 9.99 Visits sessions should start at the published time and be properly supervised.
- 9.100 The crèche and snack bar should be open when domestic visits take place.
- 9.101 Vulnerable prisoners should not be easily identifiable in the visit hall.
- 9.102 More discreet security arrangements should be introduced to replace the need for prisoners to wear bibs.

Housekeeping point

- 9.103 Toys and books should be available for children in the visitors centre.

Attitudes, thinking and behaviour

- 9.104 Non-accredited interventions concerned with attitudes, thinking and behaviour were limited and there were no offending behaviour programmes.

- 9.105 The prison provided no offending behaviour programmes, and other interventions concerned with attitudes, thinking and behaviour were limited. This was reflected in our offender

management survey, where no prisoners reported that they had been helped with thinking skills, against a local prison comparator of 31%.

- 9.106 The psychology department had ceased providing individual anger control when a member of staff took maternity leave. There was no motivational programme for the significant number of convicted sex offenders who were in denial of their offending and transfers could sometimes prove difficult as a result.
- 9.107 The mental health team had been running a 'stop and think' programme for 12 months. It was a modular programme, based on six steps of problem solving. The programme was available for all prisoners, including vulnerable prisoners, and 37 had attended at least one session.

Recommendation

- 9.108 The prison should identify and deliver appropriate interventions for their population to address attitudes, thinking and behaviour.

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendations

To the governor

- 10.1 Governance arrangements for the use of force and special accommodation should be improved, including proper recording, close management oversight and an end to negative and inappropriate use of the special cell. (HP47)
- 10.2 The personal officer scheme should be revamped and relaunched and staff provided with the skills and understanding to support prisoners to progress through their sentence. (HP48)
- 10.3 Specific policies and provision should be put in place for all aspects of diversity. (HP49)
- 10.4 Vulnerable prisoners should have equitable access to the regime. (HP50)
- 10.5 The number of purposeful activity places should be increased to meet the size of the population. (HP51)
- 10.6 Governance arrangements for resettlement should be improved and mechanisms developed to ensure the successful delivery of planned work. (HP52)

Recommendation

To the Director of Offender Management

- 10.7 A regional reducing reoffending strategy should clarify the role of HMP Nottingham within the East Midlands area. (9.9)

Recommendations

To the National Offender Management Service

- 10.8 Prisoners should be escorted from court as quickly as possible once their case has been dealt with. (1.9)
- 10.9 The changes in the shop contract should be evaluated to assess the provision, service and cost to prisoners compared with the previous service. (8.14)

Recommendations

To the governor

First days in custody

- 10.10 Prisoners should have their cell sharing risk assessments completed in private in reception. (1.27)

- 10.11 Prisoners should have access to a shower either in reception or on the first night centre, regardless of their time of arrival. (1.28)
- 10.12 All prisoners should receive a first night telephone call. (1.29)
- 10.13 All prisoners should have equitable access to a full induction programme. (1.30)
- 10.14 Prisoners should be fully occupied during the induction programme. (1.31)

Residential units

- 10.15 Two prisoners should not share cells meant for one. (2.13)
- 10.16 All prisoners should be able to use the telephone daily. (2.14)
- 10.17 All prisoners should be able to shower daily. (2.15)
- 10.18 Shower units should be refurbished and private cubicles fitted on D and E wings. (2.16)

Staff-prisoner relationships

- 10.19 Staff should ensure appropriate arrangements are in place for the pushing of prisoners' wheelchairs. (2.24)
- 10.20 Staff should engage positively with prisoners at all times and encourage prisoners to be responsible for their own actions and decisions. (2.25)

Personal officers

- 10.21 Personal officers should provide input and advice on matters relating to the prisoners in their care, including the incentives and earned privileges scheme, sentence planning, offender management and resettlement. (2.36)

Bullying and violence reduction

- 10.22 The violence reduction strategy should include detailed support for victims and interventions for perpetrators of anti-social behaviour. (3.7)
- 10.23 Prisoners should be removed from violence reduction measures when they have met the targets required of them and their behaviour warrants it. (3.8)

Vulnerable prisoners

- 10.24 Vulnerable prisoners should have access to one telephone per 20 prisoners. (3.17)
- 10.25 Vulnerable prisoners on the overflow facility should be offered the same regime as those residing on the dedicated vulnerable prisoner location. (3.18)
- 10.26 Access to time at work, and thereby pay, for vulnerable prisoners should be fair and equitable. (3.19)

- 10.27 Work with vulnerable prisoners should be undertaken to resolve their poorer perceptions of safety compared with non-vulnerable prisoners, and the data from the survey of prisoners' perceptions of safety used to identify action required. (3.20)
- 10.28 Health care and reception holding rooms should be made safer for vulnerable prisoners. (3.21)

Self-harm and suicide

- 10.29 All assessment, care in custody and teamwork (ACCT) case reviews should be attended by relevant multidisciplinary staff. (3.31)
- 10.30 Care maps should always be designed for each individual case. (3.32)
- 10.31 Staff should interact with prisoners at risk and record such interactions in the ACCT document. (3.33)
- 10.32 Staff should received refresher training in ACCT procedures. (3.34)
- 10.33 The Listener scheme should include access to vulnerable prisoners. (3.35)
- 10.34 Night staff should carry ligature cutters at all times. (3.36)

Applications and complaints

- 10.35 Managers should regularly quality assure and analyse complaint data to identify and rectify issues. (3.45)

Legal rights

- 10.36 There should be arrangements to provide a good quality service when the legal services officer is absent. (3.57)
- 10.37 Prisoners wishing to telephone their legal representatives should be allowed to use telephones early in the morning. (3.58)

Faith and religious activity

- 10.38 Suitable and welcoming facilities for worship should be available for all prisoners, including vulnerable prisoners. (3.66)
- 10.39 Regular cultural and religious celebrations should take place, involving prisoners, staff and outside communities. (3.67)

Substance use

- 10.40 Clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services should undertake joint care plans and reviews, and provide fully integrated care. (3.81)

- 10.41 A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems. (3.82)
- 10.42 The prison should ensure that drug testing figures are accurately recorded and monitored. (3.83)
- 10.43 A supply reduction action plan should be developed and implemented. (3.84)
- 10.44 All prisoners testing positive under the mandatory drug testing (MDT) programme should be referred to the CARAT service. (3.85)
- 10.45 The MDT suite should not be located on the drug treatment unit. (3.86)

Diversity

- 10.46 There should be a comprehensive diversity policy based on a needs analysis linked to time-limited implementation targets. (4.6)
- 10.47 All diversity strands should be monitored and the resulting data routinely considered during diversity and race equality action team meetings. (4.7)
- 10.48 Staff with diversity responsibilities should be appropriately trained. (4.8)
- 10.49 Equality impact assessments should be completed and learning incorporated into establishment policies and plans. (4.9)

Diversity: race equality

- 10.50 The wider black and minority ethnic population should be consulted regularly and work with them undertaken to resolve their more negative perceptions, particularly around feelings of safety and respect for religion. (4.24)
- 10.51 The establishment should seek regular and consistent engagement on diversity issues from at least one external community organisation. (4.25)

Diversity: foreign nationals

- 10.52 Weekly foreign national support and information groups should take place, using professional interpretation where necessary and with access to independent immigration advisers. UK Border Agency staff should not be at all of these groups. (4.40)
- 10.53 Prisoner representatives should be appointed and given clear job descriptions. (4.41)
- 10.54 Foreign national prisoners should be specifically consulted about their views and needs, and this information should be acted on. (4.42)
- 10.55 Immigration detainees who decline to work should not be penalised. (4.43)
- 10.56 Translated information should systematically be offered to foreign national prisoners. (4.44)

Diversity: disability and older prisoners

- 10.57 Work with prisoners with disabilities should be undertaken to resolve their poorer perceptions of safety compared with prisoners without disabilities. (4.58)
- 10.58 All prisoners should be confidentially assessed for needs relating to disability on admission. There should be a protocol for sharing relevant information between diversity and health services staff. (4.59)
- 10.59 Prisoners with disabilities and those over retirement age should have a multidisciplinary care plan. They should be involved in the development and review of these plans, which should set out how reasonable adjustments and other specific needs will be met throughout their time in custody. (4.60)
- 10.60 Prisoners with identified disabilities should have a personal emergency and evacuation plan and be involved in its formation. (4.61)
- 10.61 A formal social care scheme should be introduced to support older prisoners and those with disabilities. (4.62)

Diversity: gender and sexual orientation

- 10.62 Information should be displayed in prisoner areas affirming equality of respect across the range of sexual orientation, and indicating sources of support and assistance. (4.66)

Health services

- 10.63 Information on health services should be available in a range of languages. (5.49)
- 10.64 The head of prison health should liaise with the disability liaison officer to facilitate the supply of occupational therapy aids and equipment. (5.50)
- 10.65 Prisoners should have access to a dedicated health care forum. (5.51)
- 10.66 Condoms should be more easily available to prisoners. (5.52)
- 10.67 Health care application forms should be collected and controlled by health services staff on the wings. (5.53)
- 10.68 Triage algorithms should be developed and used to ensure the consistency of treatment for patients. (5.54)
- 10.69 All pharmacy procedures and policies should be formally reviewed and adopted via the medicines and therapeutics committee. All staff should read and sign the agreed adopted procedures. (5.55)
- 10.70 Medicines dispensed for in-possession supply should be handed over to the patient, without batches being split by nursing staff. These medicines should be stored in bags ready for collection, so that they are distinct from medicines to be administered. (5.56)

- 10.71 In-possession medicines should be supplied separately from medicines to be administered, to reduce the length of the treatment period. (5.57)
- 10.72 There should be cover for the dentist's leave. (5.58)
- 10.73 Day care services should be available for prisoners having difficulties in coping on the wings. (5.59)
- 10.74 Prisoners should have access to a counselling service. (5.60)

Learning and skills and work activities

- 10.75 The prison should make more effective use of data to monitor the success of learning and skills in different groups of prisoners. (6.15)
- 10.76 Access to time in education, and thereby pay, for prisoners should be fair and equitable. (6.16)
- 10.77 The initial assessment of prisoners speaking little or no English should be improved. (6.17)
- 10.78 Allocation to work should be based on need identified through initial assessments. (6.18)
- 10.79 More relevant vocational qualifications should be introduced. (6.19)
- 10.80 The range of courses available should be expanded to meet the needs of more able prisoners. (6.20)
- 10.81 The learning and classroom support available should be improved. (6.21)
- 10.82 Full and part qualification pass rates should be improved. (6.22)
- 10.83 Attendance and punctuality at learning sessions should be improved. (6.23)
- 10.84 Individual learning plans should be linked in with sentence planning reviews and targets. (6.24)
- 10.85 Links with employers to assist prisoners' development of employability skills should be increased. (6.25)
- 10.86 The promotion of the library service on induction should be improved and access by prisoners increased. (6.26)
- 10.87 A larger selection of library materials for foreign national prisoners should be provided. (6.27)

Physical education and health promotion

- 10.88 Relevant vocationally related courses to support prisoners' employability on release should be introduced. (6.33)
- 10.89 Suitable programmes for older prisoners should be introduced. (6.34)
- 10.90 Access to the gym for all prisoners should be available. (6.35)

- 10.91 Individuals' use of the PE facilities should be recorded and analysed to determine and better target the promotion of activities to those who do not use the facilities. (6.36)

Time out of cell

- 10.92 All prisoners, other than those segregated for disciplinary reasons, should be allowed daily association for at least one hour and all should have sufficient time out of cell daily to shower and make a telephone call. (6.46)
- 10.93 All prisoners should be able to access time in the fresh air without forgoing other activities and be offered suitable outdoor clothing when necessary. (6.47)
- 10.94 Exercise yards should be made more inviting and equipped with seating. (6.48)
- 10.95 Vulnerable prisoners should be provided with an exercise area that does not expose them to abuse from other prisoners. (6.49)

Security and rules

- 10.96 Closed visits should only be used when there is evidence to link the prisoner (or visitor) to trafficking through visits. (7.13)
- 10.97 All strip-searches should be logged, and monitoring of full searching data should be conducted by senior managers. (7.14)

Discipline

- 10.98 Data relating to adjudications should be collated and routinely analysed to identify and respond to emerging patterns and trends. (7.33)
- 10.99 The special cell should only be used as a last resort, and the paperwork should be fully endorsed and contain reasons why use of this cell is required over other interventions. (7.34)
- 10.100 Segregation staff should be trained in mental health awareness. (7.35)
- 10.101 Prisoners held on the segregation unit should be allowed access to regime activities, subject to risk assessment. (7.36)
- 10.102 All prisoners in the segregation unit should have daily, unrestricted access to showers, exercise and telephone calls. (7.37)

Incentives and earned privileges

- 10.103 The fast-track scheme should be removed from the incentives and earned privileges (IEP) policy. (7.50)
- 10.104 There should be greater differentials in privileges allowed between the standard and enhanced levels of the IEP scheme. (7.51)
- 10.105 Prisoners placed on the basic regime should have behaviour targets set, and staff entries in basic level booklets should make reference to whether prisoners are achieving them. (7.52)

Catering

- 10.106 Black and minority ethnic prisoners should be consulted about the food to investigate their negative perceptions and improve these. (8.5)
- 10.107 The lunchtime meal should not be served before noon and the evening meal not before 5pm. (8.6)
- 10.108 Breakfast packs should be issued on the morning they are to be eaten. (8.7)
- 10.109 Prisoners should be able to eat in association. (8.8)

Prison shop

- 10.110 Prisoners, particularly those from black and minority ethnic backgrounds, should be consulted about the range of goods provided in the shop. (8.13)

Strategic management of resettlement

- 10.111 A reducing reoffending committee, chaired by a senior manager and including all relevant prison departments and other providers, should oversee the implementation of the reducing reoffending policy. The action plan included in the policy should be reviewed by this group and monitored to ensure that the actions are implemented. (9.10)
- 10.112 A needs analysis should be carried out to determine the resettlement needs of the population. (9.11)
- 10.113 Release on temporary licence should be used to support the resettlement objectives of prisoners. (9.12)

Offender management and planning

- 10.114 Offender supervisors should meet prisoners on their caseload at least once a month to assess their progress. (9.34)
- 10.115 Attendance at, or contributions to, sentence planning boards should include all departments that have knowledge of the prisoner. (9.35)
- 10.116 Offender supervisors should be provided with suitable interview facilities in residential and work locations. (9.36)
- 10.117 The quality and timing of assessments and records of the offender management unit should be checked monthly by a senior manager and fed back to offender supervisors. (9.37)
- 10.118 Prisoners' views should be considered in categorisation and recategorisation decisions. (9.38)
- 10.119 Prisoners should not be transferred before an up-to-date risk assessment and sentence plan is available. (9.39)

- 10.120 Prisoners should be allocated to prisons that will enable them to complete sentence planning targets. (9.40)
- 10.121 Risk of harm to others should be thoroughly analysed and a comprehensive risk management plan put in place. (9.41)
- 10.122 There should be an appropriate focus on indeterminate-sentenced prisoners to ensure that their needs are met, including meeting them within five days of sentence to explain their sentence. (9.42)
- 10.123 Reviews of indeterminate-sentenced prisoners should be held at least annually. (9.43)

Resettlement pathways

- 10.124 The prison should develop a wider range of accommodation providers to whom they can refer homeless prisoners. (9.60)
- 10.125 Vulnerable prisoners should have the same access to the pre-release resettlement programme as other prisoners. (9.61)
- 10.126 Nursing staff should attend discharge planning meetings. (9.62)
- 10.127 Prisoners should be provided with routine letters to their future GP on release. (9.63)
- 10.128 Prisoners should be supported to open bank accounts. (9.64)
- 10.129 The drug strategy policy should include alcohol services, contain detailed action plans and performance measures, and be informed by a comprehensive needs analysis. (9.78)
- 10.130 The establishment should ensure that clinical substance misuse and CARAT staff have access to appropriate group work facilities on the new drug treatment wing. (9.79)
- 10.131 Prisoners should be able to receive a visit during their first week at the establishment. (9.96)
- 10.132 There should be sufficient staffing to manage the visits telephone line. (9.97)
- 10.133 The search area should be improved, provide privacy and meet the needs of the numbers of visitors entering the establishment. (9.98)
- 10.134 Visits sessions should start at the published time and be properly supervised. (9.99)
- 10.135 The crèche and snack bar should be open when domestic visits take place. (9.100)
- 10.136 Vulnerable prisoners should not be easily identifiable in the visit hall. (9.101)
- 10.137 More discreet security arrangements should be introduced to replace the need for prisoners to wear bibs. (9.102)
- 10.138 The prison should identify and deliver appropriate interventions for their population to address attitudes, thinking and behaviour. (9.108)

Housekeeping points

First days in custody

10.139 Prisoners new to the prison should be easily identifiable to night staff. (1.32)

Residential units

10.140 Prisoners should be able to secure personal items. (2.17)

Staff–prisoner relationships

10.141 Staff should uphold the standards they set for prisoners, such as not drinking hot drinks on landings. (2.26)

10.142 Staff should address prisoners by their first name or title and surname. (2.27)

10.143 Staff should routinely knock before entering cells. (2.28)

Personal officers

10.144 Personal officers should maintain accurate and personal records of contact with the prisoners in their care, identifying any significant events affecting them, at least weekly. (2.37)

Bullying and violence reduction

10.145 The safer prisons committee should analyse the results of the 2009 survey of prisoners' perceptions of safety and act on the findings. (3.9)

Self-harm and suicide

10.146 Care suites should be decorated to make them less austere. (3.37)

10.147 Information about prisoners released while at risk should be passed on to probation services. (3.38)

Applications and complaints

10.148 Information about applications and complaints should be reinforced through notices and posters, both in English and other languages, and displayed across the establishment. (3.46)

10.149 The tracking system for applications should record the outcome and the date of response. (3.47)

10.150 There should be a ready supply of application and complaint forms and envelopes available in all residential areas at all times. (3.48)

10.151 Information on how to make an appeal should be given to all prisoners. (3.49)

Substance use

10.152 A manager from the security department should attend drug strategy meetings. (3.87)

Diversity

10.153 Prisoner diversity representatives should have a clear role description. (4.10)

Diversity: race equality

10.154 The race equality officer (REO) should convene regular meetings with assistant REOs, and ensure that their roles are clear and that they are involved in equality work. (4.26)

10.155 Diversity and race equality action team (DREAT) meetings should identify key issues for follow-up and systematically review them from meeting to meeting. (4.27)

10.156 Prisoners identified as racist and placed on the race register should have access to interventions and routinely be reviewed. (4.28)

Diversity: foreign nationals

10.157 Foreign national induction interviews should be conducted in a private environment and any issues raised should be followed up systematically. (4.45)

10.158 Foreign national prisoners should always be able to have a free monthly international call and informed of their access to airmail letters. (4.46)

10.159 Lists of staff and prisoner interpreters should be kept up to date. (4.47)

10.160 Telephone interpretation invoices should be broken down to ensure that the service is being used in all appropriate departments. (4.48)

Diversity: disability and older prisoners

10.161 Prisoners of retirement age or over should not be required to pay television rental fees. (4.63)

Health services

10.162 Holding rooms in the health care centre should have noticeboards and written information available to prisoners waiting for appointments. (5.61)

10.163 The health care room in reception should be used solely for screening purposes and not as a store room. (5.62)

10.164 The health care room in reception should be decorated. (5.63)

10.165 The automated defibrillators, including the batteries, should be checked daily and records maintained. (5.64)

- 10.166 Patients should be made aware of the availability of the pharmacist for consultation. The pharmacist should be added to the list of health professionals on treatment request forms. (5.65)
- 10.167 Patients should be encouraged to take responsibility for ordering their own repeat medication. (5.66)
- 10.168 A special sick policy should be adopted, with a suitable list of medicines available for supply by nursing staff. Appropriate records of special sick supplies should be maintained and these should be audited by the pharmacist. (5.67)
- 10.169 Nurses should comply with the directions of the prescriber with regard to whether medicines should be administered or given in possession. Any changes should be appropriately authorised. (5.68)
- 10.170 Medicines should be administered directly from the original container, in the presence of the patient, and loose tablets and tablet foils should not be present in stock. (5.69)
- 10.171 Signed, dated medical history sheets should be used. (5.70)
- 10.172 There should be arrangements for the disposal of hazardous dental waste, to include containers for waste amalgam and extracted teeth containing amalgam. (5.71)
- 10.173 Documentation relating to compressor, autoclave and X-ray machine maintenance should be auditable. (5.72)
- 10.174 The radiation protection file should be complete. (5.73)
- 10.175 There should be regular surgery inspections by the primary care trust. (5.74)
- 10.176 FP17 claim forms should be consistently used as a record of dental treatment provided. (5.75)
- 10.177 Patients should be made aware of the date of their next dental appointment on leaving the surgery. (5.76)
- 10.178 Dental crown and bridgework should be available to prisoners. (5.77)
- 10.179 The dental surgery door should be closed during treatment. (5.78)
- 10.180 The system for issuing prescriptions should be amended to avoid the need for duplication, which is time consuming and increases the risk of error. (5.79)
- 10.181 Regular professional checks should be carried out for medicines supplied from general stock. (5.80)
- 10.182 The use of dual-labelled pre-packs should be adopted to allow the pharmacist to exercise professional control. (5.81)
- 10.183 Dental chartings should be recorded, either electronically or paper. (5.82)

Learning and skills and work activities

- 10.184 Prisoners' work should always be corrected and returned. (6.28)

Time out of cell

10.185 Board games should be provided during association on all wings. (6.50)

Security and rules

10.186 All visitor bans should be regularly reviewed. (7.15)

Discipline

10.187 The adjudication tariff should reflect the establishment's response to trends and seriousness of offence. (7.38)

10.188 All prisoners held in the segregation unit should have a care plan. (7.39)

10.189 The 'slide-feeder' on cell S104 should be removed when not in use. (7.40)

Incentives and earned privileges

10.190 Prisoners should be informed in writing of any behaviour warnings. (7.53)

10.191 Prisoners should be consulted about their experience of the IEP scheme and what privileges would act as incentives. (7.54)

Strategic management of resettlement

10.192 Staff working in resettlement and offender management should have clear job descriptions which specify their roles and expectations of them. (9.13)

10.193 The quality and outcome of resettlement services should be monitored by a range of means, including prisoner and provider consultation. (9.14)

Offender management and planning

10.194 The respective roles of observation, classification and allocation staff and offender supervisors in finding establishments to accept prisoners in scope for offender management should be clarified and understood by staff. (9.44)

10.195 Accurate records of prisoners' categories should be easily accessible. (9.45)

Resettlement pathways

10.196 There should be consistent security department representation at the drug strategy committee. (9.80)

10.197 The CARAT service should develop a mechanism for service user feedback to inform service provision and increase uptake. (9.81)

- 10.198 Drug testing compacts for short duration drugs programme participants should be amended to reflect the ethos of the programme. (9.82)
- 10.199 Voluntary and compliance/incentive-based drug testing compacts should be clearly differentiated. (9.83)
- 10.200 Toys and books should be available for children in the visitors centre. (9.103)

Examples of good practice

Health services

- 10.201 The recruitment of a mental health outreach worker was an innovative means of ensuring continuity of care. (5.83)

Discipline

- 10.202 Each prisoner attending the unit for adjudication was quickly seen by a member of staff from the health care department and a safety algorithm completed. (7.41)

Resettlement pathways

- 10.203 Primary alcohol users could access a designated service, which was well integrated and due to expand. (9.84)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Sara Snell	Team leader
Vinnett Percy	Inspector
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Hindpal Singh Bhui	Inspector
Colin Carroll	Inspector
Kevin Parkinson	Inspector
Michael Bowen	Health services inspector
Sigrid Engelen	Substance misuse inspector
Steve Gascoigne	Pharmacy inspector
Jen Davies	Dental inspector
Sandra Fieldhouse	Probation inspector
Helen Rinaldi	Probation inspector
Nigel Bragg	Ofsted inspector
Maria Navarro	Ofsted inspector
Alan Hatcher	Ofsted inspector
Adam Altoft	Researcher
Amy Pearson	Researcher

Appendix II: Prison population profile

Status	21 and over	%
Sentenced	144	26.3
Recall	98	17.9
Convicted unsentenced	71	13
Remand	217	39.6
Civil prisoners	1	0.1
Detainees	17	3.1
Total	548	100

Sentenced	21 and over	%
Unsentenced	240	43.8
Less than 6 months	56	10.2
6 months to less than 12 months	25	4.6
12 months to less than 2 years	45	8.2
2 years to less than 4 years	66	12
4 years to less than 10 years	51	9.3
10 years and over (not life)	16	2.9
ISPP	13	2.4
Life	36	6.6
Total	548	100

Age	21 and over	%
Please state minimum age	21	
Under 21 years	0	
21 years to 29 years	245	44.7
30 years to 39 years	162	29.6
40 years to 49 years	98	17.9
50 years to 59 years	36	6.6
60 to 69 years	6	1.1
70 plus years	1	0.1
Please state maximum age	78	
Total	548	100

Nationality	21 and over	%
British	474	87.8
Foreign National	66	12.2
Total	548	100

Security category	21 and over	%
Uncategorised unsentenced	255	46.5
Uncategorised sentenced	168	30.8
Cat A	0	0
Cat B	27	4.9
Cat C	89	16.2

Cat D	9	1.6
Other		
Total	548	100

Ethnicity	21 and over	%
<i>White</i>		
British	393	71.7
Irish	0	0
Other White	12	2.2
<i>Mixed</i>		
White and Black Caribbean	17	3.1
White and Black african	2	0.4
White and Asian	5	0.9
Other mixed	2	0.4
<i>Asian or Asian British</i>		
Indian	11	2
Pakistani	13	2.4
Bangladeshi	0	0
Other Asian	9	1.6
<i>Black or Black British</i>		
Caribbean	39	7.1
African	11	2
Other Black	7	1.3
<i>Chinese or other ethnic group</i>		
Chinese	9	1.6
Other ethnic group	6	1.1
Not stated	12	2.2
Total	548	100

Religion	21 and over	%
Baptist	2	0.4
Church of England	119	21.7
Roman catholic	47	8.6
Other Christian denominations	24	4.4
Muslim	42	7.7
Sikh	7	1.3
Hindu	2	0.4
Buddhist	5	0.9
Jewish	0	0
Other	17	3
No Religion	283	51.6
Total	548	100

Length of stay	21 and over	%
Less than 1 month	190	34.7

1 month to 3 months	231	42.2
3 months to 6 months	103	18.8
6 months to 1 year	17	3.1
1 year to 2 years	5	0.1
2 years to 4 years	2	0.1
4 years or more		
Total	548	100

Main offence	21 and over	%
Violence against the person	101	18.4
Sexual offences	33	6
Burglary	57	10.4
Robbery	31	5.7
Theft and handling	14	2.6
Fraud and forgery	8	1.5
Drugs offences	28	5.1
Other offences	32	5.8
Civil offences	5	0.9
Offences not recorded/holding warrant	239	43.6
Total	548	100

Appendix III: Time out of cell

In order to ascertain how much time out of cell prisoners in HMP Nottingham were receiving and whether this matched their recorded time out of cell, 22 prisoners were interviewed. Interviews were carried out on all wings, excluding both the health care department and the segregation unit.

All interviewees were randomly selected from each wing and on each an attempt was made to conduct interviews with prisoners who attended work/education on either a full- or part-time basis, and with those who were unemployed. No prisoners in the sample were on the basic level of the IEP scheme, 11 prisoners were on standard and 11 were on enhanced.

In total, interviews were conducted with 10 prisoners who were employed on a full-time and three on a part-time basis, and with nine who were unemployed. Seven of the prisoners interviewed were from a black and ethnic minority group.

On 15 and 16 February 2010, interviewees were asked about the time spent out of cell on a 'normal day'; below are details of where differences lay.

Time out of cell

The average time out of cell, based on prisoner interviews: four hours 41 minutes (please note: this figure is based on both a small number of interviews and a disproportionate representation of vulnerable prisoners).

Best case scenario average: 5 hours 49 minutes
Worst case scenario average: 3 hours 32 minutes

The following report highlights two scenarios:

- 1) The 'best case' scenario depicts a day in which prisoners were out of their cells for the maximum possible time – that is, including time spent on outside exercise, on association, at education and at work.
- 2) The second, 'worst case' scenario depicts a day in which prisoners are not offered time out of cell, due to inconsistent roll counts, and not being involved with work, vocational training or education.

Average time out of cell 'best and worst case' scenarios for full-time employed prisoners (based on interviews alone):

- Best case – 8 hours 23 minutes
- Worst case – 6 hours 30 minutes

Average time out of cell 'best and worst case' scenarios for part-time employed prisoners (based on interviews alone):

- Best case – 4 hours 45 minutes
- Worst case – 2 hours 12 minutes

Average time out of cell 'best and worst case' scenarios for unemployed prisoners (based on interviews alone):

- Best case – 3 hours 20 minutes
- Worst case – 42 minutes

Using the average time out of cell from all interviews, the following hours out of cell could be gleaned (please note: these averages are based on a small number of interviews only):

	Number of interviewees	Best case	Worst case
Black and minority ethnic prisoners	7	5 hours 37 minutes	3 hours 59 minutes
White prisoners	15	5 hours 54 minutes	3 hours 20 minutes
Enhanced	11	7 hours 32 minutes	6 hours 3 minutes
Standard	11	4 hours 6 minutes	1 hour 2 minutes
D wing	4	6 hours 10 minutes	3 hours 15 minutes
E wing (Main)	4	7 hours 45 minutes	6 hours 45 minutes
E wing (VP Landing)	4	4 hours 39 minutes	1 hours 51 minutes
F wing (Main)	4	6 hours 14 minutes	3 hours 31 minutes
F wing (VPs)	2	2 hours 35 minutes	30 minutes
G wing	4	5 hours 54 minutes	3 hours 51 minutes

Ten minutes was the shortest amount of time out of cell experienced. This was cited by two prisoners – one vulnerable prisoner on F wing, and one unemployed prisoner on F wing (main location).

The longest amount of time out of cell was 9 hours and 35 minutes, reported by a full-time, enhanced, wing cleaner on E wing.

1. Association

- Of the prisoners interviewed, all prisoners who were in full-time employment were able to have association every day; this was for one hour, beginning at 6pm. With the exception of the two vulnerable prisoners on F wing, almost all of the unemployed prisoners interviewed were only able to access association every other day, despite one of those being an enhanced prisoner. Prisoners said that association was only cancelled if there were staff shortages or there was a disturbance on the wing. However, they indicated that this was a rare occurrence.
- For unemployed prisoners, association provided their only opportunity to have a shower or to use the telephone. Many prisoners in full-time employment, particularly those employed on the wing, stated that they were able to use the telephone and shower at any time that they were unlocked during the day.
- One foreign national prisoner on F wing received association only twice a week. He cited 10 minutes as his worst case example of daily time unlocked. The prisoner said that on one occasion staff had forgotten to unlock him to collect his lunch. Once staff had realised, they had brought lunch to his cell.
- The two vulnerable prisoners on F wing, who were both unemployed, received association every day, although typically this was limited to 30 minutes. One of the two, who had been on the unit since December 2009, said that he had received outdoor exercise only twice during that time.

- Typically, in addition to showering and using the telephone, prisoners on all units described several activities on offer for them during association; these included: pool, table tennis, snooker, table football and socialising. On F wing, a television room with additional channels was available. Some prisoners also described how they were able to play chess or go to the gym (on designated days) during association. The two vulnerable prisoners on F wing said that they were only able to shower, use the telephone, or walk on the landing during association.
- Only two prisoners felt there were not enough staff on duty during association for them to feel safe.

2. Activities

- Generally, with the exception of the two vulnerable prisoners on F wing, prisoners said that they were usually offered a period of outdoor exercise during the day, although they said that this could sometimes be cancelled owing to staff shortages or inclement weather. For most prisoners, access to the gym was available on designated days, two to three times a week. This was usually for a period of 45 minutes to one hour, although there were usually designated slots during association time.
- Eight prisoners (36%), across all units, said that staff encouraged them to participate in activities outside their cells.
- Twelve prisoners (55%) described it as easy or very easy to participate in education or employment. One prisoner said that for sentenced prisoners, in his experience, it was not difficult to gain employment. However, another prisoner said that it depended on the type of job that they applied for. Six prisoners (27%) described it as difficult or very difficult to participate in education or employment; this included both vulnerable prisoners on F wing.
- Three of the four prisoners on E wing (main) said that they were able to access the library, and this was usually on a dedicated day. One enhanced prisoner on F wing said that he was usually able to access the library once a week.
- Other activities cited were Listener duties, and two prisoners said that they were able to leave their cells to attend religious services.

3. Unlock times

- Four prisoners stated that they did not always get to activities on time. Two prisoners said that they had experienced complications with visits, including one prisoner who said that he had sometimes not been included on the visits list, despite having booked a visit with the establishment.
- Very few of the prisoners interviewed said that they had experienced delays in being unlocked due to staff calculating the roll incorrectly.

Appendix IV: Wing file analysis

Background

On 15 February 2010, the population at HMP Nottingham was 548. A sample of wing history sheets were analysed; seven files were sampled on D wing, three on the vulnerable prisoner landing of E wing, three on normal location on E wing, five on F wing, six on G wing and one from the segregation unit, resulting in a total sample of 25 across the site. This represented 5% of the population.

All history sheets were assessed in terms of the frequency and quality of comments. The additional forms and information contained in the file were also noted.

Identification of the prisoner

All history sheets stated the prisoner's name and number. The ethnicity of a prisoner could be established via the P-NOMIS system or the hard copy of their wing file. Eighteen of the files analysed contained a photograph of the prisoner (72%). Sixteen (64%) of the prisoners in the sample were recorded as white British, and eight (32%) of the prisoners sampled were from a black and minority ethnic group. One prisoner did not have his ethnicity recorded, and there was no photograph available of this prisoner.

Frequency of entries

The frequency of entries was calculated in terms of the average number of days since the last entry and the average number of entries made per month.

	Average number of days since last entry in file	Average number of entries per month
D wing	12 days	4 entries
E wing	11 days	2 entries
F wing	24 days	2 entries
G wing	5 days	7 entries
Segregation unit*	1 day	11 entries
Overall	12 days	3 entries

* Please note: this represented one prisoner.

The number of management checks was also monitored; only five of the files sampled contained a management check. All these files contained one management check only in the sample period. Two of the files on E and D wing contained a management check. The file for the prisoner located in the segregation unit also contained a management check.

Quality of comments

Comments were assessed in terms of the level of social interaction with prisoners. All other comments were noted to be simply observational or functional. Where observational or functional comments were viewed as inappropriate, a record was kept.

Wing	Interactional	Observational	Inappropriate
D	36	53	0
E	14	37	0
F	17	30	0
G	16	4	0
Seg*	10	5	0

* Please note: this represented one prisoner.

Of the total 222 comments assessed, 42% (n=93) were assessed as demonstrating social interaction with the prisoner. Therefore, 58% (n=129) were deemed to be observational or functional in nature (for example, 'x complies with the regime' or 'gave x formal warning'). No comments were deemed inappropriate.

Comments regarding offending behaviour needs

Two (8%) files within the sample group contained comments referring to prisoners' offending behaviour needs. These were prisoners who had been placed on the violence reduction monitoring scheme.

References to family or family contact

References to family or family contact were made in two (8%) files. For one prisoner, an officer had made a telephone call, on his behalf, to his mother, to let her know that he was okay. Staff had received information on another prisoner who had a previous history of suicide/self-harm; they had discussed this with him to see whether it was appropriate to open an ACCT document. He had then told staff that he had previously attempted suicide due to the death of his son, but described feeling more positive due to the fact that his partner was expecting another child.

Personal officers

History sheets were assessed in terms of whether it was clear who the personal officer was, and the quantity and quality of comments made by the personal officer. In 52% (n=13) of the files it was clear who the personal officer was. However, in 12 (48%) it was not clear who the personal officer was. Personal officer entries could only be found in 10 of the files sampled. Six of these demonstrated interaction between the personal officer and the prisoner.

Comments on bullying

Five (20%) of the files contained references to bullying; in three of those files, officers had made observations on prisoners they thought could potentially fall victim to bullying by other

prisoners. Two of the five prisoners had been put on a violence reduction monitoring scheme, due to threats of violence made towards other prisoners.

Cell sharing risk assessments

All prisoners in the sample had received a cell sharing risk assessment (CSRA); however, for one prisoner the CSRA was from a previous establishment, although a review had taken place at HMP Nottingham. This prisoner was subject to scheduled reviews on his CSRA status.

Additional documentation

It was noted whether additional documentation was included in wing files. Typically, the files analysed included: job application forms, first night and induction checklists, IEP applications, prisoner compacts, medication compacts, insiders' checklists and behavioural warnings. Two prisoners had received a closed visits notification.

Additional comments

At the time of the analysis, for two prisoners it had been nearly 50 days since an entry had been made on their wing history sheet.

Overall state of the file

All files were rated with a score from 1 (poor) to 4 (very good). The ratings were based on the level of evidence of interaction with prisoners, evidence of personal officer interaction and the frequency of comments.

All files were given a rating of 1 (poor), 2 (fair) or 3 (good). The most frequent rating was fair. In total, 4% (n=1) were rated poor, 64% (n=16) were rated as fair and 32% (n=8) were rated as good. The file rated as poor was for a prisoner who had been in the establishment since 1st October 2009 and only three entries had been made on his wing history sheet during this time.

Appendix V: Summary of prisoner questionnaires

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 18–19 January 2010, the prisoner population at HMP Nottingham was 542. The sample size was 177. Overall, this represented 33% 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. Two respondents refused to complete a questionnaire.

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

Methodology

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

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

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- 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, 163 respondents completed and returned their questionnaires. This represented 30% of the prison population. The response rate was 92%. In addition to the two respondents who refused to complete a questionnaire, 11 questionnaires were not returned and one was 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 2010 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 36 local prisons since April 2003.
- The current survey responses in 2010 against the responses of prisoners surveyed at HMP Nottingham in 2005.
- A comparison within the 2010 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2010 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2010 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

In addition to the main prison survey, an offender management survey was distributed to a small sample of prisoners, randomly selected from the total population of prisoners who fell in scope under offender management. The following analyses were conducted:

- The current survey responses against comparator figures for all (in scope) prisoners surveyed in local prisons. This comparator is based on all responses from offender management surveys carried out in 12 local prisons.
- The current survey responses against comparator figures for all (in scope) prisoners surveyed across all prisons. This comparator is based on all responses from surveys carried out in 34 prisons of varying functional type.

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

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

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

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

Summary of prisoner survey results

Section 1: About you

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

Q1.1 What wing or houseblock are you currently living on?

See front cover

Q1.2 How old are you?

<i>Under 21</i>	3 (2%)
<i>21 - 29</i>	57 (35%)
<i>30 - 39</i>	50 (31%)
<i>40 - 49</i>	33 (20%)
<i>50 - 59</i>	19 (12%)
<i>60 - 69</i>	0 (0%)
<i>70 and over</i>	0 (0%)

Q1.3 Are you sentenced?

<i>Yes</i>	56 (34%)
<i>Yes - on recall</i>	22 (13%)
<i>No - awaiting trial</i>	39 (24%)
<i>No - awaiting sentence</i>	43 (26%)
<i>No - awaiting deportation</i>	3 (2%)

Q1.4 How long is your sentence?

<i>Not sentenced</i>	85 (53%)
<i>Less than 6 months</i>	7 (4%)
<i>6 months to less than 1 year</i>	12 (8%)
<i>1 year to less than 2 years</i>	13 (8%)
<i>2 years to less than 4 years</i>	15 (9%)
<i>4 years to less than 10 years</i>	13 (8%)
<i>10 years or more</i>	3 (2%)
<i>IPP (Indeterminate Sentence for Public Protection)</i>	5 (3%)
<i>Life</i>	7 (4%)

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>Not sentenced</i>	85 (57%)
<i>6 months or less</i>	30 (20%)
<i>More than 6 months</i>	35 (23%)

Q1.6	How long have you been in this prison?		
	<i>Less than 1 month</i>	35	(22%)
	<i>1 to less than 3 months</i>	49	(31%)
	<i>3 to less than 6 months</i>	32	(20%)
	<i>6 to less than 12 months</i>	20	(13%)
	<i>12 months to less than 2 years</i>	10	(6%)
	<i>2 to less than 4 years</i>	7	(4%)
	<i>4 years or more</i>	5	(3%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)		
	<i>Yes</i>	18	(11%)
	<i>No</i>	141	(89%)
Q1.8	Is English your first language?		
	<i>Yes</i>	137	(90%)
	<i>No</i>	15	(10%)
Q1.9	What is your ethnic origin?		
	<i>White - British</i>	110	(68%)
	<i>White - Irish</i>	2	(1%)
	<i>White - other</i>	7	(4%)
	<i>Black or black British - Caribbean</i>	15	(9%)
	<i>Black or black British - African</i> ..	4	(2%)
	<i>Black or black British - other</i>	1	(1%)
	<i>Asian or Asian British - Indian</i> ...	2	(1%)
	<i>Asian or Asian British - Pakistani</i>	5	(3%)
	<i>Asian or Asian British - Bangladeshi</i>	0	(0%)
	<i>Asian or Asian British - other</i>	2	(1%)
	<i>Mixed heritage - white and black Caribbean</i>	7	(4%)
	<i>Mixed heritage - white and black African</i>	2	(1%)
	<i>Mixed heritage- white and Asian</i> ..	1	(1%)
	<i>Mixed Heritage - other</i>	1	(1%)
	<i>Chinese</i>	3	(2%)
	<i>Other ethnic group</i>	0	(0%)
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?		
	<i>Yes</i>	3	(2%)
	<i>No</i>	150	(98%)
Q1.11	What is your religion?		
	<i>None</i>	48	(30%)
	<i>Church of England</i>	53	(33%)
	<i>Catholic</i>	28	(17%)
	<i>Protestant</i>	1	(1%)
	<i>Other Christian denomination</i> ..	4	(2%)
	<i>Buddhist</i>	4	(2%)
	<i>Hindu</i>	1	(1%)
	<i>Jewish</i>	0	(0%)
	<i>Muslim</i>	15	(9%)
	<i>Sikh</i>	1	(1%)
	<i>Other</i>	6	(4%)
Q1.12	How would you describe your sexual orientation?		
	<i>Heterosexual/straight</i>	154	(98%)
	<i>Homosexual/gay</i>	1	(1%)
	<i>Bisexual</i>	1	(1%)
	<i>Other</i>	1	(1%)

Q1.13	Do you consider yourself to have a disability?				
	Yes				37 (23%)
	No				123 (77%)
Q1.14	How many times have you been in prison before?				
	0	1	2 to 5	More than 5	
	38 (23%)	21 (13%)	47 (29%)	57 (35%)	
Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?				
	1	2 to 5	More than 5		
	94 (60%)	46 (29%)	17 (11%)		
Q1.16	Do you have any children under the age of 18?				
	Yes				95 (58%)
	No				68 (42%)

Section 2: Courts, transfers and escorts

Q2.1	We want to know about the most recent journey you have made either to or from court or between prisons. How was:	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
	The cleanliness of the van?	13 (8%)	73 (46%)	31 (19%)	25 (16%)	7 (4%)	3 (2%)	7 (4%)
	Your personal safety during the journey?	20 (14%)	75 (51%)	21 (14%)	14 (9%)	10 (7%)	1 (1%)	7 (5%)
	The comfort of the van?	3 (2%)	18 (12%)	21 (13%)	50 (32%)	56 (36%)	1 (1%)	7 (4%)
	The attention paid to your health needs?	6 (4%)	47 (31%)	36 (24%)	21 (14%)	23 (15%)	3 (2%)	17 (11%)
	The frequency of toilet breaks?	4 (3%)	24 (16%)	28 (18%)	25 (16%)	39 (25%)	3 (2%)	31 (20%)
Q2.2	How long did you spend in the van?	<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>		
		85 (54%)	51 (32%)	19 (12%)	1 (1%)	2 (1%)		
Q2.3	How did you feel you were treated by the escort staff?	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>	
		21 (13%)	89 (57%)	33 (21%)	6 (4%)	5 (3%)	3 (2%)	
Q2.4	Please answer the following questions about when you first arrived here:							
				<i>Yes</i>	<i>No</i>	<i>Don't remember</i>		
	Did you know where you were going when you left court or when transferred from another prison?			125 (79%)	30 (19%)	3 (2%)		
	Before you arrived here did you receive any written information about what would happen to you?			18 (12%)	126 (83%)	7 (5%)		

When you first arrived here did your property arrive at the same time as you?	137 (89%)	15 (10%)	2 (1%)
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Section 3: Reception, first night and induction

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

Didn't ask about any of these	18 (12%)	Money worries	35 (24%)
Loss of property	27 (18%)	Feeling depressed or suicidal ..	92 (63%)
Housing problems	74 (50%)	Health problems	99 (67%)
Contacting employers	30 (20%)	Needing protection from other prisoners	41 (28%)
Contacting family	92 (63%)	Accessing phone numbers	87 (59%)
Ensuring dependants were being looked after	32 (22%)	Other	5 (3%)

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

Didn't have any problems	39 (28%)	Money worries	26 (18%)
Loss of property	23 (16%)	Feeling depressed or suicidal ..	31 (22%)
Housing problems	46 (33%)	Health problems	43 (30%)
Contacting employers	6 (4%)	Needing protection from other prisoners	14 (10%)
Contacting family	44 (31%)	Accessing phone numbers	40 (28%)
Ensuring dependants were looked after	14 (10%)	Other	3 (2%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	152 (94%)	7 (4%)	2 (1%)
When you were searched, was this carried out in a respectful way?	126 (82%)	25 (16%)	2 (1%)

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

Very well	Well	Neither	Badly	Very badly	Don't remember
23 (14%)	87 (54%)	30 (19%)	16 (10%)	4 (2%)	2 (1%)

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

Information about what was going to happen to you	78 (51%)
Information about what support was available for people feeling depressed or suicidal	94 (62%)
Information about how to make routine requests	81 (53%)
Information about your entitlement to visits	79 (52%)
Information about health services	96 (63%)
Information about the chaplaincy	88 (58%)
Not offered anything	30 (20%)

- Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)**
- | | |
|---|-----------|
| <i>A smokers/non-smokers pack.....</i> | 148 (93%) |
| <i>The opportunity to have a shower.....</i> | 42 (26%) |
| <i>The opportunity to make a free telephone call.....</i> | 135 (85%) |
| <i>Something to eat.....</i> | 123 (77%) |
| <i>Did not receive anything.....</i> | 3 (2%) |
- Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)**
- | | |
|---|-----------|
| <i>Chaplain or religious leader</i> | 74 (48%) |
| <i>Someone from health services</i> | 131 (85%) |
| <i>A Listener/Samaritans.....</i> | 47 (31%) |
| <i>Did not meet any of these people.....</i> | 10 (6%) |
- 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> | 16 (10%) |
| <i>No.....</i> | 142 (90%) |
- Q3.9 Did you feel safe on your first night here?**
- | | |
|----------------------------|-----------|
| <i>Yes</i> | 121 (76%) |
| <i>No.....</i> | 28 (18%) |
| <i>Don't remember.....</i> | 11 (7%) |
- Q3.10 How soon after your arrival did you go on an induction course?**
- | | |
|---|-----------|
| <i>Have not been on an induction course.....</i> | 12 (8%) |
| <i>Within the first week</i> | 130 (82%) |
| <i>More than a week</i> | 8 (5%) |
| <i>Don't remember.....</i> | 8 (5%) |
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
- | | |
|---|-----------|
| <i>Have not been on an induction course.....</i> | 12 (8%) |
| <i>Yes</i> | 105 (68%) |
| <i>No.....</i> | 29 (19%) |
| <i>Don't remember.....</i> | 8 (5%) |

Section 4: Legal rights and respectful custody

Q4.1 How easy is it to:	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
Communicate with your solicitor or legal representative?	21 (14%)	52 (34%)	19 (12%)	39 (25%)	18 (12%)	6 (4%)
Attend legal visits?	22 (15%)	64 (44%)	24 (16%)	13 (9%)	10 (7%)	13 (9%)
Obtain bail information?	9 (7%)	26 (19%)	24 (18%)	20 (15%)	20 (15%)	36 (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 12 (8%)
 Yes 55 (35%)
 No 89 (57%)

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 offered enough clean, suitable clothes for the week?	112 (70%)	43 (27%)	4 (3%)	1 (1%)
Are you normally able to have a shower every day?	52 (33%)	105 (66%)	1 (1%)	1 (1%)
Do you normally receive clean sheets every week?	144 (91%)	12 (8%)	2 (1%)	0 (0%)
Do you normally get cell cleaning materials every week?	93 (60%)	60 (39%)	2 (1%)	0 (0%)
Is your cell call bell normally answered within five minutes?	70 (46%)	52 (34%)	28 (18%)	2 (1%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	110 (73%)	37 (25%)	3 (2%)	1 (1%)
Can you normally get your stored property, if you need to?	46 (31%)	70 (47%)	29 (19%)	5 (3%)

Q4.4 What is the food like here?

Very good	Good	Neither	Bad	Very bad
4 (3%)	38 (24%)	39 (25%)	46 (29%)	32 (20%)

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

Have not bought anything yet 11 (7%)
 Yes 71 (45%)
 No 76 (48%)

Q4.6 Is it easy or difficult to get:

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	69 (44%)	62 (39%)	8 (5%)	4 (3%)	3 (2%)	11 (7%)
An application form	75 (49%)	61 (40%)	7 (5%)	5 (3%)	3 (2%)	3 (2%)

Q4.7 Have you made an application?

Yes 148 (93%)
 No 12 (8%)

- Q4.8 Please answer the following questions concerning applications:**
(If you have not made an application please tick the 'not made one' option.)
- | | Not made one | Yes | No |
|--|---------------------|----------|----------|
| Do you feel <i>applications</i> are dealt with fairly? | 12 (8%) | 84 (55%) | 57 (37%) |
| Do you feel <i>applications</i> are dealt with promptly (within seven days)? | 12 (8%) | 81 (53%) | 60 (39%) |
- Q4.9 Have you made a complaint?**
- | | |
|-----------|----------|
| Yes | 65 (41%) |
| No | 95 (59%) |
- Q4.10 Please answer the following questions concerning complaints:**
(If you have not made a complaint please tick the 'not made one' option.)
- | | Not made one | Yes | No |
|--|---------------------|----------|----------|
| Do you feel <i>complaints</i> are dealt with fairly? | 95 (61%) | 23 (15%) | 38 (24%) |
| Do you feel <i>complaints</i> are dealt with promptly (within seven days)? | 95 (60%) | 28 (18%) | 35 (22%) |
| Were you given information about how to make an appeal? | 95 (61%) | 34 (22%) | 26 (17%) |
- Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?**
- | | |
|-----------------------------------|----------|
| Not made a complaint | 95 (60%) |
| Yes | 19 (12%) |
| No | 44 (28%) |
- Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?**
- | <i>Don't know who they are</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|--------------------------------|------------------|-------------|----------------|------------------|-----------------------|
| 44 (28%) | 12 (8%) | 39 (25%) | 28 (18%) | 26 (17%) | 7 (4%) |
- Q4.13 What level of the IEP scheme are you on now?**
- | | |
|--|----------|
| Don't know what the IEP scheme is | 22 (14%) |
| <i>Enhanced</i> | 34 (21%) |
| <i>Standard</i> | 98 (61%) |
| <i>Basic</i> | 4 (2%) |
| <i>Don't know</i> | 3 (2%) |
- Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?**
- | | |
|--|----------|
| Don't know what the IEP scheme is | 22 (14%) |
| Yes | 74 (48%) |
| No | 41 (27%) |
| <i>Don't know</i> | 17 (11%) |

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

<i>Don't know what the IEP scheme is</i>	22 (15%)
Yes	69 (46%)
No	44 (29%)
<i>Don't know</i>	15 (10%)

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

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	7 (4%)	149 (96%)
In the last six months have you spent a night in the segregation/care and separation unit?	18 (12%)	135 (88%)

Q4.17 Please answer the following questions about your religious beliefs?

	Yes	No	<i>Don't know/N/A</i>
Do you feel your religious beliefs are respected?	91 (58%)	21 (13%)	44 (28%)
Are you able to speak to a religious leader of your faith in private if you want to?	95 (62%)	13 (8%)	45 (29%)

Q4.18 Can you speak to a listener at any time if you want to?

Yes	No	<i>Don't know</i>
101 (65%)	12 (8%)	42 (27%)

Q4.19 Please answer the following questions about staff in this prison?

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	123 (78%)	34 (22%)
Do most staff treat you with respect?	112 (75%)	37 (25%)

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?

Yes	49 (31%)
No	110 (69%)

Q5.2 Do you feel unsafe in this prison at the moment?

Yes	17 (11%)
No	141 (89%)

Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)

<i>Never felt unsafe</i>	110 (71%)	<i>At mealtimes</i>	8 (5%)
<i>Everywhere</i>	11 (7%)	<i>At health services</i>	8 (5%)
<i>Segregation unit</i>	3 (2%)	<i>Visit's area</i>	14 (9%)
<i>Association areas</i>	13 (8%)	<i>In wing showers</i>	11 (7%)
<i>Reception area</i>	10 (6%)	<i>In gym showers</i>	4 (3%)

<i>At the gym</i>	11 (7%)	<i>In corridors/stairwells</i>	9 (6%)
<i>In an exercise yard</i>	11 (7%)	<i>On your landing/wing</i>	10 (6%)
<i>At work</i>	10 (6%)	<i>In your cell</i>	8 (5%)
<i>During movement</i>	12 (8%)	<i>At religious services</i>	1 (1%)
<i>At education</i>	4 (3%)		

Q5.4 Have you been victimised by another prisoner or group of prisoners here?

Yes	24 (15%)
No	136 (85%)

Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	8 (5%)	<i>Because of your sexuality</i>	0 (0%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	9 (6%)	<i>Because you have a disability</i>	4 (3%)
<i>Sexual abuse</i>	1 (1%)	<i>Because of your religion/religious beliefs</i>	1 (1%)
<i>Because of your race or ethnic origin</i>	2 (1%)	<i>Because of your age</i>	0 (0%)
<i>Because of drugs</i>	2 (1%)	<i>Being from a different part of the country than others</i>	4 (3%)
<i>Having your canteen/property taken</i>	6 (4%)	<i>Because of your offence/crime</i> ...	3 (2%)
<i>Because you were new here</i>	1 (1%)	<i>Because of gang related issues</i> ..	6 (4%)

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

Yes	29 (18%)
No	128 (82%)

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

<i>Insulting remarks (about you or your family or friends)</i>	13 (8%)	<i>Because you have a disability</i>	3 (2%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	3 (2%)	<i>Because of your religion/religious beliefs</i>	0 (0%)
<i>Sexual abuse</i>	1 (1%)	<i>Because of your age</i>	4 (3%)
<i>Because of your race or ethnic origin</i>	4 (3%)	<i>Being from a different part of the country than others</i>	1 (1%)
<i>Because of drugs</i>	4 (3%)	<i>Because of your offence/ crime</i> ..	4 (3%)
<i>Because you were new here</i>	2 (1%)	<i>Because of gang related issues</i> ..	2 (1%)
<i>Because of your sexuality</i>	0 (0%)		

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

Not been victimised	115 (74%)
Yes	18 (12%)
No	22 (14%)

- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**
Yes 28 (18%)
No 126 (82%)
- Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**
Yes 33 (21%)
No 123 (79%)
- 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 (14%) | 19 (12%) | 11 (7%) | 9 (6%) | 7 (5%) | 86 (56%) |

Section 6: Health services

- Q6.1 How easy or difficult is it to see the following people?**
- | | <i>Don't know</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|--------------|-------------------|------------------|-------------|----------------|------------------|-----------------------|
| The doctor | 19 (12%) | 18 (11%) | 49 (31%) | 19 (12%) | 40 (25%) | 12 (8%) |
| The nurse | 13 (8%) | 27 (17%) | 80 (52%) | 15 (10%) | 17 (11%) | 3 (2%) |
| The dentist | 30 (19%) | 6 (4%) | 18 (12%) | 11 (7%) | 54 (35%) | 37 (24%) |
| The optician | 54 (35%) | 8 (5%) | 20 (13%) | 19 (12%) | 36 (23%) | 17 (11%) |
- Q6.2 Are you able to see a pharmacist?**
Yes 71 (51%)
No 68 (49%)
- Q6.3 What do you think of the quality of the health service from the following people?**
- | | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|--------------|-----------------|------------------|-------------|----------------|------------|-----------------|
| The doctor | 31 (20%) | 27 (18%) | 60 (39%) | 14 (9%) | 13 (8%) | 9 (6%) |
| The nurse | 13 (9%) | 35 (23%) | 65 (43%) | 14 (9%) | 13 (9%) | 12 (8%) |
| The dentist | 60 (41%) | 13 (9%) | 25 (17%) | 11 (7%) | 17 (12%) | 21 (14%) |
| The optician | 73 (49%) | 11 (7%) | 27 (18%) | 15 (10%) | 11 (7%) | 11 (7%) |
- Q6.4 What do you think of the overall quality of the health services here?**
- | | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|--|-----------------|------------------|-------------|----------------|------------|-----------------|
| | 11 (7%) | 20 (13%) | 62 (40%) | 29 (19%) | 20 (13%) | 13 (8%) |
- Q6.5 Are you currently taking medication?**
Yes 86 (55%)
No 71 (45%)
- Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**
Not taking medication 71 (46%)
Yes 47 (30%)
No 37 (24%)

Q6.7	Do you feel you have any emotional well-being/mental health issues?		
	Yes	56	(36%)
	No	99	(64%)
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)		
	<i>Do not have any issues/not receiving any help</i>	112	(75%)
	Doctor	19	(13%)
	Nurse.....	16	(11%)
	Psychiatrist.....	18	(12%)
	Mental health in-reach team.....	22	(15%)
	Counsellor.....	7	(5%)
	Other	5	(3%)
Q6.9	Did you have a problem with either of the following when you came into this prison?		
		Yes	No
	Drugs	45 (32%)	94 (68%)
Q6.10	Have you developed a problem with drugs since you have been in this prison?		
	Yes	12	(8%)
	No	146	(92%)
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?		
	Yes	71	(46%)
	No	5	(3%)
	<i>Did not/do not have a drug or alcohol problem</i>	79	(51%)
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?		
	Yes	59	(38%)
	No	17	(11%)
	<i>Did not/do not have a drug or alcohol problem</i>	79	(51%)
Q6.13	Was the intervention or help you received while in this prison helpful?		
	Yes	48	(32%)
	No	8	(5%)
	<i>Did not have a problem/have not received help</i>	96	(63%)
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	15 (10%)	105 (71%)
	Alcohol	9 (7%)	103 (75%)
			28 (19%)
			26 (19%)

Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?	
	Yes	45 (29%)
	No	15 (10%)
	N/A.....	93 (61%)

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)	
	Prison job	87 (56%)
	Vocational or skills training	10 (6%)
	Education (including basic skills).....	35 (23%)
	Offending behaviour programmes.....	9 (6%)
	Not involved in any of these	39 (25%)

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

	Not been involved	Yes	No	Don't know
Prison job	47 (36%)	26 (20%)	48 (37%)	9 (7%)
Vocational or skills training	57 (85%)	5 (7%)	4 (6%)	1 (1%)
Education (including basic skills)	51 (60%)	19 (22%)	6 (7%)	9 (11%)
Offending behaviour programmes	58 (89%)	5 (8%)	0 (0%)	2 (3%)

Q7.3	How often do you go to the library?	
	Don't want to go	22 (15%)
	Never.....	27 (18%)
	Less than once a week	33 (23%)
	About once a week	51 (35%)
	More than once a week.....	2 (1%)
	Don't know.....	11 (8%)

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	
	39 (26%) 28 (19%) 10 (7%) 26 (17%) 35 (23%) 4 (3%) 7 (5%)	

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	
	37 (25%) 30 (20%) 47 (31%) 12 (8%) 13 (9%) 11 (7%)	

Q7.6	On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	Less than 2 hours	44 (29%)
	2 to less than 4 hours.....	25 (17%)
	4 to less than 6 hours.....	24 (16%)
	6 to less than 8 hours.....	25 (17%)

8 to less than 10 hours.....	15 (10%)
10 hours or more.....	11 (7%)
Don't know.....	7 (5%)

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	<i>Don't know</i>
1 (1%)	5 (3%)	12 (8%)	93 (62%)	37 (25%)	3 (2%)

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

Do not go on association	7 (5%)
Never.....	32 (22%)
Rarely.....	45 (30%)
Some of the time.....	47 (32%)
Most of the time.....	14 (9%)
All of the time.....	3 (2%)

Section 8: Resettlement

Q8.1 When did you first meet your personal officer?

Still have not met him/her	83 (54%)
In the first week.....	32 (21%)
More than a week	18 (12%)
Don't remember.....	22 (14%)

Q8.2 How helpful do you think your personal officer is?

<i>Do not have a personal officer/ still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
83 (56%)	15 (10%)	26 (18%)	17 (12%)	5 (3%)	1 (1%)

Q8.3 Do you have a sentence plan/OASys?

Not sentenced	85 (54%)
Yes.....	26 (16%)
No.....	47 (30%)

Q8.4 How involved were you in the development of your sentence plan?

Do not have a sentence plan/OASys	132 (84%)
Very involved.....	6 (4%)
Involved.....	10 (6%)
Neither.....	1 (1%)
Not very involved.....	4 (3%)
Not at all involved.....	5 (3%)

Q8.5 Can you achieve all or some of your sentence plan targets in this prison?

Do not have a sentence plan/OASys	132 (84%)
Yes.....	11 (7%)
No.....	14 (9%)

- Q8.6 Are there plans for you to achieve all/some of your sentence plan targets in another prison?**
Do not have a sentence plan/OASys 132 (85%)
Yes 12 (8%)
No 12 (8%)
- Q8.7 Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?**
Not sentenced 85 (55%)
Yes 23 (15%)
No 46 (30%)
- Q8.8 Do you feel that any member of staff has helped you to prepare for your release?**
Yes 22 (15%)
No 122 (85%)
- Q8.9 Have you had any problems with sending or receiving mail?**
Yes 60 (39%)
No 79 (52%)
Don't know 13 (9%)
- Q8.10 Have you had any problems getting access to the telephones?**
Yes 36 (23%)
No 115 (75%)
Don't know 3 (2%)
- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet 8 (5%)
Yes 44 (29%)
No 97 (63%)
Don't remember 5 (3%)
- Q8.12 How many visits did you receive in the last week?**
- | <i>Not been in a week</i> | 0 | 1 to 2 | 3 to 4 | 5 or more |
|---------------------------|----------|----------|--------|-----------|
| 8 (5%) | 88 (58%) | 50 (33%) | 5 (3%) | 0 (0%) |
- Q8.13 How are you and your family/friends usually treated by visits staff?**
Not had any visits 51 (34%)
Very well 12 (8%)
Well 34 (23%)
Neither 21 (14%)
Badly 16 (11%)
Very badly 5 (3%)
Don't know 11 (7%)

- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**
 Yes 47 (33%)
 No 97 (67%)
- Q8.15 Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)**
- | | | | |
|---|----------|---|----------|
| <i>Don't know who to contact ..</i> | 78 (57%) | <i>Help with your finances in preparation for release</i> | 22 (16%) |
| <i>Maintaining good relationships</i> | 15 (11%) | <i>Claiming benefits on release ...</i> | 41 (30%) |
| <i>Avoiding bad relationships</i> | 8 (6%) | <i>Arranging a place at college/continuing education on release</i> | 23 (17%) |
| <i>Finding a job on release</i> | 30 (22%) | <i>Continuity of health services on release</i> | 21 (15%) |
| <i>Finding accommodation on release</i> | 38 (28%) | <i>Opening a bank account</i> | 23 (17%) |
- Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)**
- | | | | |
|---|----------|---|----------|
| <i>No problems.....</i> | 50 (34%) | <i>Help with your finances in preparation for release</i> | 37 (25%) |
| <i>Maintaining good relationships</i> | 19 (13%) | <i>Claiming benefits on release ...</i> | 48 (33%) |
| <i>Avoiding bad relationships</i> | 20 (14%) | <i>Arranging a place at college/continuing education on release</i> | 28 (19%) |
| <i>Finding a job on release</i> | 65 (45%) | <i>Continuity of health services on release</i> | 23 (16%) |
| <i>Finding accommodation on release</i> | 54 (37%) | <i>Opening a bank account</i> | 49 (34%) |
- Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?**
Not sentenced 85 (56%)
 Yes 35 (23%)
 No 33 (22%)

Summary of OM survey results

Section 1: About you

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

Q1 How old are you?

<i>Under 21</i>	0
<i>21 - 29</i>	7
<i>30 - 39</i>	3
<i>40 - 49</i>	2
<i>50 - 59</i>	1
<i>60 - 69</i>	0
<i>70 and over</i>	0

Q2 Are you a foreign national? (i.e., do not hold UK citizenship)

<i>Yes</i>	0
<i>No</i>	12

Q3 What is your ethnic origin?

<i>White - British</i>	8
<i>White - Irish</i>	0
<i>White - other</i>	0
<i>Black or black British - Caribbean</i>	0
<i>Black or black British - African</i>	0
<i>Black or black British - other</i>	0
<i>Asian or Asian British - Indian</i>	1
<i>Asian or Asian British - Pakistani</i>	0
<i>Asian or Asian British - Bangladeshi</i>	0
<i>Asian or Asian British - other</i>	0
<i>Mixed race - white and black Caribbean</i>	2
<i>Mixed race - white and black African</i>	0
<i>Mixed race - white and Asian</i>	0
<i>Mixed race - other</i>	0
<i>Chinese</i>	0
<i>Other ethnic group</i>	0

Q4 Do you consider yourself to have a disability?

<i>Yes</i>	1
<i>No</i>	12

Q6 Are you on recall?

<i>Yes</i>	1
<i>No</i>	12

Q7	If yes, have you been told why you have been recalled?		
	Yes		1
	No.....		0
Q8	What is the length of your sentence?		
	1 year to less than 2 years		1
	2 years to less than 4 years.....		3
	4 years to less than 10 years.....		1
	10 years or more		1
	IPP		6
Q9	Approximately, how long do you have left to serve (if you are serving an IPP sentence, please use the date of your next review board)?		
	6 months or less.....		1
	More than 6 months		11

Section 2: Reception and induction

Q10	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	Housing problems		2
	Contacting employers.....		1
	Contacting family.....		4
	Feeling depressed or suicidal.....		4
	None of the above problems		5
Q11	If you have answered yes to any of the above, were you helped with that problem within the first 24 hours?		
		Yes	No
	Housing problems	0	2
	Contacting employers	0	1
	Contacting family	3	1
	Feeling depressed or suicidal	0	3
Q12	How soon after your arrival did you receive an induction?		
	Did not receive an induction		3
	Within the first week		10
	More than a week.....		0
Q13	If you have been on an induction, did it cover everything you needed to know about the prison?		
	Yes		5
	No.....		5
Q14	How soon after your arrival did you receive a 'skills for life' assessment (education assessment)?		
	Did not receive a skills for life assessment		2
	Within the first week		6
	More than a week.....		3

Q15	How soon after your arrival did you have an interview with staff to ask if you needed help (e.g. for housing problems, contacting family, feeling depressed or suicidal)?	
	<i>Did not receive an interview</i>	5
	<i>Within the first week</i>	4
	<i>More than a week</i>	3

Section 3: Sentence planning

Q16	Do you have a sentence plan?	
	<i>Yes</i>	5
	<i>No</i>	8

If you have answered no to Q16, please go to Section Four

Q17	Were you involved in the development of your sentence plan?	
	<i>Yes</i>	2
	<i>No</i>	2

Q18	Has your sentence plan taken into account your individual needs?	
	<i>Yes</i>	2
	<i>No</i>	3

Q19	Can you achieve all or some of your sentence plan targets in this prison?	
	<i>Yes</i>	3
	<i>No</i>	2

Q20	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	<i>Yes</i>	3
	<i>No</i>	2

Q21	Are there plans for you to achieve all/ some of your sentence plan targets while on license in the community?	
	<i>Yes</i>	0
	<i>No</i>	4

Q22	Have you had any meetings to discuss your sentence plan while in custody?	
	<i>Yes</i>	4
	<i>No</i>	1

Q23	If yes, who has attended these meetings? (Please tick all that apply to you.)	
	<i>Offender supervisor</i>	3
	<i>Prison staff from other departments</i>	1
	<i>Offender manager</i>	2
	<i>Other agencies</i>	1

Q24	If you have had meetings, were these meetings useful to you?	
	<i>Yes</i>	1
	<i>No</i>	3

Section 4: Offender manager

Q25	Do you have a named offender manager (home probation officer) in the Probation Service?	
	Yes	13
	No.....	1

If you have answered no to Q25, please go to Section 5

Q26	Has your offender manager been in contact with you since you have been in custody?	
	Yes	9
	No.....	4
Q27	If yes, what type of contact have you had with your offender manager?	
	Letter	4
	Phone.....	4
	Visit	6
Q28	Has your offender manager changed since you have been in custody?	
	Yes	3
	No.....	10
Q29	Has your offender manager discussed your sentence plan with you?	
	<i>Do not have a sentence plan</i>	8
	Yes	3
	No.....	1
Q30	Do you think you have been supported by your offender manager while in custody?	
	Yes	4
	No.....	8

Section 5: Offender supervisor

Q31	Do you have an offender supervisor within this prison?	
	Yes.....	12
	No	2

If you have answered no to Q31, please go to Section 6

Q32	How often have you met with your offender supervisor?	
	<i>About every week</i>	0
	<i>About every month or less</i>	5
	<i>Never</i>	7
Q33	Do you think you have been supported by your offender supervisor in this prison?	
	Yes	2
	No.....	9

Section 6: Your time in custody

- Q34** Do any of the below issues need to be considered so that you can take full part in activities in this prison? (Please tick all that apply to you.)
- | | |
|-------------------------------------|---|
| <i>No issues</i> | 9 |
| <i>Religion</i> | 0 |
| <i>Race</i> | 0 |
| <i>Disability</i> | 1 |
| <i>Language</i> | 0 |
| <i>Reading/writing skills</i> | 2 |
| <i>Other</i> | 0 |
- Q35** If you have answered yes to any of the above; were these difficulties dealt with?
- | | Yes | No |
|------------------------|-----|----|
| Religion | 0 | 0 |
| Race | 0 | 0 |
| Disability | 0 | 1 |
| Language | 0 | 0 |
| Reading/writing skills | 0 | 1 |
| Other | 0 | 0 |
- Q36** While in custody which of the following have you been helped with? (Please tick all that apply to you.)
- | | |
|--|---|
| <i>Housing</i> | 1 |
| <i>Education/training/employment</i> | 6 |
| <i>Money and debt</i> | 2 |
| <i>Relationships (e.g. family/partner)</i> | 2 |
| <i>Lifestyle (e.g. friendships)</i> | 0 |
| <i>Drug use</i> | 4 |
| <i>Alcohol use</i> | 3 |
| <i>Emotional well-being (e.g. stress, feeling low)</i> | 4 |
| <i>Thinking skills (e.g. acting on impulse)</i> | 0 |
| <i>Attitude to offending</i> | 1 |
| <i>Health</i> | 3 |
| <i>Not had any help</i> | 1 |
- Q37** Has anyone done any work with you on basic skills?
- | | |
|---------------------|---|
| Yes | 2 |
| No | 7 |
| Don't need it | 4 |
- Q38** Has anyone done any work with you on victim awareness?
- | | |
|-----------|----|
| Yes | 2 |
| No | 12 |
- Q39** If yes, how useful was the work you received on victim awareness?
- | | |
|-------------------|---|
| Very Useful | 2 |
| Useful | 0 |
| Neither | 0 |

Not very useful 0
 Not at all useful..... 0

Q40 Has any member of staff helped you to address your offending behaviour while in custody?
 Yes 2
 No..... 12

Section 7: Resettlement

Q41 Has any member of staff helped you to prepare for your release while in custody?
 Yes 1
 No..... 13

Q42 Do you think you will have a problem with the following on release from custody?
 (Please tick all that apply to you.)

Maintaining/avoiding relationships.....	2
Finding a job.....	10
Finding accommodation	7
Money/finances	5
Claiming benefits.....	3
Arranging a place at college/continuing education	3
Contacting external drug or alcohol agencies.....	1
Accessing health care services	1
Opening a bank account	6
None of the above problems	1

Q43 If you have answered yes to any of the above, have you had help with any of the following while in custody:

	Yes	No
Maintaining/avoiding relationships	0	2
Finding a job on release	0	10
Finding accommodation on release	1	6
Help with your finances in preparation for release	1	3
Claiming benefits on release	0	3
Arranging a place at college/continuing education on release	0	3
Contacting external drug or alcohol agencies on release	0	1
Continuity of health care on release	0	1
Opening a bank account	1	5

Q44 Have you done anything, or has anything happened to you during custody that you think will make you less likely to offend in the future?
 Yes 6
 No..... 7

Thank you for completing this survey



Prisoner survey responses HMP Nottingham 2010

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

Key to tables

	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
		HMP Nottingham	Local prisons comparator	HMP Nottingham 2010	HMP Nottingham 2005
Number of completed questionnaires returned		163	4233	163	80
SECTION 1: General information					
2	Are you under 21 years of age?	2%	5%	2%	1%
3a	Are you sentenced?	48%	66%	48%	48%
3b	Are you on recall?	13%	11%	13%	0%
4a	Is your sentence less than 12 months?	12%	18%	12%	15%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	4%	3%	0%
5	Do you have six months or less to serve?	20%	33%	20%	18%
6	Have you been in this prison less than a month?	22%	21%	22%	
7	Are you a foreign national?	11%	14%	11%	14%
8	Is English your first language?	90%	88%	90%	96%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	27%	27%	27%	28%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	5%	2%	
11	Are you Muslim?	9%	12%	9%	
12	Are you homosexual/gay or bisexual?	2%	3%	2%	
13	Do you consider yourself to have a disability?	23%	20%	23%	
14	Is this your first time in prison?	23%	29%	23%	16%
15	Have you been in more than five prisons this time?	11%	9%	11%	
16	Do you have any children under the age of 18?	58%	55%	58%	56%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	54%	50%	54%	46%
1b	Was your personal safety during the journey good/very good?	64%	60%	64%	57%
1c	Was the comfort of the van good/very good?	14%	14%	14%	4%
1d	Was the attention paid to your health needs good/very good?	35%	29%	35%	23%
1e	Was the frequency of toilet breaks good/very good?	18%	15%	18%	11%
2	Did you spend more than four hours in the van?	1%	4%	1%	3%
3	Were you treated well/very well by the escort staff?	70%	66%	70%	73%
4a	Did you know where you were going when you left court or when transferred from another prison?	79%	72%	79%	78%
4b	Before you arrived here did you receive any written information about what would happen to you?	12%	15%	12%	17%
4c	When you first arrived here did your property arrive at the same time as you?	89%	81%	89%	82%

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
		HMP Nottingham	Local prisons comparator	HMP Nottingham 2010	HMP Nottingham 2005
SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	18%	12%	18%	
1c	Housing problems?	50%	29%	50%	
1d	Problems contacting employers?	20%	13%	20%	
1e	Problems contacting family?	63%	49%	63%	
1f	Problems ensuring dependants were looked after?	22%	14%	22%	
1g	Money problems?	24%	18%	24%	
1h	Problems of feeling depressed/suicidal?	63%	54%	63%	
1i	Health problems?	67%	62%	67%	
1j	Problems in needing protection from other prisoners?	28%	21%	28%	
1k	Problems accessing phone numbers?	59%	41%	59%	
2	When you first arrived:				
2a	Did you have any problems?	72%	77%	72%	69%
2b	Did you have any problems with loss of property?	16%	13%	16%	7%
2c	Did you have any housing problems?	33%	23%	33%	23%
2d	Did you have any problems contacting employers?	4%	7%	4%	7%
2e	Did you have any problems contacting family?	31%	33%	31%	26%
2f	Did you have any problems ensuring dependants were being looked after?	10%	8%	10%	9%
2g	Did you have any money worries?	19%	24%	19%	16%
2h	Did you have any problems with feeling depressed or suicidal?	22%	22%	22%	27%
2i	Did you have any health problems?	31%	28%	31%	25%
2j	Did you have any problems with needing protection from other prisoners?	10%	9%	10%	8%
2k	Did you have problems accessing phone numbers?	28%	31%	28%	
3a	Were you seen by a member of health services in reception?	94%	87%	94%	85%
3b	When you were searched in reception, was this carried out in a respectful way?	82%	71%	82%	72%
4	Were you treated well/very well in reception?	68%	58%	68%	68%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	51%	44%	51%	56%
5b	Information about what support was available for people feeling depressed or suicidal?	62%	44%	62%	62%
5c	Information about how to make routine requests?	53%	35%	53%	43%
5d	Information about your entitlement to visits?	52%	43%	52%	42%
5e	Information about health services?	63%	47%	63%	
5f	Information about the chaplaincy?	58%	45%	58%	

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
		HMP Nottingham	Local prisons comparator	HMP Nottingham 2010	HMP Nottingham 2005
SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	93%	84%	93%	91%
6b	The opportunity to have a shower?	26%	34%	26%	51%
6c	The opportunity to make a free telephone call?	85%	56%	85%	31%
6d	Something to eat?	77%	81%	77%	75%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	48%	48%	48%	66%
7b	Someone from health services?	85%	72%	85%	78%
7c	A listener/Samaritans?	31%	25%	31%	46%
8	Did you have access to the prison shop/canteen within the first 24 hours?	10%	17%	10%	9%
9	Did you feel safe on your first night here?	76%	71%	76%	72%
10	Have you been on an induction course?	92%	75%	92%	89%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	74%	58%	74%	64%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	47%	41%	47%	
1b	Attend legal visits?	59%	60%	59%	
1c	Obtain bail information?	26%	24%	26%	
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	35%	41%	35%	40%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	70%	48%	70%	62%
3b	Are you normally able to have a shower every day?	33%	80%	33%	42%
3c	Do you normally receive clean sheets every week?	91%	81%	91%	87%
3d	Do you normally get cell cleaning materials every week?	60%	62%	60%	61%
3e	Is your cell call bell normally answered within five minutes?	46%	36%	46%	64%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	73%	64%	73%	68%
3g	Can you normally get your stored property, if you need to?	31%	27%	31%	29%
4	Is the food in this prison good/very good?	26%	24%	26%	31%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	43%	45%	52%
6a	Is it easy/very easy to get a complaints form?	83%	79%	83%	84%
6b	Is it easy/very easy to get an application form?	88%	86%	88%	87%
7	Have you made an application?	93%	84%	93%	72%

Key to tables

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	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
		HMP Nottingham	Local prisons comparator	HMP Nottingham 2010	HMP Nottingham 2005
SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	60%	55%	60%	58%
8b	Do you feel applications are dealt with promptly (within seven days)?	57%	48%	57%	67%
9	Have you made a complaint?	41%	44%	41%	41%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	38%	31%	38%	42%
10b	Do you feel complaints are dealt with promptly (within seven days)?	44%	35%	44%	43%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	30%	25%	30%	28%
10c	Were you given information about how to make an appeal?	22%	23%	22%	37%
12	Is it easy/very easy to see the Independent Monitoring Board?	33%	26%	33%	35%
13	Are you on the enhanced (top) level of the IEP scheme?	21%	29%	21%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	48%	54%	48%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	46%	46%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	4%	7%	4%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	12%	11%	12%	
13a	Do you feel your religious beliefs are respected?	58%	54%	58%	61%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	62%	56%	62%	65%
14	Are you able to speak to a Listener at any time, if you want to?	65%	59%	65%	85%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	78%	69%	78%	77%
15b	Do most staff, in this prison, treat you with respect?	75%	69%	75%	78%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	31%	40%	31%	33%
2	Do you feel unsafe in this prison at the moment?	11%	18%	11%	
4	Have you been victimised by another prisoner?	15%	23%	15%	17%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	5%	11%	5%	12%
5b	Hit, kicked or assaulted you?	6%	8%	6%	3%
5c	Sexually abused you?	1%	1%	1%	1%
5d	Victimised you because of your race or ethnic origin?	1%	4%	1%	1%
5e	Victimised you because of drugs?	1%	4%	1%	1%
5f	Taken your canteen/property?	4%	5%	4%	3%
5g	Victimised you because you were new here?	1%	6%	1%	1%
5h	Victimised you because of your sexuality?	0%	1%	0%	
5i	Victimised you because you have a disability?	2%	3%	2%	
5j	Victimised you because of your religion/religious beliefs?	1%	3%	1%	
5k	Victimised you because of your age?	0%	2%	0%	
5l	Victimised you because you were from a different part of the country?	2%	5%	2%	1%
5m	Victimised you because of your offence/crime?	2%	5%	2%	
5n	Victimised you because of gang related issues?	4%	3%	4%	

Key to tables

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		HMP Nottingham	Local prisons comparator	HMP Nottingham 2010	HMP Nottingham 2005
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	19%	26%	19%	21%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	8%	12%	8%	12%
7b	Hit, kicked or assaulted you?	2%	5%	2%	5%
7c	Sexually abused you?	1%	1%	1%	1%
7d	Victimised you because of your race or ethnic origin?	3%	5%	3%	1%
7e	Victimised you because of drugs?	3%	5%	3%	1%
7f	Victimised you because you were new here?	1%	6%	1%	6%
7g	Victimised you because of your sexuality?	0%	1%	0%	
7h	Victimised you because you have a disability?	2%	3%	2%	
7i	Victimised you because of your religion/religious beliefs?	0%	3%	0%	
7j	Victimised you because of your age?	3%	2%	3%	
7k	Victimised you because you were from a different part of the country?	1%	4%	1%	3%
7l	Victimised you because of your offence/crime?	3%	5%	3%	
7m	Victimised you because of gang related issues?	1%	2%	1%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	45%	33%	45%	32%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	18%	25%	18%	
10	Have you ever felt threatened or intimidated by a member of staff in here?	21%	23%	21%	
11	Is it easy/very easy to get illegal drugs in this prison?	26%	32%	26%	30%
SECTION 6: Health care					
1a	Is it easy/very easy to see the doctor?	43%	26%	43%	
1b	Is it easy/very easy to see the nurse?	69%	49%	69%	
1c	Is it easy/very easy to see the dentist?	15%	10%	15%	
1d	Is it easy/very easy to see the optician?	18%	11%	18%	
2	Are you able to see a pharmacist?	51%	45%	51%	
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?	71%	47%	71%	24%
3b	The nurse?	72%	58%	72%	62%
3c	The dentist?	44%	33%	44%	15%
3d	The optician?	51%	36%	51%	15%
4	The overall quality of health services?	57%	41%	57%	39%

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	Percentages which are not highlighted show there is no significant difference				
		HMP Nottingham	Local prisons comparator	HMP Nottingham 2010	HMP Nottingham 2005
Health care continued					
5	Are you currently taking medication?	55%	48%	55%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	56%	58%	56%	
7	Do you feel you have any emotional well-being/mental health issues?	36%	33%	36%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	31%	42%	31%	
8b	A doctor?	34%	32%	34%	
8c	A nurse?	24%	15%	24%	
8d	A psychiatrist?	34%	19%	34%	
8e	The mental health in-reach team?	35%	27%	35%	
8f	A counsellor?	14%	11%	14%	
9a	Did you have a drug problem when you came into this prison?	32%	33%	32%	26%
9b	Did you have an alcohol problem when you came into this prison?	32%	23%	32%	14%
10a	Have you developed a drug problem since you have been in this prison?	8%	9%	8%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	93%	81%	93%	
12	Have you received any help or intervention while in this prison?	78%	70%	78%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	86%	76%	86%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	29%	31%	29%	27%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	25%	26%	25%	22%
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?	75%	58%	75%	61%

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SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	56%	44%	56%	
1b	Vocational or skills training?	6%	12%	6%	
1c	Education (including basic skills)?	23%	27%	23%	
1d	Offending behaviour programmes?	6%	8%	6%	
2ai	Have you had a job while in this prison?	64%	65%	64%	80%
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	31%	40%	31%	31%
2bi	Have you been involved in vocational or skills training while in this prison?	15%	53%	15%	57%
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	50%	51%	50%	39%
2ci	Have you been involved in education while in this prison?	40%	63%	40%	69%
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	56%	60%	56%	49%
2di	Have you been involved in offending behaviour programmes while in this prison?	11%	49%	11%	54%
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	71%	50%	71%	31%
3	Do you go to the library at least once a week?	36%	37%	36%	38%
4	On average, do you go to the gym at least twice a week?	44%	42%	44%	30%
5	On average, do you go outside for exercise three or more times a week?	17%	38%	17%	27%
6	On average, do you spend ten or more hours out of your cell on a weekday?	7%	10%	7%	8%
7	On average, do you go on association more than five times each week?	25%	49%	25%	8%
8	Do staff normally speak to you most of the time/all of the time during association?	12%	17%	12%	17%
SECTION 8: Resettlement					
1	Do you have a personal officer?	47%	44%	47%	43%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	64%	62%	64%	77%
For those who are sentenced:					
3	Do you have a sentence plan?	36%	38%	36%	19%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	62%	59%	62%	72%
5	Can you achieve some/all of your sentence plan targets in this prison?	44%	60%	44%	
6	Are there plans for you to achieve some/all your targets in another prison?	50%	47%	50%	
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	34%	26%	34%	
8	Do you feel that any member of staff has helped you to prepare for release?	15%	14%	15%	
9	Have you had any problems with sending or receiving mail?	40%	44%	40%	27%
10	Have you had any problems getting access to the telephones?	23%	32%	23%	27%
11	Did you have a visit in the first week that you were here?	29%	36%	29%	32%
12	Did you receive one or more visits in the last week?	36%	40%	36%	

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		HMP Nottingham	Local prisons comparator	HMP Nottingham 2010	HMP Nottingham 2005
Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	47%	50%	47%	
14	Have you been helped to maintain contact with family/friends while in this prison?	33%	37%	33%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	11%	14%	11%	
15c	Avoiding bad relationships?	6%	10%	6%	
15d	Finding a job on release?	22%	31%	22%	49%
15e	Finding accommodation on release?	28%	34%	28%	52%
15f	With money/finances on release?	16%	21%	16%	40%
15g	Claiming benefits on release?	30%	35%	30%	62%
15h	Arranging a place at college/continuing education on release?	17%	20%	17%	37%
15i	Accessing health services on release?	16%	26%	16%	48%
15j	Opening a bank account on release?	17%	20%	17%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	13%	14%	13%	
16c	Avoiding bad relationships?	14%	14%	14%	
16d	Finding a job?	44%	51%	44%	
16e	Finding accommodation?	37%	43%	37%	
16f	Money/finances?	25%	41%	25%	
16g	Claiming benefits?	33%	34%	33%	
16h	Arranging a place at college/continuing education?	19%	25%	19%	
16i	Accessing health services?	16%	20%	16%	
16j	Opening a bank account?	34%	34%	34%	
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	52%	48%	52%	53%



Prisoner OM survey responses HMP Nottingham 2010

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

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
		HMP Nottingham	local prisons OM comparator	HMP Nottingham	Overall comparator
Number of completed questionnaires returned		14	237	14	631
SECTION 1: General information					
1	Are you under 21 years of age?	0%	6%	0%	12%
2	Are you a foreign national?	0%	7%	0%	9%
3	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	27%	20%	27%	24%
4	Do you consider yourself to have a disability?	8%	22%	8%	19%
5	Is this prison in your home probation area?	0%	55%	0%	33%
6	Are you on recall?	8%	26%	8%	19%
7	Were you sentenced to less than two years?	8%	18%	8%	13%
8	Do you have six months or less to serve?	8%	29%	8%	29%
SECTION 2: Reception and induction					
9	Did you have any of the following problems when you first arrived here?:				
9a	Housing problems?	17%	28%	17%	27%
9b	Problems contacting employers?	8%	11%	8%	10%
9c	Problems contacting family?	33%	24%	33%	15%
9d	Problems of feeling depressed/suicidal?	33%	18%	33%	22%
9e	None of the above problems?	42%	49%	42%	54%
For those who have been on an induction course:					
10	Did you go on an induction within the first week?	100%	82%	100%	76%
11	If you have been on an induction, did it cover everything you needed to know about the prison?	50%	66%	50%	67%
For those who have received a basic skills assessment:					
12	Did you receive a 'basic skills' assessment within the first week?	67%	34%	67%	44%
13	After arrival into this prison did you have an interview with staff to ask if you needed help (e.g. for housing problems, contacting family, feeling depressed or suicidal)?	58%	59%	58%	58%
SECTION 3: Sentence planning					
14	Do you have a sentence plan?	39%	56%	39%	70%
For those who have a sentence plan:					
15	Were you involved in the development of your sentence plan?	50%	79%	50%	75%
16	Has your sentence plan taken into account your individual needs?	40%	69%	40%	62%
17	Can you achieve all or some of your sentence plan targets in this prison?	60%	67%	60%	71%
18	Are there plans for you to achieve some/all your targets in another prison?	60%	40%	60%	33%
19	Are there plans for you to achieve some/all your targets while on licence in the community?	0%	52%	0%	44%
20	Have you had any meetings to discuss your sentence plan while in custody?	80%	85%	80%	82%

Key to tables

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		HMP Nottingham	local prisons OM comparator	HMP Nottingham	Overall comparator
21	If you have had sentence planning meetings did any of the following attend:				
21a	Offender supervisor?	75%	46%	75%	60%
21b	Prison staff from other departments?	25%	18%	25%	29%
21c	Offender manager?	50%	45%	50%	51%
21d	Anyone from other agencies?	25%	15%	25%	20%
22	Were these meetings useful to you?	25%	73%	25%	66%
SECTION 4: Offender manager					
23	Do you have a named offender manager in the probation service?	93%	84%	93%	89%
For those who have an offender manager:					
24	Has your offender manager been in contact with you since you have been in custody?	69%	72%	69%	78%
25	If you have had contact from your offender manager, what type of contact was it:				
25a	Contact by letter?	44%	39%	44%	48%
25b	Contact by phone?	44%	13%	44%	24%
25c	A visit to the prison?	67%	68%	67%	69%
26	Has your offender manager changed since you have been in custody?	23%	26%	23%	41%
For those who have a sentence plan:					
27	Has your offender manager discussed your sentence plan with you?	75%	79%	75%	70%
28	Do you think you have been supported by your offender manager while in prison?	33%	41%	33%	42%
SECTION 5: Offender supervisor					
29	Do you have an offender supervisor within this prison?	86%	64%	86%	70%
For those who have an offender supervisor:					
30	Do you meet with your offender supervisor every week?	0%	17%	0%	12%
31	Do you think you have been supported by your offender supervisor while in prison?	18%	54%	18%	54%
SECTION 6: Your time in custody					
32	Have any of the following made it more difficult to take full part in the activities in custody:				
32a	No issues?	82%	67%	82%	67%
32b	Difficulties with religion?	0%	6%	0%	8%
32b	Difficulties with race?	0%	5%	0%	8%
32c	Difficulties with a disability?	9%	8%	9%	9%
32d	Difficulties with language?	0%	0%	0%	3%
32e	Difficulties with reading/writing skills?	18%	9%	18%	12%
32f	Difficulties with other issues?	0%	10%	0%	9%

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	Percentages which are not highlighted show there is no significant difference				
		HMP Nottingham	local prisons OM comparator	HMP Nottingham	Overall comparator
33	Whist in custody have you been helped with any of the following?:				
33a	Housing ?	8%	10%	8%	12%
33b	Eductaion/training/employment?	50%	45%	50%	54%
33c	Money and debt?	17%	9%	17%	8%
33d	Relationships (e.g. family/partner)?	17%	10%	17%	14%
33e	Lifestyle (e.g. friendships)?	0%	10%	0%	14%
33f	Drug use?	33%	37%	33%	37%
33g	Alcohol use?	25%	21%	25%	26%
33h	Emotional well-being?	33%	24%	33%	22%
33i	Thinking skills?	0%	31%	0%	38%
33j	Attitude to offending?	8%	27%	8%	32%
33k	Health?	25%	31%	25%	34%
33l	Not had any help?	8%	23%	8%	16%
34	Has anyone done any work with you on basic skills?	22%	38%	22%	52%
35	Has anyone done any work with you on victim awareness?	14%	19%	14%	32%
36	Has any member of staff helped you to address your offending behaviour while in custody?	14%	31%	14%	37%
SECTION 7: Resettlement					
37	Has any member of staff helped to prepare for your release while in custody?	7%	13%	7%	15%
38	Do you think you will have a problem with the following on release from custody:				
38a	Problems maintaining/avoiding good relationships?	14%	23%	14%	23%
38b	Problems finding a job?	71%	65%	71%	62%
38c	Finding accommodation?	50%	50%	50%	47%
38d	Problems with money/finances?	36%	40%	36%	38%
38e	Problems claiming benefits?	21%	40%	21%	38%
38f	Problems arranging a place at college/continuing education?	21%	15%	21%	24%
38g	Problems contacting external drug or alcohol agencies?	7%	12%	7%	13%
38h	Problems accessing health care services?	7%	13%	7%	13%
38i	Problems opening a bank account?	43%	37%	43%	32%
38j	None of the above problems?	7%	17%	7%	21%
39	Have you done anything, or has anything happened to you during custody that you think will make you less likely to offend in future?	46%	61%	46%	65%



Key questions (vulnerable prisoners wing analysis) HMP Nottingham 2010

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

Key to tables

	Any percent highlighted in green is significantly better	Vulnerable prisoners	Main population
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		17	146
3.10	Have you been on an induction course?	65%	96%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	88%	68%
4.3b	Are you normally able to have a shower every day?	41%	32%
4.3c	Do you normally receive clean sheets every week?	100%	90%
4.3d	Do you normally get cell cleaning materials every week?	77%	58%
4.3e	Is your cell call bell normally answered within five minutes?	59%	44%
4.3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	69%	73%
4.4	Is the food in this prison good/very good?	25%	27%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	44%
4.6a	Is it easy/very easy to get a complaints form?	77%	84%
4.6b	Is it easy/very easy to get an application form?	83%	89%
4.9	Have you made a complaint?	65%	38%
4.13a	Do you feel your religious beliefs are respected?	59%	58%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	57%	63%
4.14	Are you able to speak to a Listener at any time if you want to?	53%	67%
4.15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	83%	78%
4.15b	Do most staff in this prison treat you with respect?	79%	75%
5.1	Have you ever felt unsafe in this prison?	77%	25%
5.2	Do you feel unsafe in this prison at the moment?	30%	9%

Key to tables

	Any percent highlighted in green is significantly better	Vulnerable prisoners	Main population
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
5.4	Have you been victimised by another prisoner?	47%	11%
5.6	Have you been victimised by a member of staff?	30%	17%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	53%	14%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	35%	19%
5.11	Is it easy/very easy to get illegal drugs in this prison?	12%	28%
6.1a	Is it easy/very easy to see the doctor?	25%	45%
6.1b	Is it easy/very easy to see the nurse?	70%	69%
7.3	Do you go to the library at least once a week?	43%	35%
7.4	On average, do you go to the gym at least twice a week?	46%	43%
7.5	On average, do you go outside for exercise three or more times a week?	6%	18%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	7%
7.7	On average, do you go on association more than five times each week?	40%	23%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	20%	11%
8.1	Do you have a personal officer?	57%	45%
8.9	Have you had any problems with sending or receiving mail?	38%	40%
8.10	Have you had any problems getting access to the telephones?	43%	21%



Key questions (disability analysis) HMP Nottingham 2010

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

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		37	123
1.3	Are you sentenced?	46%	49%
1.7	Are you a foreign national?	8%	10%
1.8	Is English your first language?	94%	90%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	24%	25%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	9%	0%
1.11	Are you Muslim?	6%	10%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	16%	25%
2.1d	Was the attention paid to your health needs good/very good?	29%	36%
2.3	Were you treated well/very well by the escort staff?	69%	71%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	81%	78%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	73%	60%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	64%	62%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	61%	69%
3.2a	Did you have any problems when you first arrived?	86%	69%
3.3a	Were you seen by a member of health care staff in reception?	92%	95%
3.3b	When you were searched in reception, was this carried out in a respectful way?	82%	82%
3.4	Were you treated well/very well in reception?	81%	64%
3.7b	Did you have access to someone from health care within the first 24 hours?	89%	84%
3.9	Did you feel safe on your first night here?	57%	82%
3.10	Have you been on an induction course?	81%	96%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	45%

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	59%	73%
4.3b	Are you normally able to have a shower every day?	27%	34%
4.3e	Is your cell call bell normally answered within five minutes?	56%	43%
4.4	Is the food in this prison good/very good?	28%	27%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	45%
4.6a	Is it easy/very easy to get a complaints form?	89%	83%
4.6b	Is it easy/very easy to get an application form?	92%	87%
4.9	Have you made a complaint?	57%	37%
4.13	Are you on the enhanced (top) level of the IEP scheme?	19%	22%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	33%	53%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	33%	50%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	11%	2%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	11%	11%
4.17a	Do you feel your religious beliefs are respected?	66%	57%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	63%	62%
4.18	Are you able to speak to a Listener at any time if you want to?	66%	65%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	81%	77%
4.19b	Do most staff in this prison treat you with respect?	77%	75%
5.1	Have you ever felt unsafe in this prison?	50%	24%
5.2	Do you feel unsafe in this prison at the moment?	25%	7%
5.4	Have you been victimised by another prisoner?	25%	12%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%
5.5i	Victimised you because you have a disability?	11%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
5.6	Have you been victimised by a member of staff?	24%	17%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	3%
5.7h	Victimised you because you have a disability?	8%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	40%	12%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	30%	19%
5.11	Is it easy/very easy to get illegal drugs in this prison?	23%	27%
6.1a	Is it easy/very easy to see the doctor?	44%	42%
6.1b	Is it easy/ very easy to see the nurse?	74%	69%
6.2	Are you able to see a pharmacist?	37%	55%
6.5	Are you currently taking medication?	84%	46%
6.7	Do you feel you have any emotional well-being/mental health issues?	58%	30%
7.1a	Are you currently working in the prison?	39%	61%
7.1b	Are you currently undertaking vocational or skills training?	6%	7%
7.1c	Are you currently in education (including basic skills)?	28%	21%
7.1d	Are you currently taking part in an offending behaviour programme?	8%	5%
7.3	Do you go to the library at least once a week?	37%	36%
7.4	On average, do you go to the gym at least twice a week?	28%	47%
7.5	On average, do you go outside for exercise three or more times a week?	9%	19%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	3%	9%
7.7	On average, do you go on association more than five times each week?	14%	28%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	12%	11%
8.1	Do you have a personal officer?	56%	43%
8.9	Have you had any problems sending or receiving mail?	39%	40%
8.10	Have you had any problems getting access to the telephones?	25%	23%



Key question responses (ethnicity and nationality) HMP Nottingham 2010

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

Key to tables

	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
		BME prisoners	White prisoners	Foreign national prisoners	British national prisoners
Number of completed questionnaires returned		43	119	18	141
1.3	Are you sentenced?	35%	53%	33%	50%
1.7	Are you a foreign national?	29%	5%		
1.8	Is English your first language?	73%	96%	45%	96%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?			67%	21%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	2%	6%	2%
1.11	Are you Muslim?	31%	2%	28%	7%
1.12	Do you consider yourself to have a disability?	23%	24%	20%	23%
1.13	Is this your first time in prison?	37%	18%	45%	21%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	39%	34%	36%	34%
2.3	Were you treated well/very well by the escort staff?	64%	72%	62%	71%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	68%	84%	60%	81%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	59%	64%	64%	61%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	54%	65%	50%	63%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	68%	67%	50%	68%
3.2a	Did you have any problems when you first arrived?	76%	71%	66%	73%
3.3a	Were you seen by a member of health care staff in reception?	91%	96%	94%	95%
3.3b	When you were searched in reception, was this carried out in a respectful way?	85%	81%	80%	82%
3.4	Were you treated well/very well in reception?	65%	70%	70%	67%
3.7b	Did you have access to someone from health care within the first 24 hours?	74%	89%	74%	87%
3.9	Did you feel safe on your first night here?	65%	79%	53%	78%
3.10	Have you been on an induction course?	98%	91%	86%	93%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	45%	48%	40%	47%

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners	Foreign national prisoners	British national prisoners
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.3a	Are you normally offered enough clean, suitable clothes for the week?	76%	67%	83%	68%
4.3b	Are you normally able to have a shower every day?	38%	31%	41%	32%
4.3e	Is your cell call bell normally answered within five minutes?	48%	46%	43%	46%
4.4	Is the food in this prison good/very good?	19%	29%	17%	27%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	37%	47%	65%	42%
4.6a	Is it easy/very easy to get a complaints form?	74%	87%	50%	87%
4.6b	Is it easy/very easy to get an application form?	81%	92%	74%	90%
4.9	Have you made a complaint?	31%	45%	22%	43%
4.13	Are you on the enhanced (top) level of the IEP scheme?	19%	22%	0%	24%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	30%	55%	32%	50%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	30%	52%	25%	49%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	4%	7%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	20%	10%	16%	12%
4.17a	Do you feel your religious beliefs are respected?	43%	64%	23%	62%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	56%	65%	35%	66%
4.18	Are you able to speak to a Listener at any time if you want to?	58%	68%	60%	65%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	78%	81%	78%
4.19b	Do most staff in this prison treat you with respect?	74%	75%	81%	74%
5.1	Have you ever felt unsafe in this prison?	39%	28%	38%	30%
5.2	Do you feel unsafe in this prison at the moment?	20%	8%	18%	10%
5.4	Have you been victimised by another prisoner?	20%	14%	17%	15%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	0%	0%	2%
5.5i	Have you been victimised because you have a disability? (By prisoners)	2%	3%	0%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	0%	0%	1%
5.6	Have you been victimised by a member of staff?	24%	17%	13%	19%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	0%	0%	2%

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners	Foreign national prisoners	British national prisoners
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
5.7h	Have you been victimised because you have a disability? (By staff)	0%	3%	6%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%	0%	0%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	16%	19%	6%	20%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	18%	22%	14%	22%
5.11	Is it easy/very easy to get illegal drugs in this prison?	14%	31%	15%	28%
6.1a	Is it easy/very easy to see the doctor?	40%	44%	33%	43%
6.1b	Is it easy/ very easy to see the nurse?	61%	72%	47%	72%
6.2	Are you able to see a pharmacist?	39%	55%	74%	48%
6.5	Are you currently taking medication?	45%	59%	47%	57%
6.7	Do you feel you have any emotional well-being/mental health issues?	31%	38%	50%	35%
7.1a	Are you currently working in the prison?	47%	60%	50%	57%
7.1b	Are you currently undertaking vocational or skills training?	5%	7%	0%	7%
7.1c	Are you currently in education (including basic skills)?	32%	18%	33%	20%
7.1d	Are you currently taking part in an offending behaviour programme?	5%	6%	5%	6%
7.3	Do you go to the library at least once a week?	35%	36%	58%	34%
7.4	On average, do you go to the gym at least twice a week?	51%	42%	34%	46%
7.5	On average, do you go outside for exercise three or more times a week?	11%	19%	14%	18%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	8%	15%	7%
7.7	On average, do you go on association more than five times each week?	24%	25%	0%	28%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	11%	12%	0%	13%
8.1	Do you have a personal officer?	53%	44%	54%	46%
8.9	Have you had any problems sending or receiving mail?	38%	40%	23%	42%
8.10	Have you had any problems getting access to the telephones?	24%	23%	28%	23%