

Report on an announced inspection of

HMP Stafford

18–22 July 2011

by HM Chief Inspector of Prisons

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Introduction

Stafford prison is a medium sized category C training establishment holding mainstream and vulnerable prisoners. Situated in the town centre and with parts of the institution dating back to the late 18th century, Stafford is one of the older prisons in the country. In recent years we have noted improvements to the regime, the maintenance of reasonable environmental standards and the challenging of negative relationships and cultures. When we last visited in 2009 we reported that Stafford was performing reasonably well against all four of our healthy prison tests. It is commendable that at this full announced inspection we found that not only had these outcomes been maintained but that in one area, activity, the outcomes were now good. However, much remained to be done.

Safety indicators were mixed. There was evidence to suggest the majority of prisoners felt safe but the perceptions of some groups, notably Muslims and those from black and minority ethnic backgrounds, were very poor. Over half indicated that they had, at some time, felt unsafe in the prison. This should be a matter of significant concern to the establishment and might be assisted by more meaningful consultation with prisoners concerning, for example, the development of the prisons safer custody strategies. Recorded incidents of violence were comparatively low but we were not assured that the prison had an informed understanding of all issues and trends, and some investigations and the application of available interventions were limited. In contrast the prison's approach to self-harm issues was generally good, with an appropriate focus on the risks.

Just under half of the population was made up of vulnerable prisoners. Housed mainly on E and F wings, a small minority were also integrated with mainstream prisoners on G wing. The management of these prisoners was good and all had equal access to the regime. Vulnerable prisoners were also able to integrate in some regime activities and it was impressive that, in this context of effective risk management, a comparatively low number, just 14%, indicated that they currently felt unsafe.

Segregation and use of force were commendably low, although the use of formal disciplinary procedures had increased considerably, often for minor infringements. Similarly the application of some routine security procedures were, in our view, disproportionate to the establishment's status as a category C training prison and there was a lack of consideration and flexibility about some routines. Drug interventions were well applied, and illicit drug usage was below target, although there was some evidence that prescribed medications were being diverted.

The prison environment was maintained to a very good standard, which was a significant achievement in terms of the age of the buildings. It was an irony that the restrictions to amenities that did exist, notably to showers and telephones, were caused largely by limitations to the regime rather than the fabric of the facilities. We observed reasonably good relationships between staff and prisoners, although our survey suggested that prisoners felt less respected than at comparator prisons and perceptions among some minority groups were significantly worse. Many personal officers had a good knowledge of the prisoners in their care but the personal officer scheme itself was not well embedded and prisoners questioned its effectiveness.

Work was being undertaken across the diversity strands and structures to support equality were reasonably sound. Analysis of race equality data suggested an equality of outcomes for black and minority ethnic prisoners but many complained of discriminatory attitudes among staff. Work with foreign nationals was limited though developing, but we were not assured that all prisoners with disabilities were systematically identified. A scheme to pay prisoners to help

those with disabilities was an interesting initiative and there was some positive work to support older prisoners. Health care services were generally good with well developed mental health provision. The anxiety and combat stress groups for veterans was particularly noteworthy.

Perhaps Stafford's most significant achievement was that as a training prison, its work to provide a meaningful and purposeful training regime was very good. There were some needless restrictions to the amount of association time available, but there was sufficient activity for all prisoners and those places that were available were properly utilised. The quality and variety of learning and skills provision and achievements by prisoners were good. Vocational training places were fully occupied and workshops provided a realistic work environment and promoted a positive work ethic.

The prison had good policies and structures to support resettlement and offender management but their application required improvement. The resettlement strategy was informed by a needs analysis that had identified gaps, notably in the provision of offending behaviour work, but the coordination of provision with the potential for access to courses at a regional level was embryonic and did not sufficiently meet the need. The appointment of a resettlement officer to assist with housing on release was a step forward but too few prisoners were aware of the help available. Most prisoners were subject to offender management but caseloads were high, contact too limited and it appeared that many supervisors lacked the confidence to fully and effectively carry out their roles.

Stafford, despite our criticisms, should take encouragement from the findings of this inspection. The establishment is reasonably safe and respectful and provides a purposeful training regime. There has been sustained improvement and we found evidence of further improvements, in particular around the quality of the regime. The establishment refused to allow the age and limitations of the environment to hold it back. However, the prison needs to improve its consultation with prisoners and address the negative perceptions of minority groups. The application of some rules is too restrictive and at odds with the general feeling of the establishment and the standards applied to the provision of activity should be replicated in the provision of resettlement and offender management services.

Nick Hardwick
HM Chief Inspector of Prisons

September 2011

Fact page

Task of the establishment

HMP Stafford is a category C training establishment.

Prison status (public or private, with name of contractor if private)

Public

Region/Department

West Midlands

Number held

733

Certified normal accommodation

741

Operational capacity

741

Date of last full inspection

July 2006

Brief history

HMP Stafford was built in 1794 and, apart from closure between 1916 and 1949, has remained in continuous use. The wings were built in 1834, 1844 and 1852. A further quick build (G wing) was subsequently added. The most recent additions have been a visits complex and centre, an education centre, a kitchen and a modern 40-bed residential unit.

In 2003, Stafford changed direction and dedicated half its capacity to vulnerable prisoners and sex offenders and a regime based on offending behaviour programme delivery. Following a recent expansion project, a new vocational training facility has provided vocational opportunities for up to 100 prisoners.

Description of residential units

Unit	CNA	Operational capacity	Designation	Additional information
A wing	108	108	Mainstream prisoners	Normal accommodation
B wing	72	72	Mainstream prisoners	Normal accommodation
C wing	126	126	Mainstream prisoners	Normal accommodation
D wing	85	85	Mainstream prisoners	Induction/normal accommodation
E wing	155	155	Vulnerable prisoners	Induction/normal accommodation
F wing	155	155	Vulnerable prisoners	Normal accommodation

G wing	40	40	Integrated enhanced	Compact-based accommodation for both populations
	741	741		

Escort contractor

Reliance and G4S

Health service commissioner and providers

South Staffordshire PCT

Learning and skills providers

The Manchester College

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 Reception was welcoming and induction arrangements were appropriate and met prisoner needs. Prisoners' perceptions of safety were mixed, with black and minority

ethnic and Muslim prisoners having very poor perceptions. We were not assured that the prison was fully sighted on the whole range of safety indicators. Suicide and self-harm procedures were good. Use of segregation was low, supported by effective reintegration planning. Use of force was low. Some aspects of security were over-restrictive. Drug use appeared low. Integrated drug treatment system arrangements were generally sound. Vulnerable prisoners were held safely and had access to the full regime. Overall, outcomes for prisoners were reasonably good against this healthy prison test.

- HP4 Relationships between escort and reception staff were good. The requirement for prisoners to be handcuffed for the short distance from vans to reception was disproportionate to the risk they presented. Information about prisoners was shared systematically, and reception staff made appropriate use of it to inform initial risk assessments. Reception staff were respectful and focused on prisoner safety, and facilities to interview prisoners in private were good. Effective use was made of a peer support worker, who greeted all new prisoners on arrival. Reception was generally clean and well decorated, and communal areas were welcoming. Two of the three holding rooms were clean, well equipped and well supervised but the third was dirty, poorly equipped and in need of decoration. Prisoners often spent too long in reception.
- HP5 The dedicated first night and induction centre, although old and worn in places, was generally clean. Cells were appropriately prepared for new arrivals and, overall, living conditions on the unit were adequate. Immediate needs were identified during a private interview with an officer and dealt with quickly and sensitively. Trained prisoners saw all new receptions to inform and support them on the day of their arrival.
- HP6 Handover procedures for night staff were well developed and routinely included information about the location of new prisoners. All prisoners received an induction programme that contained a range of useful information.
- HP7 Most prisoners said that they felt safe at the time of the inspection, although about a third of black and minority ethnic and Muslim prisoners we surveyed said that they felt unsafe and had been intimidated and threatened by other prisoners.¹
- HP8 The violence reduction strategy was reasonable but it was not adequately informed by prisoner consultation. The collection of data for the number and nature of violent incidents was underdeveloped and we were not assured that all information about

¹ **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towel et al (eds), *Dictionary of Forensic Psychology*.)

suspected incidents was being investigated. The number of prisoners on formal anti-bullying measures appeared disproportionately low even when compared with the low number of reported violent incidents. A casework approach to manage and change a range of anti-social behaviour through structured intervention programmes was developing and there were early signs that this was proving useful.

- HP9 There had been no recent self-inflicted deaths and the number of incidents of self-harm was low. The self-harm and suicide prevention policy had recently been reviewed and was properly focused on the specific risks and needs of prisoners. It was generally well promoted and understood by staff and prisoners. There had been improvements in the analysis of data to provide information about patterns and trends of self-harming behaviour, and management checks had driven up the quality of entries in assessment, care in custody and teamwork (ACCT) documents. The number of ACCT documents opened was reasonably low and initial screening arrangements were good. Case management arrangements through the safer custody team, residential managers and health services staff were very good.
- HP10 Some security practices were over-restrictive, such as locking prisoners up on return from activities, the use of handcuffs for prisoners coming off escort vans and locking cell doors during association. Security intelligence was well analysed and acted on. The monthly security committee meeting was well attended, although links with safer custody were weaker than those with other departments. Allocation to activities was not restricted by security considerations. The application of closed visits was proportionate to the risks posed but some prisoners remained subject to restrictions under old procedures whereby restrictions were applied for non visits related activities.
- HP11 The segregation unit was clean and well maintained, and the few segregated prisoners rarely stayed for long periods, with most returning to normal location. Staff were knowledgeable about the prisoners in their care and provided excellent support. Reintegration planning was well developed and gave prisoners access to regime activities off the unit where possible. The process for carrying out reviews with prisoners after they left segregation was an imaginative initiative and prevented additional stays in segregation.
- HP12 The number of adjudications had increased considerably over the previous year. Many were for minor offences, and some such charges were inappropriately referred to the independent adjudicator. Records did not always evidence sufficient investigation into events. Quarterly adjudications meetings were held but no quality assurance checks were undertaken.
- HP13 Use of force had decreased and was low. Planned uses of force were not routinely recorded, and recordings that were made were not scrutinised. Use of force meetings were not held at regular intervals but, with one notable exception involving the use of a baton, all documentation was checked and identified issues followed up. Special accommodation had not been used in the previous 12 months.
- HP14 The integrated drug treatment system (IDTS) was well established. Treatment regimes were flexible, reviews took place regularly and specialist staff delivered a good level of care jointly with the counselling, assessment, referral, advice and throughcare (CARAT) service. The facilities for controlled drug administration were inadequate. A detailed supply reduction strategy had been developed and proactive measures were taken to implement the action plan. The random mandatory drug

testing (MDT) positive rate had been below target in the previous six months and MDT was well monitored, with results broken down by wings. There was some evidence of diverted medication on E and F wings.

- HP15 Vulnerable prisoners, who included mainly sex offenders but also some non-sex offenders, made up almost half the prison population. They were located on E and F wings, with the exception of enhanced vulnerable prisoners, who were safely co-located with mainstream prisoners on G wing. Vulnerable prisoners also mixed with mainstream prisoners in a number of activity areas, subject to a risk assessment. They had access to a full regime and arrangements were well managed and safe.

Respect

HP16 The environment was generally well decorated and clean, particularly in communal and external areas. The quantity and quality of prison clothing were poor. Restrictions on association time meant that not all prisoners could shower daily and access to telephones was unacceptably limited. Prisoners' perceptions of staff were mixed but we observed reasonable levels of engagement and respect. Personal officer work was underdeveloped. A good incentives and earned privileges scheme was insufficiently understood by staff and prisoners. Diversity was generally well managed and facilities for older prisoners were particularly good. Black and minority ethnic prisoners reported negatively on a number of issues. The range and standard of the food provided were good. Health services were good. Overall, outcomes for prisoners were reasonably good against this healthy prison test.

- HP17 Wings were clean and well maintained. The external areas were clean and efforts had been made to soften the environment. Cells were mostly old but benefitted from the addition of annexed toilets. G wing had spacious single cells with integrated showers. Showers were generally clean, with adequate partitioning, but not all prisoners could shower every day.

- HP18 Access to telephones was poor because of restricted association and domestic times. Prisoners were provided with a change of clothing and bedding once a week but there were shortages of adequate clothing on most wings. Prisoners' applications to access their stored property were not always answered and we found applications dating back three months that had not been dealt with.

- HP19 The recently reviewed incentives and earned privileges policy was not widely understood by staff or prisoners and older versions were on display on the wings. This had resulted in some misunderstandings over the current requirements of the scheme. Prisoners were appropriately warned about minor infringements of rules and given positive encouragement when they 'overachieved'. Reviews were carried out by wing managers and targets were set to encourage behaviour improvement.

- HP20 Although fewer prisoners in our survey than at comparator prisons said that most staff treated them with respect, we observed generally positive relationships between staff and prisoners. Black and minority ethnic and Muslim prisoners were less positive than their white and non-Muslim counterparts about staff. Most prisoners knew the name of their personal officer but reported a lack of purposeful engagement. Entries by personal officers in wing files were generally made weekly but were often repetitive,

observational and lacking in detail about meaningful interactions. Management checks did not challenge this lack of substance.

- HP21 Survey results about the quality of the food provided were positive and the range and standard of the food were good. Mealtimes were reasonably spaced through the day but breakfast packs were issued on the evening before consumption. The shop ordering and delivery arrangements were adequate and there was a wide range of catalogues. In our survey, fewer black and minority ethnic and Muslim prisoners than their white and non-Muslim counterparts said that the range of products was adequate to meet their needs.
- HP22 There was a comprehensive equality policy, backed by specific policies for gay and transgender prisoners and foreign nationals. Operational implementation of the policy was devolved to a range of staff, many of whom had recently taken on the responsibility and received insufficient support and direction for the role. The diversity and race equality action team (DREAT) met monthly and was effective in addressing issues but attendance was not sufficiently multidisciplinary and attendance by equality staff was poor. A group of prisoner representatives supported the equality manager and attended the DREAT meeting.
- HP23 Black and minority ethnic prisoners had less favourable perceptions than white prisoners in a number of important areas, including equality of treatment. They also complained of discriminatory attitudes of staff towards them. However, systematic monitoring and analysing of race equality treatment (SMART) data analysis showed that representation of black and minority ethnic prisoners in the prison regime was usually within the expected range. The quality of investigations of racist complaints was variable and replies to prisoners were not sufficiently informative. Internal monitoring was not sufficiently challenging and independent checks had not been undertaken recently.
- HP24 The foreign nationals coordinator had insufficient allocated time and management support, and had not developed the services described in the policy. Consultation groups for foreign national prisoners had been introduced but were not well established. There was insufficient use of formal interpreting services. Immigration matters were managed by the head of the offender management unit (OMU), who liaised with the UK Border Agency, which visited every six months.
- HP25 Prisoners with disabilities identified by health services staff had facilities to meet their needs, and evacuation plans were in place for those who required them. However, we were not assured that all prisoners with disabilities were appropriately identified. Those identified were accommodated in suitable locations, and showers were adapted to meet their needs. A 'helping other prisoners in need' (HOPIN) scheme paid prisoners to provide help to those with mobility needs but this only operated on the vulnerable prisoner wings. The senior support group for older prisoners was a valuable resource and provided a range of activities.
- HP26 There was a fully integrated chaplaincy team, which played an active role in the prison regime and provided for all faiths. A wide range of religious study groups were available for Christian, Muslim and Buddhist prisoners. In our survey, Muslim prisoners reported a high level of satisfaction with access to religious leaders but this was not matched by other prisoners.

- HP27 The application process was adequate. The number of formal complaints was high and many concerned issues that could have been dealt with through less formal procedures. The quality of responses was mixed. Governance arrangements were reasonable but we were not assured that quality checks were helping to drive up the quality of all replies.
- HP28 There was a part-time legal services officer, who provided advice to prisoners by application but did not see all new arrivals. Separate legal visits sessions were readily available in the visits hall but there was inadequate privacy. Prisoners had difficulty in communicating with legal advisers.
- HP29 Health services staff were well supported and there was good clinical and operational leadership. Staffing levels were low but staff appeared to be committed and the skill mix was good. The health environment on the wings was poor and needed upgrading. Prisoners were able to access all health services reasonably quickly and a wide range of health professionals brought specialist services into the prison. The management of lifelong conditions was excellent. There was good support for older prisoners, who were managed well by a dedicated nurse. Pharmacy and dental services were generally good. Mental health services were well developed and primary and secondary services worked well together to support prisoners. The anxiety and combat stress groups were an excellent initiative.

Purposeful activity

HP30 Prisoners had satisfactory time out of cell for most of the working week. There were inadequate periods of association. The focus on learning and skills and the learning and skills provision were very good. There were sufficient activity places to engage all prisoners in purposeful activity. All places were fully utilised and prisoners were fully occupied during the working day. The quality and variety of education, vocational training and work were good and met prisoner need. There had been a sustained improvement of achievements and qualifications were good. There were good opportunities for prisoners to develop work and employability skills. Library and PE provision were reasonable. Overall, outcomes for prisoners were good against this healthy prison test.

HP31 Most prisoners, particularly those on the enhanced regime, had a reasonable experience of time out of cell between Monday and Thursday, and during the core day we found few prisoners locked in their cells. All prisoners suffered a considerably reduced amount of time out of cell on Fridays and many on the standard and basic regime also experienced very limited time out of cell during the weekend. Prisoners on the standard regime had access to evening association on no more than two days a week and only one session on each weekend day. Prisoners were expected and encouraged to attend learning and work, and we found very few prisoners locked up during the working day. Access to outside exercise was limited to half an hour a day during the week, although all prisoners could have one hour in the open air each weekend day. Most exercise yards had improved with the addition of seating and floral displays.

HP32 The number of activity places was sufficient to occupy prisoners fully. Improvements had been made to the provision. Senior managers had a clear strategic plan for learning and skills which linked well to the overall resettlement objectives of the

prison. Standards of behaviour throughout learning and skills were good, with high levels of mutual respect between tutors, instructional officers and prisoners.

- HP33 The learning and skills induction provided information on available activities. The careers, information and advice service was good. The sequencing and allocation process was clear, fair and equitable. There were waiting lists for a small number of courses but the prisoners involved were allocated to other activities until a vacancy arose. The pay structure was generally fair but rates of pay were low.
- HP34 The quality of teaching and learning was good. A range of courses was available and there were good opportunities for progression. Achievement rates on most courses were high.
- HP35 The amount and type of vocational training available had improved, and it was well managed and planned. The variety of accredited vocational courses was good but the range was limited to mainly level 1 courses, with few progression opportunities. Achievement rates on most of the courses were high.
- HP36 Work in contract workshops was well planned and structured and enabled prisoners to develop good employability skills. Workshops were of a good standard and provided a realistic working environment. The employability skills developed in work were not formally recognised or recorded to use as evidence for employers.
- HP37 The library area, although small, was well planned and a reasonable environment in which to study. Access to the library was satisfactory, except for prisoners with limited mobility. Resources were broadly reflective of the needs and different cultures of the prison. Data to identify the number of individual prisoners who used the library were not collated.
- HP38 PE facilities were generally good. Induction to the gym was appropriate but health care assessments were not routinely shared with the gym. The process of applying to use the gym was cumbersome and lacked transparency. Gym usage was low but insufficient action had been taken to determine the reasons for such poor attendance. Accredited courses in the gym were appropriate and achievement rates high.

Resettlement

- HP39 A good reducing reoffending strategy was yet to be fully translated into practice. Offender management had suffered from recent structural changes and there were insufficient links between offender management and the rest of the prison. Prisoners and offender supervisors had little ongoing contact. Provision for prisoners on indeterminate sentences for public protection was limited. Recategorisation procedures were sound. Public protection arrangements were generally good. There was insufficient use of release on temporary licence. Reintegration planning was reasonable and in some cases good. Overall, outcomes for prisoners were reasonably good against this healthy prison test.
- HP40 There was a good reducing reoffending strategy and clear action plan. Governance arrangements were good. The strategy had been informed by a needs analysis but not by prisoner consultation. Gaps in provision, particularly insufficient interventions

for prisoners, had been identified but the regional strategy for the provision of interventions had bridged only some of them.

- HP41 Most of the population was subject to offender management or offender assessment system (OASys) arrangements. The OMU did not have a sufficiently high profile across the establishment. Not all relevant information about the prisoner was communicated to the offender supervisor and other staff were not actively involved in sentence planning or review boards. The OMU case management arrangements had the potential for positive outcomes but had resulted in large caseloads for offender supervisors and case administrators, and some staff lacked confidence in taking on the full range of generic tasks. All prisoners were allocated to an offender supervisor but few received meaningful or structured contact beyond the assessment and planning stage. There was an ongoing backlog of OASys assessments, which had increased owing to the number of prisoners arriving without an initial assessment.
- HP42 Categorisation reviews were timely and well managed but a number of category D prisoners pending transfer remained registered as category C on P-Nomis. Some prisoners experienced long waits for transfer to open conditions.
- HP43 Home detention curfew was used appropriately but the use of release on temporary licence for resettlement purposes was minimal. The 'stepping stones unit' on G wing provided a positive and constructive model for preparing prisoners for a move to open conditions.
- HP44 Many of the prisoners serving an indeterminate sentence for public protection (IPP) were dissatisfied with their situation. Most were post-tariff. They had little structured contact with offender supervisors and limited access to psychological services. A backlog of post-sex offender treatment programme reports caused further delays in progression for some IPP prisoners.
- HP45 Public protection arrangements were confidently managed and robustly applied. Monthly meetings were well documented and thorough, although offender supervisors were absent. Links to multi-agency public protection arrangements (MAPPA) were good but MAPPA level 3 meetings were not always attended by a sufficiently senior manager from the OMU or the offender supervisor.
- HP46 The appointment of a resettlement officer had filled a long-term gap in the provision of housing advice. Prisoners could access specialist help and support but too few knew whom to turn to for help. Assessment of housing needs was included as part of induction, and final checks were made before release. Links with community agencies had been developed, with some coming into the prison weekly.
- HP47 There was no provision for one-to-one financial guidance but money management was included in some of the education courses. In addition, a short-term freephone pilot project enabled access to guidance from the Money Advice Service. Where relevant, prisoners were given benefits advice before discharge but the opening of bank accounts was not yet available.
- HP48 Prisoners were provided with good support for continuing with training or engaging with employment on release. Prisoners had access to an effective employability course and help with CVs, job applications and disclosure, in addition to a course aimed at prisoners wanting to become self-employed. Some good initial links with employers had been made but too little was being done to inform course planning and

increase employment prospects. Careers, information and advice before release was good.

- HP49 Prisoners were seen by health services staff before release and given advice on how to access health services in the community. Appropriate medication was provided, together with a written summary of their health care while in custody. Mental health staff worked with other prison departments to ensure that that continuing care was provided for the prisoner on release.
- HP50 A detailed IDTS needs analysis had been conducted and the resettlement action plan contained a drug and alcohol section, but the drug strategy policy was basic and the document did not include alcohol services. Prisoners had good access to counselling, assessment, referral, advice and throughcare (CARAT) services, which included alcohol-only clients. Prisoners could access IDTS group work modules, as well as structured one-to-one work, and the service had established good throughcare links with local drug intervention programmes, but there was no formal mechanism for service user feedback. The Building Skills for Recovery programme was a welcome replacement for the prison addressing substance related offending (P-ASRO) course; it had broader acceptance criteria (including prisoners with primary alcohol problems), and the alcohol-related violence (ARV) programme was also due to start.
- HP51 The visitors centre provided adequate facilities and staff were helpful. There were substantial delays in admission for some visitors, delaying the start of visits. The visits hall was bright and provided adequate privacy. Prisoners could not wear their own clothes, even on family days. Family visits were held six times a year and were well attended. However, the involvement of families in key aspects of the sentence was not well developed. Funding for the Building Stronger Families sessions had ended but Storybook Dads was provided.
- HP52 A regional needs analysis had been undertaken to shape the range of interventions and identify gaps in offender behaviour programmes. This had not yet been informed by a prisoner survey. Gaps in provision were beginning to be addressed; access to courses in other establishments was being explored but was difficult to achieve in practice. Completion targets for the previous year had been met but the planned level of provision for the current year did not meet the identified level of need. Too many sex offenders were excluded from treatment, as they were either refusing treatment, denying their offence or did not have enough time left in custody. There was insufficient integration between programmes and other staff.

Main concerns and recommendations

- HP53 Concern: Limited periods of association meant that not all prisoners had access to daily showers.

Recommendation: The daily regime should allow for all prisoners to take a shower.

- HP54 Concern: For many prisoners, access to telephones was restricted and the length of calls was unduly limited.

Recommendation: Prisoners should have reasonable access to telephones.

HP55 Concern: When not at work, many prisoners had little time out of their cell. The availability of association was limited, especially from Friday to Monday, and prisoners could spend long periods locked up.

Recommendation: The regime should be reviewed and the availability of association should be increased.

HP56 Concern: The prison was not fully sighted on the number and range of violent incidents and the violence reduction strategy was not informed by prisoner consultation.

Recommendation: There should be effective links between security, violence reduction and residential staff to improve data collection on the number and type of violent incidents. Prisoners should be consulted at regular and frequent intervals about concerns for their safety.

HP57 Concern: The perceptions of black and minority ethnic and Muslim prisoners were considerably less favourable in important areas of the regime, including safety and respect.

Recommendation: The prison should investigate the reasons behind the negative perceptions of black and minority ethnic and Muslim prisoners.

HP58 Concern: Offender management work was not given a high enough priority across the prison. There was too little communication between offender supervisors and other staff and departments, offender supervisors were inadequately informed about the prisoners in their care and too often prisoners did not know their offender supervisors.

Recommendation: The prison should review its approach to offender management and ensure that all staff in the offender management unit have sufficient capacity and confidence, and that all staff understand their role in reducing reoffending.

HP59 Concern: Too many prisoners serving indeterminate sentences for public protection (IPP) were over tariff and waited too long for access to appropriate courses.

Recommendation: The needs of IPP prisoners should be targeted and supported by regular contact with offender supervisors.

HP60 Concern: Too many prisoners were unable to address their offending behaviour as there was an insufficient quantity and range of programmes available.

Recommendation: The planned level of offending behaviour provision should meet the identified level of need.

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 good relationships between the prison and the escort provider. Late arrivals were rare, and all prisoners arrived in time to benefit from full reception and first night procedures. All prisoners were handcuffed when moving between prison vans and reception.
- 1.2 The main escort contractor for courts and transfers was G4S, and journey times were relatively short, usually under two hours. The vehicles we inspected were well serviced and clean.
- 1.3 Our observations showed that escort staff were polite and respectful; prisoners' property was treated appropriately and staff we spoke to were properly focused on prisoner safety. In our survey, 70% of respondents, against the 66% comparator, said that they were treated well by escorting staff.
- 1.4 Relationships between escort and reception staff were effective. Information about prisoners was shared systematically, and reception staff made appropriate use of it to inform initial risk assessments. Prisoner escort records were properly completed and legible.
- 1.5 Late arrivals were rare, and all prisoners arrived at the prison in time to benefit from full reception and first night procedures.
- 1.6 All the prisoners we observed disembarking from escorts vans were handcuffed for the short distance between the vehicle and reception; given the short distance, this was disproportionate.

Recommendation

- 1.7 **Prisoners should not be handcuffed when moving from the escort vehicle to reception unless a risk assessment deems this necessary.**

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.

- 1.8 Reception was generally clean, well decorated and welcoming. Two of the three holding rooms were adequately designed, well equipped and well supervised. The third holding room was dirty and in a poor state of decoration. Staff were welcoming, respectful and focused on prisoner safety, and facilities to interview prisoners in private were good. Good use was made of peer support workers, who greeted prisoners as they arrived. Prisoners often spent too long in reception, especially if they arrived late in the morning. First night and induction arrangements were reasonably good.

Reception

- 1.9 The reception building was located in the prison grounds, a short distance from the main gate and near to the residential units. Prisoners arrived from other prisons predominantly in the West Midlands and nearly all were planned to arrive on Monday, Wednesday or Friday. There were usually about 18 to 20 new receptions each week.
- 1.10 The reception area was bright and well decorated. Floors were carpeted and clean and there were pictures on the walls, and potted plants. There were three holding rooms: two were located near the main entrance and one at the back of the building, where prisoners waited before discharge or to leave the prison under escort. The two at the front of reception were of adequate size, clean, well decorated and well supervised. Up-to-date information notices were published on boards and there were reading materials and working televisions to help to occupy prisoners' time while they waited to be dealt with. The third holding room was dirty, poorly equipped and in a poor state of decoration.
- 1.11 On arrival, prisoners were taken from escorting vans into reception, where they were met by a trained reception officer. Identity and warrant checks were carried out, and property was checked and booked in. Prisoners were asked if they understood what had happened to them before transfer and if they had any immediate needs. Searching procedures were carried out sensitively by two officers in one of the private searching cubicles. Procedures to process prisoners and the attitudes of officers working in the area were good. Officers were respectful and aware of the potential risks to new prisoners. A first night and induction policy document had been published and we saw evidence that it was working effectively in reception to direct officers concerning prisoners' initial needs and safety.
- 1.12 Prisoners were then interviewed by staff in private in a comfortable room away from the main holding rooms, and a reception/first night and induction pro-forma was raised. Those considered to be vulnerable and to require protection were identified quickly, separated and later transferred to either E or F wing (see section on vulnerable prisoners). All prisoners were interviewed by a health services professional in a private room in the main reception area.
- 1.13 A trained prisoner Listener was employed as a reception orderly and saw all new arrivals in groups and individually, and a peer support worker (Insider) also often attended the reception area to meet new prisoners (also see section on first night).
- 1.14 In spite of strong safety-focused systems, prisoners often remained in reception for too long. Those arriving between 11am and 12.30pm had to wait in holding rooms until staff on the wings returned from lunch – often for as long as four hours after their arrival.

Recommendations

- 1.15 **All holding rooms should be clean and well decorated.**
- 1.16 **Procedures should be expedited so that prisoners are not delayed in reception for long periods.**

First night

- 1.17 Following reception, all new mainstream prisoners were taken to the first night centre on D wing. First night accommodation consisted of 11 double and one single cell on the first and third landings of the wing. Given the age and usage of the unit, living conditions were reasonable. Areas such as stairs and flooring were old and worn but, on the whole, communal areas were clean, walls were brightly painted and cells were properly prepared for new prisoners. Vulnerable prisoners were located in one of six designated first night cells on E wing, where, although old and worn, living conditions were clean and reasonably decorated.
- 1.18 Designated first night officers interviewed all new arrivals on both D and E wings in private and reviewed the initial needs assessments carried out in reception. A record of this further assessment was kept as part of the prisoner's record of induction. Entries showed that staff were aware of the importance of dealing with any immediate risks and of the possible anxiety associated with the first night in prison. Written information was provided in a range of languages, setting out what prisoners could expect from their induction programme and from their next few days in prison. All prisoners were offered a free telephone call, and a shower on their first night.
- 1.19 The use of peer support workers had been introduced on both D and E wings. Following a risk assessment, two unit cleaners had been selected to see all new arrivals, to reaffirm how to use prison systems to meet their initial needs and how to access help if they needed it during their first night.
- 1.20 Handover procedures ensured that staff coming on duty, particularly night staff, were aware of the locations of new prisoners and any special needs that they may have had.

Induction

- 1.21 Induction officers based on D and E wings saw all new prisoners individually during a formal interview on the day after their arrival to explain and describe the content of the published induction pack, which covered relevant issues concerning the establishment's policies, procedures and rules. Interviews were informative; prisoners were encouraged to ask questions and given the opportunity to discuss their concerns. Individual needs were assessed again and recorded on the first night and induction assessment booklet.
- 1.22 On the Tuesday after admission, a half-day induction presentation was delivered to all new mainstream prisoners in the morning, and to all new vulnerable prisoners in the afternoon. This consisted of a number of modular sessions delivered by a multidisciplinary team of prison staff, prisoner peer support workers and service providers such as counselling, assessment, referral, advice and throughcare (CARAT) workers, education officers and resettlement staff. D and E wing induction officers were responsible for ensuring that the programme ran as scheduled and that all elements were received by prisoners. Sessions were delivered in a well-equipped, adequately sized prefabricated building in the prison grounds and were rarely cancelled. In our

survey, 98% of respondents said that they had attended an induction course. However, only 53% of respondents, against the 65% comparator, said that the programme covered all they needed to know about the prison.

Recommendation

- 1.23 **The reasons for poor prisoner perceptions about the quality of the induction programmed should be explored.**

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 Residential units and external areas were clean and tidy and cells were adequately furnished and equipped. Many did not have a facility for storing possessions securely. G wing provided excellent accommodation for men preparing for transfer to open conditions. Cell call bells were generally answered promptly and the offensive displays policy was enforced. Association areas were adequate, and during association times prisoners were well supervised but were not allowed access to their cells. Prisoner consultation meetings were not held regularly and there was some unacceptable noise in the evening after prisoners were locked in their cells. Mail processes were reasonable. Access to telephones was restricted by limited association time and prisoners were limited to 10 minutes for each call. Prisoners were allowed to wear their own clothing but few did and there were some shortages of adequate prison clothing. Property was stored securely but applications for access were not dealt with promptly. Limited materials for cell cleaning were provided and there was no designated facility time for this. Not all prisoners could take a shower every day.

Accommodation and facilities

- 2.2 The common areas of the prison, both externally and internally, were kept clean and tidy. External areas were well maintained and much had been done to soften the environment with plants and gardens where possible. Although all accommodation, except for G wing, was old, there was adequate light and decoration was in good order.
- 2.3 Older accommodation comprised a mixture of single and double cells but there were two four-bed dormitories on B wing. These were not certified for four prisoners and were always occupied by only two prisoners. Cells used as doubles were adequate for two prisoners, with bunk beds to maximise the space available. All cells that we examined were reasonably decorated and clean, with little graffiti. They were adequately equipped but none of the older accommodation had secure lockable storage. Some cells had metal cabinets attached to the wall and others had free standing cabinets with locks, but many keys were missing and some had even had locks removed by previous occupants.
- 2.4 In-cell toilet facilities were located in an annexe to the cell, created by conversion of alternate cells in a row, providing a good level of privacy and hygiene. Each cell had access to drinking water and washing facilities at all times. Electric kettles and televisions were provided.
- 2.5 Facilities on G wing were better and consistent with its role of preparing prisoners for transfer to open conditions. Cells were for single occupancy and spacious, with en-suite toilet and shower facilities. Prisoners had privacy keys, so they had access to their cells during the day, but they were locked up in them after evening association.
- 2.6 In our survey, a similar number of prisoners to the comparator said that cell call bells were answered within five minutes. There were weekly management checks on each wing to ensure

that staff maintained a good level of response. There was a clear policy prohibiting offensive displays, which covered sexually offensive and discriminatory material. We did not see any breaches of the policy and staff told us that they checked cells daily and rarely had to instruct prisoners to remove any displays.

- 2.7 Association areas were adequate for the numbers of prisoners unlocked and were well supervised. The atmosphere on association was relaxed and potential areas of conflict, such as queues for telephones and showers, were managed actively. Prisoners were not allowed access to their cells during association, which caused them some frustration.
- 2.8 There were prisoner wing representatives on each accommodation unit, and we saw minutes of meetings displayed in prisoner areas, but the meetings had not been held consistently. Consultation appeared to be effective, with matters raised assigned for action and the outcomes reported back.
- 2.9 In our survey, only 63% of respondents, against the 71% comparator, said that it was normally quiet enough to be able to relax or sleep in their cells at night. On our night visit, we found that most wings were quiet, with the exception of B wing, where loud music was being played by one prisoner. We were told by staff that they instructed prisoners to turn off loud music by 10pm.
- 2.10 Prisoners could send as many letters as they wished, and one free letter a week. Mail was collected daily from the wings and posted that day, including at weekends. Although most prisoners we spoke to did not report problems with mail, some vulnerable prisoners reported delays. However, the delays were not unreasonable and were necessary for public protection.
- 2.11 All incoming mail for most prisoners was opened to check for enclosures, and up to 5% was read. Outgoing mail was sent to the post room open and up to 5% was read before sealing. The exception to these procedures was correspondence targeted by security or for prisoners subject to public protection arrangements.
- 2.12 Mail marked as legally privileged was not opened routinely and legal companies which had not marked mail were reminded by letter. Prisoners were informed when mail was opened in error.
- 2.13 Access to telephones was poor because of the restricted association and facility times. This was reflected in our survey, with 44% of respondents, against the 23% comparator, saying that they had problems getting access to telephones. Staff managed this by limiting calls to 10 minutes (see main recommendation HP54). Each wing had telephones with appropriate privacy hoods, located in areas which allowed for reasonable quiet.
- 2.14 The ratio of telephones to prisoners was one to 30 on E wing but elsewhere was around one to 20. There were notices on all telephone booths informing prisoners that their calls might be monitored but these were only in English.

Recommendations

- 2.15 **All prisoners should be able to lock personal items away securely in their cell.**
- 2.16 **Prisoners should be allowed access to their cells during association periods.**
- 2.17 **There should be at least one telephone per 20 prisoners on E wing.**

Housekeeping points

- 2.18 Prisoner consultation groups should be held monthly.
- 2.19 Notices on telephone booths informing prisoners that calls may be monitored should also be in languages other than English, appropriate to the prison population.

Clothing and possessions

- 2.20 Prisoners were allowed to wear their own clothing but few took the option to do so. They told us, and we concurred, that this was because of restrictions on where they could wear them and because they could not have their own clothing sent in.
- 2.21 In our survey, 53% of respondents, against the 59% comparator, said that they were offered enough clean, suitable clothing for the week. Kit change was on a Friday and staff and prisoners alike told us that the clothing provided was sometimes in poor condition and unsuitable sizes. The prison had introduced a system of one-for-one exchange of clothing and kit amnesties to overcome the problem of hoarding. However, prisoners told us they were reluctant to hand over good quality clothing that fitted when they may get unsuitable or poor quality clothing in exchange. As a result, prisoners complained of having to keep dirty clothing in their cells.
- 2.22 Prisoners' property was held securely in reception and application of the volumetric control system was flexible. There was a constant stream of purchased goods arriving at the prison, and distribution was sometimes delayed when weekend staff in reception were assigned to other duties, although the log showed that most was handed out within 10 days of arrival and that valuable property was security marked. Prisoners in our groups complained that applications to collect stored property were not dealt with and we found applications dating back three months awaiting action. We were told that purchased property was prioritised and that applications had been overlooked.
- 2.23 There was a good store of discharge clothing, in a range of sizes, and a limited amount of formal clothing for prisoners to borrow for occasions such as court appearances or funerals. Canvas holdall bags were provided for discharged prisoners' possessions.

Recommendations

- 2.24 **Prisoners should be provided weekly with clean clothing in a good state of repair.**
- 2.25 **Prisoners should be able to access their property within a reasonable timescale.**

Hygiene

- 2.26 The standard of cleanliness in cells was good across the prison but in our survey fewer respondents than at comparator prisons said that they could get cell cleaning materials every week. Staff and prisoner cleaners told us that a mop and bucket containing a cleaning solution was provided on request but there was no designated facility time with cells unlocked to carry out cell cleaning.
- 2.27 Only 43% of respondents to our survey, against the 94% comparator, said that they were able to shower every day. This was because association took place on only two evenings during the

week for prisoners on the standard regime and there was no morning facility time when a shower could be taken. While we were told that some prisoners could shower after gym sessions or at work on non-association days, a substantial number each day did not have access to showers (see main recommendation HP53).

- 2.28 The condition and cleanliness of showers was generally good, with adequate partitioning to provide privacy. Most prisoners chose to purchase their own toiletries but prison-issue items were freely available.
- 2.29 Bedding was provided on reception, and in our survey 94% of respondents, considerably higher than the 79% comparator, said that they got clean sheets every week. They could order duvets through catalogues available on the wings, and shortly before the inspection had been granted the opportunity to purchase curtains.

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.

- 2.30 We observed generally positive interactions between prisoners and staff, particularly on some wings. Fewer prisoners than at comparator prisons said that staff treated them with respect, and black and minority ethnic and Muslim prisoners were less positive than white prisoners about staff.
- 2.31 Although fewer prisoners in our survey (69%) than at comparator prisons (74%) said that staff treated them with respect, we observed generally positive interactions between staff and prisoners, particularly on D, E, F and G wings. Black and minority ethnic and Muslim prisoners in our survey were less positive than their white and non-Muslim counterparts about staff; 54% of black and minority ethnic prisoners (against a comparator of 74%) and 39% of Muslim prisoners (against a comparator of 73%) said that staff treated them with respect. Many staff addressed prisoners by their surnames and cell cards did not have first names recorded on them.
- 2.32 Staff interaction during association was reasonable and we observed many staff engaging with prisoners to deal with requests. On some wings, staff were out and about during association but, even while in offices, mostly dealt with prisoner queries. The atmosphere on most of the wings was relaxed. In our survey, 16% of prisoners, compared with the 19% comparator, said that staff spoke to them during association. Prisoners in our groups told us that they all had members of staff they could turn to for help, although in our survey fewer black and minority ethnic and Muslim prisoners than white or non-Muslim prisoners responded positively to this survey question (see main recommendation HP57).

Recommendation

- 2.33 All prisoners should be addressed by their title or preferred name.

Personal officers

Expected outcomes:

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

- 2.34 The personal officer scheme was not fully implemented and staff entries on P-Nomis were repetitive, observational and lacking in detail. Management checks failed to identify the lack of detail.
- 2.35 The personal officer scheme had been implemented in July 2011 and laid out the purpose of the scheme and the responsibilities of staff within it. Prisoners were allocated to personal officers on a cell location basis and relief officers were identified to cover periods of absence. Most prisoners knew the name of their personal officer but reported a lack of purposeful engagement. Some personal officers had a good level of knowledge of those on their caseload, whereas others put the onus on the prisoner to build the relationship. Most staff we spoke to knew about the relevant issues for many of the prisoners in their care.
- 2.36 Personal officers were required to make weekly entries on P-Nomis regarding the prisoners assigned to them. These entries were expected to show an accurate picture of a prisoner's progression throughout their time at the establishment. The entries we saw were, in general, made weekly but were often repetitive, observational and lacking in detail about meaningful interactions. Management checks were carried out on 10% of file entries but did not identify this lack of detail.

Recommendation

- 2.37 **The personal officer scheme should be fully implemented.**

Housekeeping point

- 2.38 Regular personal officer entries should demonstrate meaningful interaction with the individual.

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 Although the violence reduction strategy was reasonable, it was not adequately informed through consultation with prisoners. The collection of data on the number and nature of violent incidents was underdeveloped and we were not assured that all information about suspected incidents was being investigated. The number of reported assaults and fights was not excessive. About a third of the vulnerable, black and minority ethnic and Muslim prisoners we surveyed said that they felt unsafe or had been victimised by other prisoners. The number of prisoners on formal anti-bullying measures appeared disproportionately low compared with the number of reported violent incidents. A casework approach to manage and change a range of anti-social behaviour through structured intervention programmes was developing and early signs were positive. Prisoners on the vulnerable prisoner unit were offered a full regime in a generally safe environment. Risk assessments were used to allow vulnerable prisoners appropriate use of prison facilities, including some shared activities with mainstream prisoners.

3.2 A violence reduction policy document had been published that set out the responsibilities of all staff and managers in terms of reducing acts of violence in the prison. Although it was based on an analysis of the observed pattern of violence in the prison, mainly through information collected from adjudication charges for fights and assaults, it had not been fully informed through consistent and ongoing consultation with prisoners. There was no evidence that a prisoner survey had been conducted in the previous two years, and minutes of prisoner consultation meetings did not include violence reduction issues. Many members of staff we spoke to were unaware of the content of the policy, in terms of their responsibilities and the application of some of its protocols, particularly measures to address intimidation and deal with anti-social behaviour. In our survey, although, overall, most prisoners reported that they felt safe, 32% of prisoners from black and minority ethnic backgrounds and 26% of Muslim prisoners said that they felt unsafe at the moment, and 50% and 53%, respectively, that they had felt unsafe at some time.

3.3 A trainee psychologist had been nominated as the violence reduction coordinator; however, her commitment to other duties meant that she had insufficient time for day-to-day oversight of processes, to offer guidance and training to residential staff, to investigate all alleged incidents and to promote the violence reduction strategy fully. Generally, systems for identifying bullying and potential incidents were underused and the less formal relationships between the violence reduction coordinator and residential managers to identify instances of bullying that had not been reported through more specific channels, such as security information reports (SIRs) and anti-bullying reports, were weak. During the inspection, we found that allegations or suspicions of bullying were not investigated at all.

3.4 The safer custody committee monitored the overall effectiveness of the violence reduction strategy, and also managed and monitored the suicide prevention policy. Monthly meetings,

usually chaired by the deputy governor or head of residence, were reasonably well attended but support from managers in some relevant areas, such as security, was inconsistent. Minutes showed that the meetings focused predominantly on prisoner self-harm and suicide prevention, and that other forms of violence were sometimes under-emphasised. The violence reduction coordinator provided good information on the number of reported violent incidents but details were usually limited to information about adjudications and some unexplained injuries, so there was no analysis of wider trends. Information from wing observation books, prisoners' formal complaints and SIRs were not consistently presented to the committee for analysis (see main recommendation HP56).

- 3.5 The violence reduction strategy described a linear two-stage system (tackling anti-social behaviour (TAB)) aimed at identifying incidents of anti-social behaviour, challenging it and addressing persistent perpetrators. Prisoners were put onto stage one of the system at the first suspicion of violent or bullying behaviour. The prisoner's behaviour was monitored for a minimum of seven days by residential officers, then formally reviewed following an investigation by the residential manager. If the behaviour was proven or continued, the prisoner, subject to the authorisation of a residential manager, was placed on stage two of the programme. Stage two typically lasted for about three weeks, during which the prisoner was located in the segregation unit and expected to complete a programme based on exercises designed to deal with the consequences of behaviour, the impact of behaviour and strategies to deal with anger. At the end of the third week, the prisoner was expected to return gradually to a normal regime while his behaviour was monitored under the conditions described for stage one. There was some evidence that the programme was proving useful in dealing with anti-social behaviour.
- 3.6 The number of prisoners on formal anti-bullying measures was disproportionately low when compared with the number of reported violent incidents. Although, overall, we found that the levels of violence were reasonably low, at 41 fights and assaults reported on the prison's incident reporting system in the previous six months, there had been over 200 violence-related SIRs and over 100 charges of fighting heard through the adjudication system.

Recommendations

- 3.7 **Consultation with prisoners about issues concerning their safety should be improved.**
- 3.8 **All staff should be actively involved in monitoring and addressing violence and bullying, and the tackling anti-social behaviour strategy should be understood and vigorously applied.**
- 3.9 **The violence reduction coordinator should be allocated enough time to be able to carry out required duties.**

Vulnerable prisoners

- 3.10 At the time of the inspection, there were 318 vulnerable prisoners accommodated on E and F wings. There were a further 28 enhanced vulnerable prisoners integrated with mainstream prisoners on G wing. Although, the population on E and F wings was predominantly made up of prisoners sentenced for sex-related offences, about 20% of the population comprised prisoners unable to cope with conditions in the main part of the prison, or in need of protection for other reasons. Conditions on all three units were generally good. Communal areas were clean and reasonably decorated and cells were adequately equipped. Staff supervision was good, and officers were aware of issues of concern to the prisoners in their care. Entries in

electronic wing files were reasonable and often showed a good knowledge of the prisoner's circumstances and levels of associated risk. In our survey, 73% of vulnerable prisoners said that staff treated them with respect.

- 3.11 A 'helping other prisoners in need' (HOPIN) scheme had been introduced to support prisoners with particular needs (see section on disability and older prisoners). Volunteer prisoners were used to befriend others identified as needing support. They saw all new prisoners and the scheme was well supported by staff and prisoners.
- 3.12 A full activities regime had been published and vulnerable prisoners had access to most facilities, such as education, religious services and the gym, subject to a risk assessment. The work they were offered was at a reasonable standard and the provision of vocational training was equitable with that provided for mainstream prisoners (also see section on vocational training).
- 3.13 In our survey, 43% of vulnerable prisoners said that they had felt unsafe at some time in the prison and 38% said that they had been victimised by other prisoners. However, only 14%, said that they currently felt unsafe.

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.

- 3.14 The suicide prevention policy was properly focused on the specific risks and needs of prisoners. The analysis of data to provide information about patterns and trends of self-harming behaviour was good, and management checks had driven up the quality of entries in assessment, care in custody and teamwork (ACCT) documents. The number of incidents of self-harm was not excessive and case management arrangements through the safer custody team, residential managers and health services staff were excellent, as was the quality of individual care plans.
- 3.15 A comprehensive strategy set out procedures to minimise the risk of self-harm and suicide. The policy document, which had been reviewed recently, was well promoted and understood by staff and prisoners. Copies were found on all residential units, in reception and in the education department.
- 3.16 The strategic protocols it described were managed directly by a senior officer acting as the suicide prevention coordinator, who also acted as a focal point for advice and guidance for staff and prisoners. The role was given a high profile and was understood throughout the prison.
- 3.17 At the time of the inspection, there were 24 trained Listeners, providing cover on a rota basis. The Listener scheme was explained during induction and publicised around the prison. The six Listeners we interviewed all said that they felt supported by staff, particularly by the suicide

prevention officers, and felt that their work was valued. Contact details for the Samaritans were publicised on the units. For patrol states, three Samaritan telephones were held in the control room.

- 3.18 The safer custody committee monitored the implementation of the strategy at safer custody meetings. Minutes of these showed that individual cases were discussed appropriately and that the specific needs of prisoners were met consistently. The committee also used historical information, provided by the suicide coordinator, to help to identify trends and patterns of behaviour in terms of the type, timing and peripheral circumstances of individual incidents, and this was used to develop the strategy.
- 3.19 There had been no recent self-inflicted deaths and only 99 assessment, care in custody and teamwork (ACCT) documents opened in 2011 to date. At the time of the inspection, there were five open documents. Detailed support plans were prepared through consultation with the prisoner, identifying specific needs and apportioned responsibilities to a nominated key worker. The progress of plans was reviewed at pre-determined times, in agreement with the prisoner. During the inspection, we saw examples of excellent individualised care by officers, with regular involvement from health services staff in dealing with some particularly difficult cases. The quality of entries by officers in ACCT documentation was generally good and showed an in-depth understanding of the individual circumstances and feelings of prisoners. Regular checks by the suicide prevention coordinator appeared to be driving up the quality of entries. A small number, however, remained perfunctory.
- 3.20 Handover arrangements for staff coming on duty were good. Residential managers ensured that officers were aware of any issues affecting the safety of prisoners in specific areas of the wing during formal briefings before the start of each shift. The handovers we saw were comprehensive and included important information about the more vulnerable prisoners. Night staff were aware of the location of prisoners subject to open ACCT forms. They carried anti-ligature knives and cell keys in sealed packs and all knew the correct course of action in the event of an attempted suicide.

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.

- 3.21 Systems used to process and track general applications were generally good. The number of formal complaints was high and many concerned issues that should have been dealt with through less formal procedures. While many replies were respectful and generally addressed the issues at hand adequately, some were discourteous and not relevant to the concerns raised.
- 3.22 There were effective systems to process and track day-to-day applications. Prisoners had good access to forms and the system was well advertised through notices found on all residential units. Noticeboards also included advice on the Independent Monitoring Board (IMB), the Prisons and Probation Ombudsman and the Criminal Cases Review Commission.

- 3.23 Staff logged prisoners' applications in a book kept on the wings. A record was kept of the time that the application was made, the nature of the request and the area or department to which it was sent for action. This meant that its progress could be monitored. On the whole, applications were dealt with promptly, although this was not always the case with applications for items of property from reception (see section on residential units).
- 3.24 The number of formal complaints was high, at 994 in 2011 to date. Many of these were about simple issues, such as access to property and private cash, which could have been dealt with by officers on the wings by a single telephone call to the relevant area.
- 3.25 Complaint forms were readily available on all wings. Prisoners could deposit completed forms in secure boxes, located away from staff offices, on their residential units. However, forms were collected every evening by prison officer grades rather than the nominated complaints clerk.
- 3.26 Governance arrangements for recording, managing and processing prisoners' complaints were reasonable. A nominated clerk ensured that all complaints were logged and that they were dispatched expeditiously to managers in appropriate areas to be dealt with. Confidential complaints by prisoners concerning their treatment by staff were logged separately and dealt with directly by the governor or other designated senior managers. Information about the nature and type of complaints was analysed by the senior management team each month to identify problem areas and there was evidence that this was informing required action in some areas.
- 3.27 The quality of responses to formal complaints was mixed. While many replies were respectful and, on the whole, adequately addressed the issues at hand, too many were perfunctory and in some cases discourteous and not relevant to the concerns raised. The cursory tone of many replies from staff, particularly at senior officer and officer level, expressed weariness caused by the large number of low-level requests.

Recommendations

- 3.28 **Simple complaints should be dealt with quickly and where possible by officers on residential units.**
- 3.29 **The quality of responses to formal complaints should be improved.**

Housekeeping point

- 3.30 The nominated complaints clerk should collect complaint forms from locked boxes on the wings.

Legal rights

Expected outcomes:

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

- 3.31 The trained legal services officer provided a wide range of advice on legal procedures and support for prisoners wishing to pursue legal matters. Prisoners had difficulty in communicating with legal advisers. Legal visits were readily available but there was inadequate privacy.
- 3.32 The legal services officer did not see all prisoners on induction but they were informed of the services he could offer. He offered a wide range of information to prisoners from legal texts, Prison Service Orders and the internet. He could provide contact details for legal advisers with specialisms in areas of concern to prisoners, such as family law and immigration.
- 3.33 Prisoners involved in criminal appeals and family matters were provided with special letters free of charge but those pursuing compensation were required to pay for their own correspondence. The legal services officer saw all appellants, provided them with communication from the courts and explained their options. A database was kept to track the progress of their cases.
- 3.34 Recalled prisoners had mostly received recall packs at previous establishments but offender supervisors advised them on the length of their recall and the process for challenges.
- 3.35 In our survey, only 34% of respondents, against the 49% comparator, said that it was easy to communicate with their legal representative. Prisoners told us that there was little time around their working day to access telephones when legal representatives were available; to mitigate this, the prison allowed legal telephone calls on a Friday afternoon by application. The legal services officer told us that he would also arrange calls in an emergency.
- 3.36 Legal visits were offered every weekday morning and were readily available. They alternated between vulnerable and main location prisoners. They were held in the social visits area, with no privacy screening. Legal visitors and prisoners alike told us that they found this arrangement both distracting and intrusive.
- 3.37 Prisoners due for discharge were seen by their offender supervisor, who explained the requirements of their supervision licence, and other restrictions, such as the Firearms Act, were explained in reception.

Recommendation

- 3.38 **Prisoners should be provided with the opportunity to contact their legal representative on any day.**

Housekeeping point

- 3.39 Legal visits should be able to take place in privacy.

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.

- 3.40 The chaplaincy team could cater for all faiths represented at the prison and prisoners could attend worship weekly. Fewer prisoners than at comparator prisons said that they were able to speak to a religious leader of their faith in private but more Muslims responded positively to this survey question. Facilities and accommodation for religious services were good and appropriate to the needs of each faith. A wide range of faith-based courses was offered and the chaplaincy played an active role in the life of the prison. Community links had not been well developed.
- 3.41 A wide range of faiths was represented at the prison, with 348 (47.5%) Christians, 87 (12%) Muslims, 12 (1.7%) Sikhs and 11 (1.5%) Buddhists, and small numbers of Jews and Hindus.
- 3.42 The chaplaincy team was led by an Anglican coordinator and comprised five faith leaders from Christian denominations, a Sikh chaplain and two Muslim chaplains. Each member of the team participated in a rota to undertake regular duties around the prison and they worked as an integrated unit.
- 3.43 There were weekly Christian services and Catholic Mass, which took place in a large, modern, purpose-built chapel located above the chaplaincy office, where prisoners from main locations and vulnerable prisoners were integrated. Muslim prayers were held separately in a designated mosque, which accommodated 60 prisoners and was adjacent to a main wing; services for vulnerable Muslim prisoners were held in a multi-faith room in the vulnerable prisoner area, which was appropriately equipped and accommodated the number of prisoners who wished to attend. There were weekly meetings for Sikh and Buddhist prisoners. Sessional representatives of Hindu, Jewish and Pagan faiths were available as required. Services were publicised around the wings and timings were appropriate.
- 3.44 In our survey, 53% of respondents said that they were able to speak to a religious leader of their faith in private, which was worse than the 58% comparator, although 84% of Muslims responded positively to this question, compared with 49% of non-Muslims. The chaplain was not able to explain this finding, as all prisoners could visit the chaplaincy office and request a meeting.
- 3.45 The chaplaincy team provided a welfare service for prisoners near to death and were notified of bereavements so that they could be involved in informing the prisoner. When a death occurred among the prison population or among the staff, they were involved in supporting relatives and helping with practical arrangements. Stafford Bereavement and Loss Counsellors also visited the chaplaincy to provide individual sessions for prisoners.
- 3.46 The chaplaincy team were involved in the prison regime, making daily visits to segregated prisoners, those subject to self-harm procedures and those who were sick. They also participated in management groups concerned with the care and resettlement of prisoners and provided contributions to the assessments of prisoners known to them for the purposes of categorisation and resettlement.
- 3.47 The chaplaincy provided a wide range of courses for Christian, Muslim and Buddhist prisoners to develop their faith, and occasional courses were provided for other faiths.
- 3.48 All major religious festivals were celebrated and at the time of the inspection preparations for Ramadan were progressing well.
- 3.49 Apart from the arrangement for bereavement counselling, the chaplaincy had not developed community links or a team of volunteers to contribute to resettlement.

Recommendation

- 3.50 **The chaplaincy should develop links with community groups representing all faiths, to provide resettlement support.**

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.

- 3.51 The integrated drug treatment system (IDTS) was well established. Treatment regimes were reviewed regularly and specialist staff delivered a good level of care together with the counselling, assessment, referral, advice and throughcare (CARAT) team, but facilities for controlled drug administration were inadequate. Mandatory drug testing positive rates and finds pointed towards Subutex as the main drug of use. While the prison had developed proactive supply reduction measures, suspicion testing was not always conducted within the required timescale.

Clinical management

- 3.52 Under the integrated drug treatment system (IDTS), prisoners could continue opiate substitute regimes at the establishment. However, out of the 74 currently in treatment, only 27 had transferred in. Most had relapsed while in custody, and in our survey 27% said that they had arrived with a drug problem, against a comparator of 20%. Eleven per cent reported having developed a drug problem while in the prison, compared with 8% at other, similar establishments.
- 3.53 Before April 2011, the prison had offered opiate substitute treatment to only 35 prisoners, half of whom had been prescribed Subutex. Since then, capacity had increased and additional GP sessions been made available, and methadone was now used as the main treatment option. In July 2011, 61 prisoners received methadone and 13 Subutex.
- 3.54 Facilities for methadone and Subutex administration, both on general and vulnerable prisoner units, were inadequate. Nurses worked in cramped conditions, and treatment rooms were dirty and lacked privacy. SystemOne had not been installed and prisoners did not have identification cards. The prison was addressing this and a designated IDTS suite, due to open in the month after the inspection, would provide a more suitable and safer environment.
- 3.55 The clinical IDTS team from Inclusion, consisting of a clinical lead, two nurses and two health care assistants, delivered a good level of care. Treatment reviews took place regularly and were held jointly with the GP and counselling, assessment, referral, advice and throughcare (CARAT) team. Treatment regimes were flexible, and in July 2011 31 prisoners underwent opiate stabilisation (including re-initiation before release), 31 maintenance and 11 detoxification programmes. Prisoners' care and support was well coordinated with CARAT and mental health teams.

Recommendation

- 3.56 **Controlled drugs should be administered in a safe and suitable environment.**

Drug testing

- 3.57 During the previous six months, the random mandatory drug testing (MDT) positive rate averaged 4.9%, against a target of 6%. Monthly rates varied considerably, from very low in the first three months of the year, to 19% in May and 8% in June; apparently this had been due to an influx of cannabis, although, overall, test results and finds pointed to Subutex as the main drug of use.
- 3.58 MDT officers were regularly diverted to other duties, which meant that suspicion tests were not always conducted within the required timeframe, and the positive rate averaged only 21% over the previous six months. However, they undertook over 100 risk assessment tests during this time, as well as operating a frequent testing programme and some reception testing.
- 3.59 The scheme was well monitored and results were broken down by wing. Packages thrown over the wall were a main supply route, and on the vulnerable prisoner units some medication was diverted. In our survey, 8% of vulnerable prisoners said that they had experienced drug-related victimisation, compared with only 1% of the general population.
- 3.60 The prison had developed a detailed supply reduction action plan and was taking proactive measures to address supply, such as frequent perimeter checks, closed-circuit television coverage and working closely with a police intelligence officer and adjoining businesses. The security department had close links with the drug strategy committee, and reviews of drug-related closed visits formed part of the agenda (see also section on security).

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.

- 4.1 The equality manager coordinated the work of staff assigned to each diversity strand, and members of the senior management team had responsibility for each area. There was a large group of prisoner equality representatives, who participated in the monthly diversity and race equality action team (DREAT) meeting. An equality policy had been introduced recently but there was no detailed action plan. The DREAT meeting was not consistently attended and membership was not sufficiently inclusive of prison departments. Equality impact assessments had not been completed but had been started in a limited number of areas.
- 4.2 Work carried out in relation to diversity was overseen by an equality manager. A member of the senior management team was assigned responsibility for managing, and a member of staff for the operational delivery of, each diversity strand. This was a recently introduced model, with the intention of spreading ownership of diversity around the prison staff but there were signs that it was not yet operating cohesively in some areas.
- 4.3 Staff were supported by a large group of prisoner diversity representatives, who had previously had responsibilities for specific diversity strands. The representatives met regularly and told us that the diversity and race equality action team (DREAT) was responsive and active in making changes.
- 4.4 An equality policy introduced just before the inspection set out the aims of the prison in achieving equality for staff, prisoners and visitors. It set out details of processes for consultation, governance and dealing with discrimination. There were also discrete policies for foreign national and gay and bisexual prisoners. The policy contained a generic action plan derived from the relevant Prison Service Instruction; there was no diversity action plan specific to the establishment which detailed actions to be taken to develop each diversity strand, the person responsible or a timescale for achievement.
- 4.5 The DREAT met monthly and was chaired by the deputy governor. It was attended by prisoner representatives but attendance by equality staff was not consistent and membership did not include enough departments of the prison. Minutes showed that it was a busy meeting, receiving reports from the various diversity strands, and was responsive to issues raised by prisoners and staff. The lack of a detailed action plan meant that strategic governance was weak.
- 4.6 At the time of the inspection, eight areas had been identified for equality impact assessments, and had started with an initial screening of the policies for incentives and earned privileges (IEP), closed visits, the integrated drug treatment system treatment regime and allocation to work. The initial screenings had not been detailed and had made little progress in identifying equality issues in these aspects of the prison regime that would require attention. At this stage, the assessments had not involved prisoner consultation and were not ready to be approved by the DREAT team.

Recommendations

- 4.7 **The membership of the equality group should be reviewed, to ensure that it includes all relevant departments of the prison.**
- 4.8 **There should be a diversity action plan which includes time-limited annual targets for the development of each diversity strand, with responsibilities assigned.**
- 4.9 **Full equality impact assessments should be completed on aspects of the regime prioritised by the diversity and race equality action team.**

Race equality

- 4.10 Prisoners with a history of racist behaviour were identified and interviewed by the equality manager. Black and minority ethnic prisoners were more negative than white prisoners in a considerable number of important areas. The number of racist complaints had fallen in 2011 and prisoner representatives told us that this was due to their involvement in dealing with issues before a complaint was made. The quality of investigations was variable and internal quality checks were not adequate. Investigators were not provided with training or sufficient feedback on their work and there was no analysis of patterns and trends of complaints. Responses to complaints were prompt but replies to complainants were not informative. There had been no recent external independent scrutiny of the quality of investigations as the system had lapsed. There had been some celebrations of diversity but there were few displays around the prison and links with external groups were limited.
- 4.11 At the time of the inspection, 25% of prisoners were from a black and minority ethnic background. In our survey, respondents from black and minority ethnic backgrounds were more negative than white prisoners in a considerable number of important areas, including safety, victimisation (see section on bullying and violence reduction) and being subjected to force or punishments. Thirty-nine per cent of black and minority ethnic prisoners said that they had felt intimidated or threatened by a member of staff, compared with 18% of white respondents, and only 33% said that they had been treated fairly in the IEP scheme, compared with 57% of white respondents. This was echoed by prisoners we spoke to, who complained of incidents of unequal treatment, discriminatory attitudes of staff and difficulty in progressing in their sentence (see main recommendation HP57). Prison managers found this difficult to explain and we found that they were making considerable efforts to consult and communicate with prisoners from black and minority ethnic backgrounds.
- 4.12 Staff we spoke to had not had training beyond the mandatory Challenge It, Change It course. However, they were aware of the necessity to challenge racist behaviour and deal with it as a disciplinary issue. There was evidence from equality complaints and security information reports that this was being done.
- 4.13 Race equality issues were managed by the equality officer and the deputy governor, who both maintained close links with the prisoner equality representatives.
- 4.14 Important aspects of the regime were monitored through the systematic monitoring and analysing of race equality treatment (SMART) system for evidence of unequal representation of prisoners from a black and minority ethnic background. Results we examined for the previous 12 months showed that black and minority ethnic prisoners were consistently within

the predicted range and there was no evidence of them being systematically disadvantaged. The findings were reported to the equality committee every month.

- 4.15 Race equality issues were discussed with prisoner equality representatives before the DREAT meeting. The consultation meeting was not minuted but prisoner representatives attended the full DREAT meeting, which was recorded.
- 4.16 In our survey, 2% of respondents identified themselves as from a Gypsy or Traveller background, which extrapolated to around 15 prisoners in the total population. The prison had recently appointed a member of staff to lead this strand of diversity, and a Traveller prisoner representative had been appointed on the vulnerable prisoner units but not on the main wings. Links had been made with Pertemps, an external agency which supported those from a Traveller background in training and seeking employment. Other links with ethnic groups in the local community were limited to visits by a black Pentecostal church and a representative of the Irish chaplaincy.
- 4.17 There had been some celebrations for Black History Month, Holocaust Memorial Day and religious festivals during the year. Although some of these events incorporated displays, there were few images and displays around the prison that reflected the diversity of the prison and the local community.

Managing racist incidents

- 4.18 Prisoners with a history of racist behaviour were identified through the cell sharing risk assessment, staff and prisoner representatives, and a list of them was kept in the control room. They were interviewed by the equality manager, who outlined expectations of their behaviour and the consequences of not complying.
- 4.19 The racist incident report forms (RIRFs) had been replaced at the beginning of 2011 with discrimination incident report forms (DIRFs). The number of RIRFs in the three years before the inspection had been consistent, at between 83 and 90. In the year to date, there had been a considerable reduction in the number of DIRFs submitted, with 29 having been received, which extrapolated to an annual total of fewer than 58. The equality manager and prisoner equality representatives believed that this was because the representatives were more active in dealing with complaints at an informal level before a written complaint was submitted.
- 4.20 DIRFs were freely available on all the wings beside a dedicated posting box and some were in languages other than English.
- 4.21 All RIRFs had been investigated by the equality manager but DIRFs were assigned to the operational managers with responsibility for the area or staff member subject to complaint. The quality of the investigations was variable; we found examples of thorough investigations which had reached justifiable conclusions in a balanced way, while others had not involved the complainant and had failed adequately to address the issue raised.
- 4.22 While all DIRFs had been signed off by a senior manager, poor investigations had not been identified and feedback on the quality had rarely been recorded. There was no ongoing training for those with responsibility for investigating discrimination complaints, and feedback on the quality of their work was not provided.
- 4.23 There was no analysis of DIRFs to identify trends or indications of required changes in practice, although the DREAT received a report limited to the number of DIRFs submitted and their location.

- 4.24 Complaints were mostly investigated promptly and at the time of the inspection there were only two outstanding. Feedback to prisoners on the outcome of their complaints informed them how to appeal the decision but was formulaic and did not provide sufficient information about the reasons for the finding.
- 4.25 There had been no external independent examination of discrimination complaints during 2011. RIRFs had been examined by an independent panel but the sample was small and the system had now lapsed.

Recommendations

- 4.26 **Staff should receive specific training in race equality.**
- 4.27 **Links with external ethnic community groups should be developed.**
- 4.28 **Discrimination complaints should be analysed for patterns and trends and lead to action by prison managers.**
- 4.29 **Prisoners making a discrimination complaint should be provided with a full explanation of the findings and informed how to appeal.**

Housekeeping point

- 4.30 A prisoner representative for Gypsy and Traveller prisoners should be appointed on the main wings.

Religion

- 4.31 Muslim prisoners were more negative than other prisoners on issues of victimisation and respect. Staff training in faith awareness had been designed but was not delivered regularly.
- 4.32 In our survey, 50% of Muslim prisoners said that they had been intimidated by staff, compared with 20% of non-Muslim prisoners, and only 39% said that most staff treated them with respect, compared with 73% of non-Muslim prisoners. Fewer Muslims than their non-Muslim counterparts rated the food as good (21% versus 39%), said that the shop sold a wide enough range of goods (39% versus 53%) and said that it was easy to see the doctor (26% versus 43%).
- 4.33 There was no specific policy regarding faith diversity but the chaplaincy action plan addressed issues of meeting the needs of prisoners from all faith backgrounds (see section on faith and religious activity) and Muslims reported positively on faith provision.
- 4.34 We did not observe religious discrimination, and issues of religious tolerance brought to the equality committee were dealt with properly. It was evident from the minutes of the group that staff made efforts to ensure that religious needs were met and that adherents of different faiths were not disadvantaged.
- 4.35 Some faith awareness training had been delivered to staff by the chaplaincy and 50 members of staff had participated. It was intended to continue to offer the training but the chaplain was concerned that it might not be prioritised by staff.

Recommendation

4.36 Faith awareness training should be delivered to all staff.

Foreign nationals

- 4.37 There was a small population of foreign national prisoners and none was detained beyond the end of their sentence. There was a good foreign nationals policy but it was not fully implemented. The foreign nationals coordinator was part time and new in post. Consultation meetings had started but were not fully established. There was minimal use of interpreting and translating services. Liaison with the UK Border Agency was good but there were no publicised surgeries. Some welfare work with foreign national prisoners was provided by the head of the offender management unit. Foreign national prisoners did not have routine access to sources of independent advice and support.
- 4.38 At the time of the inspection, the prison held 51 foreign national prisoners, comprising 7% of the prison population. None was detained beyond the end of their sentence but one sentenced to an indeterminate sentence was beyond his tariff date and his release had not been agreed by the parole board. A protocol had been devised which outlined the conditions which would be offered to a detainee, including the option of a single cell, enhanced status and continued access to work.
- 4.39 There was a comprehensive foreign nationals policy, which included an outline of the prison's strategic direction and set out an appropriate range of facilities that should be available to foreign national prisoners. This was backed up by a resource pack, which provided useful information and contacts but was not routinely provided to all foreign national prisoners and was not available in any languages other than English.
- 4.40 An officer had been appointed as foreign nationals coordinator approximately six months before the inspection and also had responsibility for older prisoners. He had not developed the services described in the policy in the time that he had been in post and told us that he would benefit from stronger support and clearer direction. He had held one consultation group with foreign national prisoners but no action had resulted from this by the time of the inspection. He did not routinely meet all new foreign national prisoners and did not actively check that their needs were being met.
- 4.41 Although professional interpreting services were available, they had been used for only two prisoners since September 2010 and staff relied mainly on other prisoners to interpret, even for confidential matters. A Vietnamese prisoner had developed a communications sheet of frequently asked questions which staff found useful but this had not been taken further with other languages. Prisoners who spoke the same language were located together, where possible, and could support each other but there were no measures to ensure that they understood all prison procedures or rules. One member of staff had been identified who was willing to interpret a limited number of languages but there was no list of prisoners willing to undertake the task.
- 4.42 There was little printed material in languages other than English and some examples we found were not appropriate for the prison population.
- 4.43 The administrative head of the offender management unit (OMU) supported the foreign nationals coordinator by liaising with the UK Border Agency (UKBA). She maintained a

database of foreign national prisoners and their date of release, and UKBA used this to identify those they wished to interview in their visits, which usually occurred every six months. Prisoners could apply to see UKBA but this arrangement had not been developed into publicised surgeries.

- 4.44 The head of the OMU promoted and coordinated applications for early return or assisted resettlement schemes and provided welfare support with matters such as reclaiming property.
- 4.45 The policy listed sources of independent advice and support for foreign national prisoners but no representatives from such agencies visited the prison routinely.

Recommendations

- 4.46 **The foreign national policy should be available to all foreign national prisoners in a language they understand and should be fully and actively implemented.**
- 4.47 **Accredited interpreting services should be used for communicating with prisoners who do not speak English when dealing with confidential matters.**
- 4.48 **Key written information should be provided in languages other than English, appropriate to the needs of the population.**
- 4.49 **Monthly surgeries with the UK Border Agency should be publicised and made available to foreign national prisoners.**

Disability and older prisoners

- 4.50 There was no specific policy for disability or older prisoners and no monitoring of the representation of either of these groups in the regime. Governance for those with disabilities was poor. Recording of the number of prisoners with disabilities was not consistent. Those with disabilities identified by health services staff had their needs met and there were evacuation plans. The 'helping other prisoners in need' (HOPIN) peer support scheme worked well for vulnerable prisoners but was not replicated in main locations. There was evidence of adjustments made in residential accommodation to meet the needs of those with disabilities but there was no designated consultation with these prisoners. The senior support group was a valuable resource but was underdeveloped. Retired prisoners were unlocked during the day but had to pay for their television.
- 4.51 There was no specific policy for disability or older prisoners, and no outline of how the needs of either of these groups would be met in the equality policy. There was no monitoring of the representation of either of these groups to identify whether they were disadvantaged in important aspects of the regime. Although disability should have been managed through the equality committee, there was little mention of disability issues in the meeting minutes we saw.
- 4.52 In our survey, 19% of respondents identified themselves as having a disability, which, if replicated in the general prison population, would extrapolate to 137 prisoners. There were 109 prisoners over the age of 50 (15% of the population), the oldest being 76 years of age. We were told that most of these were in the vulnerable prisoner population but did not have confirmation of the comparative numbers.

- 4.53 The prison identified prisoners with disabilities through the health care interview and a reception questionnaire. A database of those identified by the health care interview was kept by the disability liaison officer, who was also the health care manager. This listed 60 prisoners defined by the criteria of disability legislation. The number identified by the reception interview was 115, as it used a wider definition, including those with learning disabilities. There was no systematic use of the information provided through the reception interview, which was collected by the equality manager.
- 4.54 The disability liaison officer met residential staff responsible for prisoners identified by the health care interview and consulted the prisoners about their needs but no formal care plan was drawn up which could be reviewed.
- 4.55 On the vulnerable prisoner wings, there was a formal system known as 'helping other prisoners in need' (HOPIN), which allocated paid helper prisoners to those who required regular help. On the main location wings, we were told that the HOPIN scheme had operated but had lapsed. We found evidence of informal arrangements for prisoners with disabilities to receive help from their peers but no pay was given for this role.
- 4.56 In our survey, older prisoners and those with disabilities reported more favourably than those under 50 and those who did not consider themselves to have a disability on important aspects of their care.
- 4.57 Although the equality representatives were directed to pick up issues affecting prisoners with disabilities, there was no designated consultation group for them.
- 4.58 There were evacuation plans on all the residential units and staff were aware of those prisoners who would require assistance in the event of an evacuation. There were no designated modified cells for prisoners with disabilities but adjustments had been made where required and showers had been equipped with disability aids. Prisoners with mobility difficulties were located in flat ground level accommodation and those we spoke to told us that they were able to access all facilities.
- 4.59 A prison officer had been assigned the responsibility for meeting the needs of older prisoners and he managed the well-established senior support group, which met daily in a prefabricated building in the vulnerable prisoner area. The group had daily activities and visiting speakers and was used as a consultation forum, which fed into the equality committee. It was open to main location prisoners, and one was attending at the time of the inspection, but it was oversubscribed and there was a waiting list of six prisoners who wished to attend. The room used was too small and numbers were restricted because of the limited staff available.
- 4.60 Prisoners who did not work because they were retired were unlocked during the day but had to pay towards their television.

Recommendations

- 4.61 **There should be policies for older prisoners and those with disabilities which set out how the needs of these groups will be met.**
- 4.62 **Representation of older prisoners and those with disabilities in the regime should be monitored and analysed.**

- 4.63 **The prison should maintain an accurate and consistent record of all prisoners who declare a disability and use it to ensure that their needs are met.**
- 4.64 **All prisoners with disabilities that require it should have access to a system of paid peer assistance.**
- 4.65 **Consultation arrangements which inform their management should be developed for prisoners with disabilities.**
- 4.66 **Facilities for the senior support group should be expanded and adequately resourced so that it is able to accommodate all those wishing to attend.**
- 4.67 **Retired prisoners should not be required to pay for their television.**

Gender and sexual orientation

- 4.68 There was a policy on sexual orientation and gender reassignment but it did not contain enough detail about the facilities available. A consultation group had been established and initial links made with community groups. Publications and sexual health assistance was available.
- 4.69 In our survey, 6% of prisoners identified themselves as gay or bisexual, which was higher than the average for comparator prisons and extrapolated to around 42 prisoners. At the time of the inspection, there were no transgender prisoners.
- 4.70 The prison had a policy which addressed both sexual orientation and gender reassignment. It was clear about the limits of behaviour and action that would be taken to deal with discriminatory behaviour but did not detail how the needs of gay and bisexual prisoners would be met in terms of consultation or facilities. The management of transgender prisoners had been considered and policies for issues such as accommodation, facilities and searching had been addressed.
- 4.71 An officer had been appointed to lead the sexual orientation and transgender equality strand. He had held two meetings with prisoners and had contacted external groups, including the Terrence Higgins Trust, to provide speakers.
- 4.72 Gay and bisexual prisoners could obtain specialist publications, and books had been ordered for the library. Prisoners could request condoms from the health care department and a sexual health check-up was available.

Recommendation

- 4.73 **The policy on gay and transgender prisoners should set out clearly the facilities available to them and the consultation process which operates.**

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 Health services were delivered and managed by South Staffordshire Primary Care Trust and there was robust clinical and operational leadership. Staffing levels were low but staff appeared committed. The health environment on the wings was poor and needed upgrading. Prisoners were able to access all health services reasonably quickly and there were no long waiting lists. Access to the GP was good and a wide range of visiting health professionals brought services into the prison. The management of lifelong conditions was excellent. Overall, pharmacy and dental services were good. Mental health services were well established and primary and secondary services worked well together. Good work was being carried out with prisoners with anxiety issues and ex-service personnel suffering from combat stress.

General

- 5.2 Stafford was one of five prisons in the South Staffordshire Primary Care Trust (PCT). There were regular meetings between the prison and the PCT at strategic and local levels, as well as informal interaction between all health services managers in the PCT.
- 5.3 Prisoners were able to access a wide range of appropriate health services, comparable with that found in the community.
- 5.4 Health care areas were spread across prison. Adapted wing-based treatment rooms were generally tidy but floors were not always cleaned regularly and all were in need of refurbishment. Nurses were responsible for the cleanliness of the treatment rooms. The main health care department was small but functional. A prisoner cleaner kept the department clean. Access for prisoners with disabilities was satisfactory.
- 5.5 The dental surgery was small but adequate. Specialist dental equipment appeared to be satisfactory. Storage facilities were inadequate and meant that boxes and equipment had been placed on the floor. The floor was relatively clean but would benefit from resealing.
- 5.6 An infection control audit had been successfully completed in the present year and there were links with the PCT infection control lead.
- 5.7 Health promotion was well represented across the prison and the head of health care was a member of many prison meetings, including the health promotion action group.
- 5.8 The relationship between prisoners and health services staff was excellent and prisoners spoke highly of staff. Staff were also mindful of prisoners with social care and diverse needs.
- 5.9 A senior nurse had responsibility for older prisoners, and all prisoners over the age of 50 underwent a specific health and social care assessment that included a cognitive impairment test, electrocardiogram and routine blood screening. Thereafter, such prisoners were reviewed annually. There was evidence of good joint working with officers in relation to the management

of older prisoners. A community-based dedicated social worker provided support, particularly in relation to those nearing completion of their sentence.

Recommendation

- 5.10 **All health care treatment areas should be subject to a regular redecoration programme.**

Housekeeping points

- 5.11 Additional cupboards should be provided in the dental surgery to ensure that equipment is not stored on the floor and that the surgery meets infection control guidelines.
- 5.12 All treatment rooms should be thoroughly cleaned every day.

Clinical governance

- 5.13 Health care was under the management of a band 8a registered nurse (learning disability), who had been in post for two years; her deputy was a registered mental health nurse (RMN) with extensive prison health experience. There were a further 8.5 whole-time-equivalent (WTE) registered nurses in either general, children's or mental health nursing and 1.5 WTE health care assistants. PCT bank nurses were used to cover for sickness and vacancies and the PCT had also introduced an intermediate care team, which provided nursing cover for all of its prisons. Two full-time administrative workers provided excellent support.
- 5.14 A regular cohort of discipline staff supported health services staff during opening hours. Staffing levels were only adequate but nurses held a wide range of professional training, including general and mental health, asthma and diabetic nursing. Professional education was well supported and clinical supervision was encouraged and facilitated. Nursing staff were able to access NHS publications through the internet or through on-site sources.
- 5.15 The head of health care was a member of the prison senior management team and attended relevant PCT meetings. The department had strong support from the governor.
- 5.16 A local consortium of GPs provided medical support from Monday to Friday, between 8.15am and 6.30pm. The three GPs attended regularly and worked well with health services staff. GP clinics were held on the wings and in the health care unit. From 6.30pm and overnight, GP advice was provided through Badger Harmony.
- 5.17 Other visiting health professionals included a physiotherapist, a podiatrist and an optician. Waiting lists for these services were within reasonable limits. Medical equipment was readily accessible through local occupational and social services, and the PCT. An occupational therapist was able to provide other expert advice.
- 5.18 Emergency equipment was well managed and held in several locations throughout the prison. The equipment, including the defibrillator, was checked daily by nursing staff. Many discipline staff had already completed cardiopulmonary resuscitation training.
- 5.19 All clinical records were maintained electronically. All staff had received appropriate training in the use of SystmOne. Records were well written and appropriate. The PCT undertook regular audits of clinical records; the most recent one had examined the secondary screening tool.

- 5.20 There was no dedicated prisoner health forum but health services staff attended the general forum to answer prisoners' concerns. There were plans to introduce a dedicated health forum.
- 5.21 Complaints were channelled through the prison complaints system and addressed by the deputy health care manager. If the complainant was not satisfied with the response, the complaint was escalated to the head of health care and, if necessary, the patient advice and liaison service at the PCT. Most complaints about health care related to historical long dental waiting lists.
- 5.22 The management of lifelong conditions and communicable diseases was excellent and there were links with local health protection agencies.
- 5.23 Professional interpreting services were accessed as needed.

Recommendation

- 5.24 **Nursing staff levels should be re-evaluated to ensure the continuity of care and further development of health services.**

Primary care

- 5.25 In our survey, prisoners in general said that the overall quality of health services was comparable with that found in other prisons, and vulnerable prisoners said that the overall quality of health services, and of services delivered by the doctor, nurse and dentist, was considerably better than the comparator.
- 5.26 A seven-day health service was provided. From Monday to Thursday, staff were in the prison from 7.45am to 8.30pm, and on Friday until 5.30pm. On Saturday and Sunday, there was health cover from 8am to 5.30pm.
- 5.27 All new prisoners were seen by health services staff in reception and a health screen completed. They were given a health care booklet outlining the health services that they could access at the prison, and further verbal and written information on health services was given before prisoners left reception. Vaccinations, including hepatitis B and meningitis, were offered. Any prisoner presenting with health concerns was seen by the GP at the next available clinic. Those prisoners presenting with established but stable medical conditions such as asthma or diabetes were seen by the specialist nurse.
- 5.28 Once on the wings, prisoners were able to report to the wing-based surgery every morning to discuss their health concerns with the wing nurse. In addition, a written application system was in use. Prisoners completed an application form, held on the wings, and identified which serviced they wished to access. These were dealt with by the wing nurse and appointments were made on SystemOne or passed to the relevant health practitioner for action. Appointment slips were delivered to wing officers for distribution to individual prisoners, as well as a list of prisoners attending health care appointments that day. This reduced the risk of prisoners saying that they did not know they had a health care appointment.
- 5.29 Each wing, except G wing, had a dedicated nurse who spent most of their time on the wing. This system worked well. Much of the delivery of health care was done on the wings, including GP- and nurse-led clinics. Prisoners on G wing attended the health care unit for their health needs.

- 5.30 Prisoners complaining of sickness were assessed and decisions were made about their ongoing care. There were no triage algorithms, although we were told that the PCT was planning to introduce a unified PCT algorithm for all its prisons.
- 5.31 Nurses were able to administer a limited number of medicines, such as paracetamol and ibuprofen, which had been agreed by the medicines and therapeutics committee. Patient group directions were also available, to allow the supply of more potent medicines.
- 5.32 Health promotion was strongly supported and the health care unit had held a successful health day at the prison in 2010.
- 5.33 The development of health champions in the prison was almost complete. These were volunteer prisoners who had completed an accredited course in health promotion. The champions would be based on all the wings and would advise prisoners about the health services that were available, as well as supporting prisoners attempting to stop smoking and advising on healthy eating, exercise and cardiovascular exercise. The service was to be supervised by the head of health care.
- 5.34 Liaison between health services and gym staff was limited.
- 5.35 Prisoners with lifelong conditions such as diabetes, asthma and arthritis were managed well. One nurse specialised in the management of prisoners with diabetes, with support from community nurse specialists. There were over 40 diabetic prisoners who benefitted from individual support. The catering manager provided extra food for those on insulin. In-possession insulin protocols were used and all diabetic prisoners had an individual care plan. Podiatry and retinal screening was carried out routinely. Regular patient monitoring and liaison with community nurses ensured that such prisoners were reviewed regularly. A diabetic care audit had been completed in April 2010. Two community expert patients with long-term conditions held groups with prisoners with lifelong diseases, and discussed the social and emotional aspects of their conditions.
- 5.36 One of the nurses had responsibility for managing vaccinations. Prisoners were followed up by this nurse, once they had settled at the prison, and given advice on vaccinations and their benefits. Sexual health services were delivered by a visiting consultant and specialist nurse, who visited regularly. The waiting list for this service was long but discussions were under way to increase the number of sessions. Chlamydia screening clinics were held four times a week, as well as being offered through the reception screening. Barrier protection and health promotion advice was available from wing nurses.
- 5.37 Access to a wide range of other clinics, including well-man, was normally without undue delay and most waiting lists were within acceptable limits. However, prisoners with morning appointments in the main health care area were all brought over first thing in the morning, within main movements. This meant that once they had attended their clinic they had to wait until main movements occurred again before leaving the health care unit, which could mean a wait of up to two hours. We were told that this was being discussed, in an effort to get prisoners back to their wing or place of work sooner.
- 5.38 Health services staff visited the segregation unit every day and relationships between the two departments were good.

Recommendations

- 5.39 **Joint working between health services and gym staff should be improved.**
- 5.40 **Prisoners should be returned to their wings or workplace as soon as their health clinic appointment has been completed.**

Pharmacy

- 5.41 Overall, pharmacy provision was good and supplied by a local branch of a national company. Medicines were held in the wing treatment rooms. The management of heat-sensitive products was generally good. All rooms, except those used for the integrated drug treatment system (IDTS) (see recommendation 3.54), were satisfactory. A full range of pharmacy policies and procedures were in place and accessible to staff.
- 5.42 A pharmacy technician visited the prison for three hours a week and the pharmacist for three hours a month. The pharmacist carried out patient reviews and saw prisoners on request. However, the health care application form did not include access to the pharmacist as an option for prisoners.
- 5.43 Out-of-hours medication was provided by the on-call GP but there was also an out-of-hours cupboard. This cupboard was rarely used but all medication removed from it was logged onto a register.
- 5.44 Medicines were administered on the wings three times a day. On most wings discipline officers ensured that prisoners waiting for medication stood back from the medicine hatch. However, this did not always happen, increasing the risk of trading of medication.
- 5.45 The prison was working toward increasing the number of prisoners receiving their medication in possession.
- 5.46 Prescriptions were generated using SystemOne and signed by the doctor. They were faxed to the pharmacy and medicines were returned on the same day. Virtually all medicines were dispensed for named patients. A small number of pre-packed medicines, such as antibiotics or inhalers, were used occasionally. The absence of a dual-labelling system did not allow professional control of medicines.
- 5.47 The main health care department did not hold any controlled drugs but such drugs were used by the IDTS team, and one of the registers used did not comply with regulations. The other register was compliant but information had not been correctly entered.
- 5.48 The medicines and therapeutics committee met quarterly and was attended by the pharmacist and a representative from the PCT.

Recommendations

- 5.49 **Access to the pharmacist should be advertised to prisoners and there should be sufficient pharmacist hours to meet this need.**

- 5.50 **Discipline officers should ensure that only one prisoner at a time is at the medicine hatch during medicine administration.**
- 5.51 **The system of relying on faxed prescriptions should be subject to audit by the pharmacist, who should check a random number of prescriptions against the original prescription.**
- 5.52 **The use of pre-packs should be reviewed and subject to audit, to ensure that stock control is managed appropriately.**
- 5.53 **Controlled drugs registers should comply with regulations. Registers should be completed appropriately.**

Housekeeping point

- 5.54 The health care application form should include an option for prisoners to request access to the pharmacist.

Dentistry

- 5.55 Dental services were good. As a result of prisoner complaints about access to dental services, additional sessions had been introduced and waiting times were now reasonable, at eight weeks.
- 5.56 An NHS dentist, assisted by a dental nurse, held two sessions a week. Access to treatment was through the prison's application system, and the dental nurse managed the waiting list. Dental emergencies were seen at the next available session.
- 5.57 A full range of NHS treatment was available and up to 13 prisoners were seen in each session. Oral hygiene advice was delivered during the treatment session. There had been problems with prisoners missing appointments but individual appointment slips and a list of the day's clinics, delivered to the wings by health services staff, had reduced the failure to attend rate.
- 5.58 Out-of-hours cover was provided by the GP and health services staff. If necessary, prisoners with severe oral problems were taken to the nearest dental access centre.

Inpatient care

- 5.59 There were no inpatient facilities. Prisoners requiring 24-hour health support were transferred to HMP Birmingham or HMP Hewell.

Secondary care

- 5.60 The management of external NHS appointments was good, with a senior administrator responsible for hospital appointments. The administrator had developed excellent relationships with local NHS hospitals and the prison security team, and appointments were rarely cancelled because of a shortage of staff. Up to three prisoners were able to be taken out for appointments on each working day. Urgent referrals were faxed through to the hospital where necessary, to expedite treatment. The medical hold system was used when a prisoner was receiving specific treatment at a local hospital, to ensure continuity of care.

Mental health

- 5.61 Mental health support was generally good. The primary mental health team comprised the deputy head of health care and three other RMNs. All were employed on generic, as well as mental health, duties.
- 5.62 All new prisoners were assessed through the reception screening; anyone with mental health needs was reassessed using the threshold assessment grid, to determine the severity of the mental health problem. If a prisoner arrived from an establishment where they had been managed by the secondary mental health team, they were referred to the secondary team at Stafford.
- 5.63 Referrals for mental health assessment were accepted from across the prison and assessments were usually completed within four weeks, or earlier if deemed urgent. All referrals were reviewed at the weekly multidisciplinary mental health meeting, which was attended by the primary and secondary mental health teams and a psychiatrist. The RMNs held individual caseloads of about 10–12 prisoners and were supported by the GPs whenever necessary.
- 5.64 An anxiety group had been created by one of the nurses, who was completing a degree in mental health studies and a diploma in cognitive behavioural therapy. The nurses worked with groups of about eight prisoners one afternoon a week during the 10-week course. The course was often used as part of the prisoner's sentence plan, and the nurse running it worked closely with other departments, particularly sentence planning and resettlement.
- 5.65 There was a separate group for ex-service personnel with service-related stress and emotional problems. The Combat Stress charity worked alongside the nurse to manage ex-service prisoners' anxieties and stress and also helped individuals with resettlement needs. Any prisoner could request to join a group, and prison staff were able to refer individual prisoners about whom they had concerns to the nurse. The group sessions were helpful to prisoners, and a free telephone PIN number had been set up to enable ex-service personnel to access the Combat Stress helpline.
- 5.66 The secondary mental health team was from the South Staffordshire and Shropshire NHS Foundation Trust. The Trust was also responsible for six other prisons. The team comprised two forensic psychiatrists providing two sessions a week, and three rotating full-time Community Psychiatric Nurses (CPNs) holding two sessions a week. An occupational therapist and a social worker completed the team. All prisoners under the care of the team had been referred from the primary mental health team or had already been under the care of secondary services on transfer from another prison. The team working at Stafford had 29 prisoners on its caseload. Contact with prisoners was through one-to-one meetings; there was no group work at the time of the inspection.
- 5.67 Prisoners requiring admission to secure beds were managed by the secondary team, and access to beds in the region was said to be reasonably swift.
- 5.68 The team also provided mental health awareness training for the prisoner peer support, Listeners and prison staff when requested.

Good practice

- 5.69 *The anxiety and combat stress groups were an excellent initiative, and were having a positive effect on prisoners' time in prison and their plans for release.*

Section 6: Activities

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.

- 6.1 Most prisoners, particularly those on the enhanced regime, had a reasonable experience of time out of cell between Monday and Thursday. During the core day, we found few prisoners locked in their cells. All prisoners suffered a reduced amount of time out of cell on Fridays, and those who were not on the enhanced regime had less access to evening and weekend association. Access to outside exercise was limited to half an hour a day during the week, although all prisoners could have one hour in the open air on each weekend day. Most exercise yards had been improved.
- 6.2 The establishment recorded an average of 7.35 hours out of cells on weekdays. The core day allowed for fully employed prisoners with evening association to be unlocked for nine hours, so this appeared to be an accurate reflection of the average experience. In our survey, only 9% of respondents said that they spent 10 hours unlocked on a weekday, which was worse than the 15% comparator. A roll check during the core day found less than 10% of prisoners locked in their cells. All prisoners had reduced hours out of their cell on Fridays, as they were locked up during the afternoon while prison shop distribution and kit change took place. This was a missed opportunity to increase time out of cell (see main recommendation HP55).
- 6.3 Association was rarely cancelled and was available to enhanced prisoners on four evenings a week and for both morning and afternoon periods at weekends. Standard prisoners had evening association on alternate weekdays on Monday to Thursday and one daytime session on Saturdays and Sundays. The number of prisoners allowed out on association was unnecessarily restricted and we found differences between wings. For example, we found 46 prisoners unlocked for evening association on D wing and over 70 on E and F wings on the same evening, and with the same number of staff on each wing. In our survey, 42% of prisoners said that they had association more than five times a week, which was considerably worse than the 77% comparator.
- 6.4 Prisoners' cell doors were locked during association, which was too restrictive – especially on D wing, where prisoners had privacy keys for their cells. This meant that those who had taken a shower had to carry their wet towels, shower items and dirty clothing around with them during association.
- 6.5 Exercise was limited to 30 minutes a day during the week. We saw prisoners being unlocked late for exercise on some wings during the week, reducing this time to 20 minutes. Weekend exercise periods were one hour a day. In our survey, only 36% of prisoners, against a comparator of 51%, said that they went out on exercise three or more times a week.
- 6.6 Association areas were reasonably equipped. Outdoor exercise areas had been enhanced with seating and floral displays, which mitigated the bareness of these areas. Prisoners we spoke to told us that the clash with association discouraged them from taking outside exercise.

Recommendations

- 6.7 Prisoners should be able to access their cells during association.
- 6.8 Prisoners should have access to one hour of exercise in the open air every day.

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.

- 6.9 The prison had sufficient purposeful activity places to occupy prisoners. Induction was effective and, with the careers, information and advice service, provided a comprehensive assessment of prisoners' needs. Internal links were good, with assessments being used effectively in sentence planning. Allocation and access to activities was fair and equitable. Strategic leadership and the operational management of learning and skills were sound, and quality assurance arrangements comprehensive. Prison work was well planned and structured, and enabled prisoners to develop a positive work ethic. Good employability and personal skills were developed but were not formally recognised or recorded. Teaching, learning and individual coaching were effective. There was a wide variety and range of education courses. The variety of vocational courses was good but the range was limited, with few opportunities to progress to higher-level qualifications. The library area, although small, was well planned and a satisfactory environment in which to study, read and seek information.

Leadership and management

- 6.10 The overall management of learning and skills was sound. Senior managers had a clear strategic plan for learning and skills, which linked well to the overall resettlement objectives of the prison. Improvements had been made to the provision, particularly to the amount and type of vocational training available, and the profile of learning and skills had been raised. The day-to-day management of education and training was good, and quality assurance arrangements were comprehensive, well established and clearly understood by staff. Data were used effectively to inform curriculum planning and course development. A self-assessment process had resulted in successfully identifying the key areas for improvement. Good use was made of learners' feedback in informing this process. Action planning and the improvement process were effective; the senior management team regularly monitored targets for improvement.
- 6.11 The prison provided a safe environment for training and learning. Safeguarding training had taken place and there were links between learning and skills and safer custody. Health and safety issues were generally well managed.
- 6.12 The overall number of activity places at the prison was 728, which were sufficient to occupy all prisoners. A new offender learning and skills service (OLASS) contractor, The Manchester College, had been appointed in August 2009; most of the 34,550 contracted hours had been achieved, with few cancellations of classes. The prison had developed good partnership

working with the contractor, which was responsible for most of the accredited vocational training. There were effective links with sentence planning.

- 6.13 Punctuality and attendance at education, training and work were generally good. Standards of behaviour were high, with a high level of mutual respect between tutors, instructional officers and prisoners throughout the learning and skills provision.
- 6.14 The prison's approach within learning and skills to equality and diversity was robust. Tutors challenged inappropriate behaviour and language effectively, and equality and diversity was appropriately promoted at induction and during training sessions. Effective strategies within education and vocational training had been developed to work with learners who traditionally would not have engaged with education or training, improving their chances of completing their course successfully. Much work had been done to improve the range of activities available to older prisoners, who were encouraged to continue to engage in education. The education department had worked on a number of projects to help raise cultural awareness and celebrate diversity. Imagery in learning and skills was used well to promote a socially inclusive environment. Induction materials were available in different languages and reflected the diverse needs of the prison population. The pay structure was generally fair but rates of pay were low. Access to work, vocational training and education for all groups of prisoners was good.

Recommendation

- 6.15 **A review of the pay scales should be undertaken and pay rates increased.**

Induction

- 6.16 The learning and skills induction was clear and gave a good introduction to the provision available at the prison. The careers, information and advice service (CIAS) provided by JHP, an employability advice and training organisation, was good. Staff were skilled and well qualified. Initial assessment of prisoners' literacy and numeracy was satisfactory. Good use was made of the learner information service, to ensure that the duplication of assessments and action plans carried out at previous establishments was minimised. Individual careers interviews took place, where a detailed assessment of need was produced. Information was shared across the prison, with links to sentence planning. Action plans were produced and reviewed at appropriate points during the sentence. Information from CIAS was used in the sequencing and allocation process, which was clear, fair and equitable. There were waiting lists for a small number of courses but the prisoners involved were allocated to other activities until a vacancy arose.

Work

- 6.17 There were 273 workplaces in nine prison workshops. Prisoners displayed a positive work ethic in the workshops, and levels of discipline and staff-prisoner relationships were good. Workshops were of a high standard and provided a realistic working environment. Work was well planned and structured. Literacy and numeracy support for prisoners in work was available.
- 6.18 Workshops included industries production workshops that assembled trailer boards, a pre-assembly workshop for the manufacture of trailer boards, the production of large print and Braille, tailoring and light production. Other work included reclamation, laundry, and work in the

kitchens (where learners could achieve a level 2 National Vocational Qualification (NVQ) in food safety and a level 1 NVQ in hospitality and catering), and a further 167 jobs as wing cleaners, on food serveries on accommodation wings and as orderlies. A gardens party of 18 workers kept the grounds clean and tidy, and had created a series of small gardens on G wing to promote diversity, including a holocaust, Buddhist, memorial, diversity and formal garden as part of their NVQ1 horticulture course. Some prisoners were supervised and taken outside the prison to tend the areas around the perimeter fence. A planned project was in its early stages to provide a community garden in Stafford town.

- 6.19 Prisoners developed good employability skills in workshops and prison work, such as team working and problem solving, but they were not formally recognised or recorded.

Recommendation

- 6.20 **Prisoners' employability skills should be formally recognised and recorded.**

Vocational training

- 6.21 The Manchester College provided 86 vocational training places. Eight vocational workshops were well managed by a vocational training manager. Attendance was good, with most workshops operating at full capacity. The wide range of provision included accredited vocational training in floor and wall tiling, roofing, roof tiling and solar panels, plastering, brick work, industrial cleaning, carpentry, painting and decorating and barbering. Catering courses were offered in the education department. Most qualifications were at level 1, with the exception of the roofing qualification (which was available only at level 2) and catering awards (at levels 1 and 2), offering learners few progression routes to improve their vocational skills and further enhance their employment prospects on release. Prisoners had the opportunity to participate in a good self-employment programme.
- 6.22 Tutors were well qualified, with current industrial experience. Learning sessions were generally well planned but insufficient attention was given to planning tasks for more able learners, to ensure that their abilities were sufficiently stretched and challenged. Prisoners with additional learning needs received good support in sessions. Individual coaching developed learners' practical skills well and encouraged them to develop problem-solving skills. Learners' progress was monitored appropriately. Targets in individual learning plans were too broad and the employability skills that learners developed, such as attitude to work, working as a team and timekeeping, were not formally recognised or recorded (see recommendation 6.20).
- 6.23 Learners on the roofing course received excellent training. At the end of their programme they participated in an additional training programme in fitting solar energy roof panels. On the industrial cleaning course, no learners could obtain an external qualification, as the college had been waiting for centre approval by the awarding body for over three months. All wing cleaners were trained to industrial cleaning standards before starting their work role.
- 6.24 Achievement rates on most of the courses were high. Learners at risk of dropping out of a programme or being removed because of poor behaviour received good individual support to help to keep them on their programme. Tutors were required to complete a request for withdrawing a prisoner from a programme, detailing the support that they had already put in place. The prisoner was then interviewed by a support worker, who worked with him to identify the issues and work out an action plan for improvement; this was reviewed weekly. The college had been successful in keeping such prisoners on the programme, so that they achieved their qualification.

- 6.25 Prisoners said that they felt safe during training. Staff paid good attention to individual needs and managed classrooms well. Prisoners were provided with appropriate protective equipment and had good access to showers located adjacent to the plastering, brickwork and tiling workshops. Workshops were well equipped and all had a separate theory classroom area.

Recommendations

- 6.26 **The level of qualifications offered should be extended, to provide progression routes for learners.**
- 6.27 **Lesson plans should be further developed to identify activities to extend learning opportunities for more able prisoners.**
- 6.28 **Individual learning plans should be better used to provide learners with clearly defined short-term targets, to guide their learning and measure their progress.**

Housekeeping point

- 6.29 The education provider should gain centre approval as soon as possible, to enable learners on the industrial cleaning programme to gain accredited qualifications.

Good practice

- 6.30 *Good support was provided to learners at risk of dropping out of education programmes or withdrawal due to poor behaviour. Tutors completed a request for withdrawal, detailing the support they had already put in place. The prisoner was then interviewed by a support worker to work out an action plan, which was reviewed weekly.*

Education

- 6.31 Education was available in the mornings from Monday to Friday, from 8.45–11.45am, and in the afternoons from Monday to Thursday, from 2–4.45pm, for main prisoners, and from 9–11.30am and 2.15–4.30pm for vulnerable prisoners. Education was provided under an OLASS contract by The Manchester College. During morning sessions, there were education places for 102 learners, eight classroom mentors and three cleaners. During afternoon sessions, there were 84 education places, seven classroom mentors and three cleaners. Around a further 20 learners were studying on Open University and distance learning programmes.
- 6.32 Learners could attend a range of courses, including information and communications technology, employability, visual and creative arts, and literacy and numeracy. The college provided clear progression routes, with good support from pre-entry to intermediate level. All courses were part time, apart from the computer repair and 'Moving On' programmes, which were full time. English for speakers of other languages (ESOL), art, music and 'Moving On' sessions were taught in mixed groups of vulnerable and mainstream learners. Good outreach support was provided for over 60 learners in the workshops, segregation unit and in cell. Achievement rates on most courses were high, with learners completing within their planned end date.
- 6.33 The quality of teaching and learning was good. Classroom sessions were planned effectively and managed well. Tutors used a broad range of teaching activities to encourage individual

and group participation. Tutors gave regular verbal assessment and encouragement to learners to support improvement and maintain their interests and motivation. Monitoring and tracking of the progress of learners was clearly presented.

- 6.34 The use of individual learning plans was satisfactory, and initial assessment results were recorded on the plan. However, detailed target setting was insufficient, generally long term and of little help to prisoners in planning their learning. The identification of and support for learners who had multiple barriers to learning was well managed; prisoners were screened effectively, a skills profile established and actions identified to support their learning needs. Individualised short-term targets for such prisoners were set and linked to a series of goals, the progress of which were monitored and recorded.
- 6.35 The management and development of the education provision were good. Staff were supportive, professional and enthusiastic and had good access to continuing professional development. All were involved in developing the self-assessment report and all clearly recognised their input to the final report. Overall, the recording of observation of teaching and learning provision was satisfactory. However, there was a concentration on teaching, with less focus on learning. Many comments were descriptive, although some recorded observations were evaluative and clearly identified areas for improvement.

Recommendations

- 6.36 **Target setting for all learners should be improved by setting relevant and measurable short-term targets.**
- 6.37 **When observing tutors, a better focus should be provided on the learning taking place.**

Library

- 6.38 Staffordshire County Council provided the library services. The library area, although small, was well planned and a satisfactory environment in which to study, read and seek information. The library was open for 32 hours a week, including Saturday morning, but there was no evening availability.
- 6.39 A part-time supervisor, with support from a part-time professional librarian and two part-time assistants, managed the library. Two orderlies, one of whom was a Toe by Toe mentor, and three Storybook Dads editors provided further support. Most prisoners had satisfactory access to the library through a drop-in service during main movements, in addition to planned escorted visits. Access was difficult for prisoners with limited mobility. A limited service was maintained for prisoners held in the segregation unit, and there was outreach provision for those who were unable attend the library.
- 6.40 Resources were broadly reflective of the needs and different cultures of the prison population and included over 7,000 books. Due to the limited size of the library, some of the book stock had been removed from the shelves, to allow improved presentation of the remaining stock; as a result, book loans had increased by 28%. Requests for books not in stock were dealt with effectively with most requests were fulfilled within a few days.
- 6.41 The broad range of good resources included large-print books, foreign language books, newspapers and magazines, reflecting the population needs of the prison. Audio-books, music CDs and language packs were available to help English speakers to learn other languages and foreign nationals to learn English. Prisoners had access to six computers for distance learning,

driving test theory, CV development and use of a range of software supplied by the library. A small range of vocational books was available to support prisoners on education and vocational programmes, and further books could be requested on demand. The library had a full and up-to-date range of Prison Service Orders and legal books.

- 6.42 The library gathered, analysed and used a wide range of information and data on loan activity, library membership and annual user surveys. However, although records indicated that 84% of the prison population were members of the library, there was no analysis of how many separate individuals used the library service.

Recommendations

- 6.43 **Access to the library should be improved for prisoners with mobility difficulties.**
- 6.44 **Information and data on individuals who do not use the library should be gathered and analysed, better to target, promote and advertise the services and activities.**

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.

6.45 PE facilities were generally good but the showers were in need of refurbishment. The range of accredited programmes was appropriate and achievement rates on most programmes were high. Access to PE was satisfactory for most prisoners but the process for applying to use the gym was cumbersome and lacking in transparency. Gym usage was low.

6.46 The PE department was staffed by two senior officers, who rotated the role as full-time gym manager every two months, and seven PE officers. All held appropriate PE and teaching qualifications. All prisoners could access three sessions of recreational PE a week during the evening and two sessions at the weekend. A session for older prisoners was offered at the weekend. During the week, sessions ran from 6pm to 7.45pm, and at weekends from 8.45am until 11.45am and from 1.45pm until 2.30pm.

6.47 Wing staff managed the allocation to recreational PE. The process for applying to use the gym was cumbersome and lacking in transparency. Around 44% of the population participated in PE each week, which was low. Two PE staff had recently been trained in exercise for older individuals, to improve the range of recreational activity available to, and improve the participation by, the large group of older prisoners at the establishment. Gym staff regularly reviewed participation rates but insufficient action had been taken to determine the reasons for poor attendance at such activities.

6.48 Prisoners received a satisfactory induction to recreational PE, and staff ensured that they were fit to participate. Health care assessments were not routinely shared with the PE department. A physiotherapist in the health care unit had links with the PE department and regularly referred prisoners for individual therapeutic gym sessions. Clean gym kit was supplied for each session

- 6.49 Facilities were generally good; mainstream prisoners had access to a free weights room, a cardiovascular (CV) room, a mezzanine area with further CV equipment and a large indoor sports hall with three badminton and basketball courts. Vulnerable prisoners had access to an outside all-weather pitch and bowling area and two fitness suites that had a range of CV and resistance exercise equipment and a free weights area. The standard of equipment was good. However, the showers for both mainstream and vulnerable prisoners were in poor condition.
- 6.50 There was a satisfactory range of accredited programmes, including level 1 awards in physical fitness and lifestyle management, and a level 1 and 2 award in weight training. Level 2 awards were offered in fitness gym instructing, community sports leaders, understanding substance misuse and get fit for life. All prisoners on level 2 programmes took a first aid at work qualification before starting on the programmes. Literacy and numeracy support was good. Achievement rates on most programmes were high, averaging 94% overall in 2010/11. The process for allocating prisoners to courses was satisfactory.
- 6.51 Processes to assure the quality of training were generally reasonable. The self-assessment process satisfactorily informed the learning and skills report. Observation of teaching and learning took place regularly but the results were not used effectively to share good practice and, based on the evidence included in the observation report, some of the grades awarded were over-optimistic.

Recommendations

- 6.52 **The prison should determine why attendance is low for recreational PE and put in place actions to improve it.**
- 6.53 **Health services staff should communicate with PE staff if a prisoner is unfit to participate in PE.**
- 6.54 **The showers should be refurbished.**
- 6.55 **Results from observation of teaching and learning should be used to improve their quality.**

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 Some security measures were over-restrictive for a category C prison. Mass movement was appropriately restricted for the mixed population. The security meeting was attended by most departments but links with safer custody were weak. Security intelligence was well analysed and used to determine security objectives. Intelligence-led security actions were not always carried out quickly. Allocation to activities was unnecessarily not restricted by security considerations. Closed visits arrangements had been reviewed and were now proportionate to the risks posed, although some prisoners remained subject to restrictions under old procedures.

Security

- 7.2 Some security measures were over-restrictive for a category C prison and many prisoners complained to us about such measures as the use of handcuffs for all prisoners when walking between escort vans and reception, locking prisoners in their cells on return from activities and keeping cell doors locked during association (see sections on reception and time out of cell). Prisoner mass movement around the establishment was appropriately restricted to take account of the mixed prisoner population of vulnerable and mainstream prisoners. Allocation to activities was not unnecessarily restricted by security considerations.
- 7.3 The security department was adequately staffed. The monthly security committee meeting was attended by staff from most departments. However, safer custody staff did not attend these meetings, and security staff did not attend safer custody meetings, so links between the two departments were weak. Security liaison officers had been appointed for each wing and had responsibility for disseminating information from the meetings to other staff in their work areas. A security tasking meeting was held at least weekly to discuss security information reports (SIRs) requiring immediate action and any adjudications that had taken place. A monthly security bulletin was published to all staff which gave details of current priorities, as determined by the security committee, and the information and action required from staff.
- 7.4 Staff had submitted 1,460 SIRs in the year to date, mostly concerning drugs, mobile telephones and threats to prisoners. SIRs were processed quickly and intelligence analysed well.
- 7.5 We were unable to ascertain whether intelligence-led searching was carried out within a reasonable time. There were no staff detailed to carrying out searching, and managers were required to allocate this task to wing staff. Intelligence-led drug testing was not always carried out quickly (see section on substance use).

- 7.6 The relationship between security staff and the prison's police intelligence officer was positive and he provided assistance in dealing with matters referred to the police for consideration and issues around visits and drugs entering the establishment.
- 7.7 There were 13 prisoners on closed visits at the time of the inspection. The procedures for applying these restrictions had recently been reviewed and changed to target those who had been involved in visits-related activity and those for whom there was additional supporting evidence to suggest that closed visits were necessary. Some prisoners remained inappropriately on closed visits under previous arrangements, by which restrictions could be applied for non-visits-related activity. Forty-five visitors had been banned from the prison following illicit and disruptive behaviour before and during visits. Reviews of banned visitors and closed visits took place monthly, at the drug strategy meeting, in line with the policy on reducing the supply of drugs, and we found evidence of restrictions being lifted when no further intelligence had come to light.

Rules

- 7.8 New arrivals were given an overview of wing rules in the induction and information booklet, and were required to sign a compact linked to the incentives and earned privileges (IEP) scheme during completion of the first night care and induction booklet. Wing rules were clearly displayed on all wings.

Recommendations

- 7.9 **Rules and regulations should be appropriate and proportionate to the security category of the prison and the population. The rules requiring the use of handcuffs for all prisoners when walking between escort vans and reception, the locking of prisoners in their cells on return from activities, keeping cell doors locked during association and restricting the numbers of prisoners on association should be reviewed.**
- 7.10 **Links between safer custody and security staff should be strengthened.**
- 7.11 **Required outcomes from security intelligence reports relating to drug testing should be carried out quickly.**

Housekeeping point

- 7.12 Prisoners restricted to closed visits under old procedures should be reviewed immediately and restrictions lifted where they are not proportionate to the risk presented.

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.

- 7.13 The number of adjudications had increased. There was a large number for minor offences, some of which were referred inappropriately to the independent adjudicator. Adjudication

records did not always evidence sufficient investigation into events. Quarterly adjudication standardisation meetings were held but no quality assurance was carried out on adjudication records. Use of force had reduced and was very low. Irregular meetings were held to review such incidents, and all documentation was checked and issues identified, with one notable exception. Planned use of force was rarely recorded and those that were had not been reviewed fully. The segregation unit was clean and well maintained. Few prisoners had been held in segregation and most stayed for short periods. The regime included activities off the unit and reintegration planning was well developed and successful. Staff had a good knowledge of prisoners held on the unit and provided excellent support. Reviews were carried out with prisoners after they left segregation, which had assisted in reducing the number held there.

Disciplinary procedures

- 7.14 Adjudications were carried out in a dedicated room in the segregation unit. The room was adequate but confidential information about prisoners in segregation and awaiting adjudication was displayed on the walls.
- 7.15 The number of adjudications had increased considerably from the previous year, with 1,016 in the whole of 2010 and 905 in the year to date. The main charges were for possession of unauthorised articles, disobedience and fighting. Many charges were for minor offences, such as refusing to attend work on the first occasion and smoking on landings and in showers; these could have been more appropriately dealt with using the IEP scheme. Some of these minor offences had been referred inappropriately to the independent adjudicator, and we found that prisoners had had days added to their sentence for failing to go to work.
- 7.16 The adjudications we observed were carried out well and prisoners were given the chance to present their case. Our examination of over 30 adjudication records showed that not all matters raised during an adjudication were appropriately followed up. We found that self-harm and bullying matters were not always recorded as being referred to safer custody staff. We also found one adjudication record showing that the punishment had been decided before the hearing had been completed. Not all records, including those by the independent adjudicator, showed a full investigation into events leading to the charges being laid.
- 7.17 Quarterly adjudication meetings took place, and statistics were analysed and discussed. Minutes showed that matters raised were followed up. No quality assurance checks were carried out on completed adjudication documentation.

Recommendations

- 7.18 **Confidential information about prisoners should not be on display in the adjudications room.**
- 7.19 **Minor infringements of rules and regulations should be dealt with using the incentives and earned privileges (IEP) scheme.**
- 7.20 **Safer custody matters should be followed up either during or after adjudications have been heard, and details should be recorded on the adjudication hearing record.**
- 7.21 **Punishments should not be determined until all the evidence has been heard and a finding of guilt recorded.**

- 7.22 **Adjudication records should give a full account of the events leading to the charge being laid.**

Housekeeping point

- 7.23 Quality assurance checks should be carried out on adjudication records.

The use of force

- 7.24 Use of force had reduced year on year since the previous inspection. There had been 108 incidents in the whole of the previous year but only 36 in the year to date.
- 7.25 We examined all the use of force documentation and found that it had been completed to a reasonable standard. De-escalation was apparent and force appeared to have been used as a last resort.
- 7.26 All documentation had been checked by managers and, with one notable exception, identified issues had been followed up. One incident, in which a member of staff had drawn and used a baton, had not been investigated. Use of force meetings took place at irregular intervals, leading to a lack of full analysis of ongoing trends. Planned uses of force were rarely recorded and those that were had not been fully reviewed. The quality of the recordings we viewed was poor.
- 7.27 Special accommodation had not been used for over a year.

Recommendations

- 7.28 **Use of force meetings should be held at regular intervals and analysis of ongoing trends carried out and acted on where necessary.**
- 7.29 **Planned use of force should be recorded, and staff trained in the use of recording equipment. Recordings should be reviewed by managers.**

Segregation unit

- 7.30 The segregation unit was located in the basement area of D wing. The unit was bright, clean and well maintained and all cells had either been refurbished or were in the process of being updated. Showers were clean. The exercise yard was bleak and not easily accessible for those with mobility problems, as it could only be reached by a steep flight of stone steps.
- 7.31 Documentation that we examined showed that in all cases the segregation had been appropriately authorised by a governor, and prisoners on the unit were visited by a governor, health services staff and a chaplain daily, and the Independent Monitoring Board regularly. At the time of the inspection there was one resident, who had been on the unit for four weeks.
- 7.32 There was a staff selection policy, and all staff had been approved to work in the unit by the governor. Some staff had received mental health training and all were trained in assessment, care in custody and teamwork (ACCT) procedures, control and restraint (including de-escalation), adjudications liaison and had received Challenge It, Change It diversity training.

Staff were knowledgeable about prisoners who had been held in segregation, and records reflected good interaction with prisoners and support by staff.

- 7.33 Only 46 prisoners had been in segregation in the year to date and most had stayed for short periods. The majority (22) had been held to serve periods of cellular confinement and in some cases this had been commuted following periods of good behaviour.
- 7.34 Reintegration planning was well developed. Personal officers visited segregated prisoners weekly and prisoners could attend activities, including association, work, education and religious services, off the unit to aid their progression to normal location. Each prisoner had a clear management plan, which was formulated at the start of segregation. Reviews of segregation were carried out in a timely fashion and clearly showed prisoners' progress against targets and new targets set.
- 7.35 All prisoners were reviewed by segregation unit staff 28 days after leaving the unit. This was a useful check on a prisoner's progress, with issues identified being dealt with swiftly, and had resulted in a reduction in the number of prisoners held in segregation. Segregation staff also carried out a monthly review of the top five offenders against discipline, with the aim of providing support and preventing them from reoffending against prison rules.

Recommendation

- 7.36 **Access to the segregation unit exercise yard should be made easier for those with mobility problems.**

Housekeeping point

- 7.37 The segregation unit exercise yard should be improved, in line with the other yards.

Good practice

- 7.38 *The reintegration planning process provided a realistic regime for prisoners in segregation and was implemented quickly, to support their relocation back to normal residential accommodation.*
- 7.39 *The process for reviewing prisoners after they had been held in segregation or committed a number of offences against discipline was an imaginative initiative and provided a useful forum for assessing prisoners' behaviour and preventing further stays in segregation.*

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.

7.40 The incentives and earned privileges scheme had recently been reviewed and was not yet fully understood by staff or prisoners. Older versions were on display and different documentation used. Prisoners were appropriately warned about minor infringements of rules and given positive encouragement when they 'overachieved'. Reviews were carried out by wing managers and targets were set by to encourage improvements in behaviour. Management checks of reviews were not apparent.

7.41 The IEP scheme had recently been reviewed and was not yet fully understood by staff or prisoners. This had led to some misunderstandings over the current requirements of the scheme. Versions of the scheme dating back to 2007 were on display and used by staff to refer to when carrying out reviews. Different wings were using different documents to record reviews, and on one wing we observed an unacceptable practice whereby pre-printed targets were used. An equality impact assessment of the scheme had been carried out and had identified that older prisoners might find it more difficult to gain 'overachieved' comments if they were not working. The findings of this assessment had not yet been incorporated into the scheme. The assessment had failed to identify the impact of the IEP scheme on prisoners with a disability who might not be able to work. At the time of the inspection, 48% of prisoners were on enhanced, 51% on standard and 1% on the basic regime.

7.42 The IEP scheme was well written, clearly setting out the privileges that prisoners could expect on each level of the scheme, and included how it related to offender management processes and purposeful activity. All prisoners received at the establishment were placed on the standard level, unless there was evidence that they had been on enhanced at their previous prison. All prisoners, except those on enhanced, were reviewed every 11 weeks and boards held if their behaviour warranted a review. Those on enhanced were reviewed every 12 months. In our survey, 56% of prisoners, against the 48% comparator, said that the different levels of the IEP scheme encouraged them to change their behaviour. Responses from black and minority ethnic and Muslim prisoners were less favourable, at 45% (against 59%) and 39% (against 58%), respectively.

7.43 Prisoners could be given warnings ('underachieved') for poor behaviour and minor infringements of some prison rules, and positive comments ('overachieved') for good behaviour that was above what was normally expected of them. Four under- or overachieved comments during an 11-week period could result in promotion or demotion. Reviews were carried out by wing managers. We saw evidence in documentation that prisoners were sometimes given warnings before being demoted and that they were set targets to help them to improve their behaviour if they were close to achieving a promotion on the scheme. Prisoners were given information on how to appeal if they so wished.

7.44 Those on the basic level of the scheme were required to fill out a daily diary to assist staff when they carried out seven-, 14-, 21- and 28-day reviews. Not all those on basic had the diaries and some staff were not aware that they existed. Staff we spoke to said that they were flexible about carrying out reviews, and carried them out earlier if a prisoner's behaviour had changed markedly before a review was due. Management checks on reviews were not evident.

Recommendations

7.45 **The IEP scheme should be published to all staff and prisoners and be fully implemented across all residential wings.**

- 7.46 **The impact of the IEP scheme on older, black and minority ethnic and Muslim prisoners and those with disabilities should be fully assessed and the findings incorporated into the scheme.**

Housekeeping point

- 7.47 Management checks should be carried out on IEP reviews.

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 The range and standard of food were good and mealtimes were appropriately spaced through the day. Both the kitchen and the hotplates on the residential units were clean. Cultural needs were catered for and fresh vegetables, fruit and salads were available every day. Survey results about the quality of the food were better than the comparator.
- 8.2 The kitchen was clean, properly maintained and, although relatively small, generally well equipped. The catering manager worked with a team of qualified chefs and about 28 prisoners. All prisoners took part in National Vocational Qualification training programmes (see also section on vocational training).
- 8.3 Lunch and dinner were selected from a four-week rolling menu, which offered a wide variety of healthy options and generally met the needs of different diets, including vegetarian, vegan, halal, kosher and gluten free. Menu options included fruit and vegetables every day. Breakfast packs were issued on the evening before they were to be eaten.
- 8.4 Meals were usually served on the residential units at about noon and 5pm. Staff supervision of wing serveries was good, and temperatures of food were taken on arrival on the wing. Utensils designated for the serving of halal food were used and all servery workers had been trained in basic food hygiene. The hotplates on the residential units were clean.
- 8.5 The quality of meals we sampled was good and portions were adequate. In our survey, 37% of respondents said that the food was good or very good, which was better than the comparator of 27%.
- 8.6 Regular meetings with servery workers took place, a food survey was carried out twice a year and prisoner representatives attended meetings with the catering manager once a month. Food comments books were in place on all residential units, and were readily accessible to prisoners.

Recommendation

- 8.7 **Breakfast should be issued on the day that it is to be eaten.**

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.

- 8.8 The shop sold a wide range of goods but fewer black and minority ethnic and Muslim prisoners than their white and non-Muslim counterparts said that the range of products was wide enough to meet their needs.
- 8.9 DHL managed the prison shop. The local product list included about 375 items, which provided a reasonable choice, and this was reflected in the responses to our survey. However, fewer black and minority ethnic and Muslim prisoners than their white and non-Muslim counterparts said that the range of products was wide enough to meet their needs (36% versus 57% and 39% versus 53%, respectively). Some prisoners we spoke to said that there was a need for more healthy and vegan products, and some complained that substitute goods were issued without notification.
- 8.10 Only 8% of those replying to our survey said that they had been able to access the shop within 24 hours of arrival, compared with 22% at the time of the previous inspection and 19% at comparable prisons. If a prisoner missed the submission date for his order form, he had to wait another week to place an order.
- 8.11 Price changes were clearly communicated to prisoners. Those we spoke to said that prices were too high relative to their low wages. Prisoner monies were handled effectively and appropriately, and they could get a printout of their accounts at no cost. A bimonthly forum facilitated consultation with prisoners and was well attended and minuted.
- 8.12 DHL staff delivered products on a Friday and the distribution process was well managed. Prisoners could order goods from a variety of catalogues and were not charged an administration fee. They could also order newspapers and magazines.

Recommendation

- 8.13 **Prisoners who miss the submission date for the weekly order form should not have to wait a week to be able to place an order.**

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 There was a good reducing reoffending strategy, based on a detailed needs analysis, but it was not sufficiently well understood across the establishment. The offender management policy was limited. Governance of resettlement and monitoring of outcomes was satisfactory. Provision of, and access to, accredited programmes through the regional approach was inadequate for the number and mix of prisoners.
- 9.2 Resettlement had not had a high enough profile across the prison for some time. More recently, better foundations had been developed through a detailed reducing reoffending strategy and action plan for 2011/12. This provided a good framework for both the prison and partner agencies and had clear links to the National Offender Management Service (NOMS) business plan and the regional reducing reoffending plan. The strategy was based on a needs analysis using offender assessment system (OASys) data and P-Nomis information. This showed that the establishment had a high number of violent and sexual offenders. However, a prisoner survey had not been undertaken to inform the strategy further, and it did not adequately address the range of diversity issues. The strategy had not been communicated sufficiently widely across the prison to ensure that all staff understood their role in reducing reoffending. In our survey, far fewer prisoners than at the time of the previous inspection and than at comparable establishments said that they knew whom to contact in the prison to address their resettlement needs. The offender management unit (OMU) policy was limited to a description of roles and did not contain a clear action plan with milestones.
- 9.3 Governance of the reducing reoffending action plan had improved, with strategic meetings held at regular intervals. Membership of the committee was appropriate; pathway leads were in place and met regularly to review progress.
- 9.4 There were some gaps in provision; for example, at the time of the inspection there was no programme to address domestic violence, although the alcohol-related violence (ARV) programme was due to start imminently (see section on resettlement pathways). The regional alliance approach to accessing programmes in other prisons was good in theory but was proving more difficult to achieve in practice. Some programmes in other establishments had long waiting lists, making it difficult for prisoners to gain a timely transfer.
- 9.5 Strategic management was supported by a discharge matrix that enabled managers to track those being discharged and ensure that they received some resettlement advice and support, although in practice this was limited. The planned introduction of two resettlement drop-in centres had the potential to address this gap and promote resettlement services but it was too early to be confident that this would be the case.
- 9.6 The 'stepping stones unit' on G wing provided a good way of preparing prisoners for a move to open conditions..

Recommendation

- 9.7 **The resettlement strategy should be more widely communicated across the prison and all prisoners should know whom to contact to get help.**

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.

- 9.8 Layered offender management had been introduced and the offender management unit had been organised on a pod system. Information sharing and involvement across the establishment was underdeveloped. All prisoners were allocated an offender supervisor but there was a large backlog of assessments. The quality of assessments was not consistent and sentence planning board attendance by other departments was poor. The management of offender supervisors was poor and contact with prisoners was not regular or planned. Home detention curfew, but not release on temporary licence, was used to promote resettlement. Categorisation was reviewed regularly but prisoners were held on category C despite successful recategorisation. Public protection procedures were good but senior managers were not involved in multi-agency public protection arrangements (MAPPA) planning. Assessments of risk of harm and risk management plans were not adequate. There was limited special provision for indeterminate-sentenced prisoners and contact with their offender supervisors was infrequent. Progression through their sentences was not managed effectively and their access to some programmes was poor.

Sentence planning and offender management

- 9.9 Layered offender management had been introduced and the OMU operated a pod system, whereby offender supervisors and case administrators worked together to manage their caseload. It was still relatively new and some of the staff lacked confidence in taking on the full range of generic tasks. Numerous changes to the set-up of the OMU over the previous year had left some staff feeling uncertain about their role. The pod system had the potential to produce some positive outcomes but we were concerned about the large caseloads for offender supervisors and case administrators. The cross-deployment of offender supervisors to other duties was minimal and generally well managed, with little disruption to the work of the OMU.
- 9.10 The OMU did not have a high enough profile across the prison and not all relevant information was communicated to offender supervisors. Other staff were not actively involved in sentence planning or review boards. In a small number of cases, the offender manager in the community reviewed OASys assessments without holding a board meeting or discussing progress with the offender supervisor.
- 9.11 All prisoners, including those serving under 12 months, were allocated to an offender supervisor. About half of the population was in scope of the offender management model. A sequencing board was held each week to allocate prisoners to work, education and interventions. This enabled appropriate prioritisation of prisoners to places. However, offender

supervisors did not attend this. Resettlement planning took place through the use of OASys assessments near the end of the sentence and prisoners could access advice about some aspects of resettlement, such as housing and finance, benefit and debt (see section on resettlement pathways).

- 9.12 Sentence planning boards were held but there was an ongoing backlog of OASys assessments both within the prison and in the probation trusts. At the time of the inspection, a total of 120 assessments and plans were late. In addition, too many prisoners arrived at the establishment without a current assessment and plan. This added considerably to the offender supervisors' workloads, and, despite their efforts, they were unable to reduce the backlog.
- 9.13 We inspected 20 in-scope cases. Most of the cases contained an adequate assessment of the likelihood of reoffending. In two cases, no assessment had been completed within six months of sentence, and a further two had been completed late but within six months. Those assessments that were of inadequate quality tended to lack sufficient analysis of the information presented and of how various factors related to the offence and the likelihood of reoffending. In three cases, there was insufficient attention to positive and protective factors.
- 9.14 OASys assessments were quality assured locally but regional quality assurance had stopped about a year earlier. Prisoners attended their sentence planning board. Contributions from wing staff, personal officers, counselling, assessment, referral, advice and throughcare (CARAT) staff or other service providers had been made in only two of the cases we inspected. Offender managers contributed by telephone if they were unable to attend. Too many boards on in-scope prisoners were held late. Of the sample we reviewed, there had been a thorough review of the OASys assessment and sentence plan in only five of 13 cases where this was required.
- 9.15 Prisoners serving less than 12 months were not given a formal custody plan. OMU staff attended the induction sessions and provided an overview of the work of the OMU. However, this did not include information about the amount of contact time that prisoners would have with their offender supervisor.
- 9.16 Allocation of offender supervisors to all in-scope prisoners and those serving an indeterminate sentence for public protection (IPP) was timely, although there was sometimes a delay in the offender supervisor making contact with the prisoner. Contact between offender supervisors and prisoners after the planning stage was limited. Little structured offending behaviour work was possible and too many prisoners said that they did not know their offender supervisor. The OMU had a reactive rather than proactive role in the management of many in-scope cases, and offender supervisors lacked an understanding of the full scope of their role and responsibilities. The offender manager or offender supervisor had coordinated the delivery of the sentence plan in only a quarter of the cases we inspected, and only a quarter of the cases showed evidence that the offender manager and the offender supervisor were committed to their work with the offender and had motivated and supported them throughout their sentence.
- 9.17 There was good use of home detention curfew (HDC) to promote resettlement, and the risk assessment processes were well managed. There had been 199 applications for HDC between February 2010 and January 2011. The frequency of the board meetings had been increased to accommodate demand. Release on temporary licence was not widely used to promote effective resettlement. Only 10 out of 64 applications had been approved over the previous six months and most of these had been for working outside of the prison gate, clearing snow in the winter.

Recommendations

- 9.18 **The offender management unit policy should be more detailed and provide guidance on the amount and type of contact that offender supervisors should have with prisoners each month. Contact should be proactive and not just reactive.**
- 9.19 **The backlog of offender assessment system (OASys) assessments should be addressed.**
- 9.20 **Where relevant, all service providers and staff from relevant departments should contribute formally to the OASys assessment and sentence plan.**
- 9.21 **The use of release on temporary licence to support resettlement should be increased.**

Categorisation

- 9.22 Categorisation reviews were held every six months for each prisoner, which was more frequent than the minimum national requirement. The categorisation policy was not well developed. Between January and July 2011, 46 prisoners had been awarded category D status. Twenty-seven had been transferred to an open prison but others were experiencing a longer wait to be moved, owing to national population pressures. Prisoners remained registered as category C on P-Nomis, in spite of being awarded category D status; the rationale for this was unclear.

Public protection

- 9.23 Public protection arrangements were well managed by an administration officer and the policy was detailed. The monthly risk management meeting was minuted and individual prisoners were discussed in depth; however, offender supervisors did not attend. Arrangements to monitor mail and telephone calls were appropriate.
- 9.24 MAPPAs level 3 meetings in the community were not always attended by a sufficiently senior manager from the OMU or the offender supervisor. MAPPAs training had been provided for OMU staff. At the time of the inspection, there were six MAPPAs level 3, 64 level 2 and 89 level 1 prisoners. Details of MAPPAs correspondence and meetings were not copied to the OMU files. A third of the prisoners at the establishment were subject to public protection arrangements and a third were under the sex offender registration requirements. The violent and sexual offenders register was kept up to date and accessed regularly by the administrator officer, although there was little scope to provide cover in his absence.
- 9.25 Risk of harm assessments and plans were in place in three-quarters of the cases we inspected. All the cases required an initial full risk of self-harm analysis but this had been completed adequately in only 16. Most of the risk management plans were not timely or of adequate quality. In several cases, there were current child protection concerns that had not been addressed within the risk management plan. The offender supervisor was unaware of whether the offender manager knew about these, or, if he/she did, of any action that had been taken to address them. Changes in risk of harm factors had been anticipated or identified swiftly in only three of the relevant cases. The risk of harm assessment had been reviewed thoroughly when required in only five out of 12 relevant cases.

Recommendations

- 9.26 **Multi-agency public protection arrangements (MAPPA) level 3 meetings should be attended by a manager from the prison.**
- 9.27 **There should be a greater sharing of relevant information between the public protection officer and offender supervisors in high and very high risk of harm cases to improve the quality of risk management.**

Indeterminate-sentenced prisoners

- 9.28 The prison held 70 IPP prisoners but no life-sentenced prisoners. Specific provision for IPP prisoners was limited. Two events were held each year to bring IPP prisoners together, to provide them with up-to-date information and access to a range of services. Most (54 out of 70) IPP prisoners were beyond their tariff date, and those we spoke to were unhappy with the delays in their progression. While some could access the stepping stones unit, places were limited. Access to psychological services was limited and there was an ongoing backlog in parole board hearings. Access to programmes for some IPP prisoners was difficult because of the lack of provision (see section on attitude, thinking and behaviour), and the delay in structured assessment of risk and need (SARN) reports was causing unnecessary hold-ups in the parole process.
- 9.29 Two probation officers supervised IPP prisoners but contact time after the planning stage was limited in many cases. There were IPP prisoner representatives who helped others understand the sentence and were a point of contact for other IPPs. There were no specific family days for IPP prisoners but they could access the normal family days.

Recommendation

- 9.30 **The negative views of prisoners serving indeterminate sentences for public protection should be explored and steps taken to promote a more positive experience that encourages progression.**

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

- 9.31 Provision of accommodation services by a specialist organisation had been lost and such services were provided by untrained staff. Induction assessment of housing needs was inconsistent. Referrals for accommodation advice could be made to external agencies, and

links with local authorities were being developed. Prisoners were supported to continue with training or engage with employment on release. The careers, information and advice service for prisoners pre-release was good, with some valuable links with external providers. The number of prisoners going into employment or further training after release had exceeded the prison's targets. Financial advice and support needs were identified during induction but practical help was confined to benefits advice from Jobcentre Plus following the withdrawal of Citizens Advice. Some financial training from the Money Advice Service had been delivered and a telephone advice service was being piloted. All prisoners were seen by health services staff before release and there were pre-release planning meetings for those receiving mental health care.

Accommodation

- 9.32 The ending of a contract with Nacro in April 2010 had created a serious gap in provision, until June 2011, when a resettlement officer had been appointed. Between April 2010 and January 2011, offender supervisors had tried to bridge the gap but had not had the training, expertise or time to do this. Only 21% of prisoners responding to our survey said that they knew whom to contact to get help with housing, compared with 54% at the time of the previous inspection and 39% at other, similar prisons.
- 9.33 Prisoners were interviewed during induction and a housing needs assessment was completed and passed to the resettlement officer. However, in our survey, only 9% of prisoners said that they were asked about their housing needs on arrival, compared with 19% in similar prisons. Information about accommodation services was displayed on the wings.
- 9.34 The resettlement officer interviewed prisoners with an identified housing need and signposted them to other agencies for help and support. There were links with other agencies, some of which came into the prison weekly to support prisoners. Links with local authorities were developing. Specialist services were available to respond to prisoners' needs, such as providing individual support on release or adapted accommodation for prisoners with disabilities. The resettlement officer had not received specific training to provide housing advice but was looking to develop regional networks through which he could develop his knowledge and expertise.
- 9.35 The performance target for 2010/11 had been met but the number of prisoners helped to find accommodation was not monitored. In May 2011, four prisoners out of 63 had been released without suitable accommodation; this equated to 48 over the year, similar to the figure at the time of the previous inspection.

Recommendation

- 9.36 **The resettlement officer should receive adequate training to provide housing information and advice.**

Housekeeping point

- 9.37 The number of prisoners provided with a service, and the outcomes, should be monitored.

Education, training and employment

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

- 9.38 Prisoners were provided with good support for continuing with training or engaging with employment on release. The education department provided an effective employability course to help prisoners to improve their job search skills, and the careers, information and advice service (CIAS) offered by JHP, an employability and training company, provided effective help with CVs, job applications and disclosure. A course offered by CIAS was specifically aimed at providing advice to prisoners aiming to become self-employed on release. Job search opportunities were continuing to be developed through the use of the virtual campus, and Jobcentre Plus was also helpful in this area. There were good opportunities for prisoners to develop work skills through vocational training and work in the prison.
- 9.39 Some good initial links with employers, such as the Intercontinental Hotel group and BCG, a local construction company, had been made but too little was being done to inform course planning and increase employment prospects. CIAS provided a helpful service before release, with some valuable links with external providers. Advisers had a good understanding of skill shortages in the areas to which prisoners were to be released. Around 36% of prisoners left the prison with employment organised and 20% continued into training, both figures exceeded the prison's targets.

Recommendation

- 9.40 **The prison should engage with employers, to develop course planning to reflect employer needs and further improve the employment prospects of prisoners.**

Mental and physical health

- 9.41 All prisoners were seen by health services staff before release. Help with accessing health services, such as a GP or dentist, in the community was provided, and, where appropriate, prisoners were given sufficient quantities of medication to last until they registered with a GP. They were also provided with a letter for their GP, outlining their care while in prison.
- 9.42 Prisoners under the care of secondary mental health services were seen by a member of the mental health team, who liaised with their offender supervisor and probation officer. A multidisciplinary meeting was held before discharge, including, wherever possible, the local community mental health team, to discuss release plans and ensure that continuing care was provided for the prisoner on release. If a representative from the community mental health team was unable to attend, telephone conferencing calls were made.
- 9.43 Palliative care policies were provided by the primary care trust and the expertise of the palliative care team was brought into the prison wherever necessary, to ensure continuity of care.

Finance, benefit and debt

- 9.44 Needs relating to finance, benefit and debt were identified during induction. However, no financial needs analysis had been undertaken and the finance, benefits and debt provision had not been informed by prisoner surveys. There were no surgeries to provide financial advice and support. Only 13% of prisoners replying to our survey said that they knew whom to contact

in the prison to get help with finance, which was worse than at the time of the previous inspection and than at comparable prisons.

- 9.45 The accredited money management course had ended. Some support was provided through other educational courses; for example, the personal and social development programme included some sessions on money management.
- 9.46 The Money Advice Service had delivered a programme in the prison on two occasions, called 'Making the Most of your Money'. Since then, three staff in the prison had been trained to deliver these sessions. The programme had been delivered to 100 prisoners and 40 staff since October 2010 and comprised a three-hour session, followed by signposting to the virtual campus system, which provided further information on finance, benefit and debt.
- 9.47 Prisoners were interviewed before discharge to identify their finance, benefit and debt needs and appropriate action was taken. Some benefits advice was available through Jobcentre Plus two days a week. Citizens Advice support had ended but there were plans for an advice worker from the Money Advice Service to attend the prison one or two days a week. Debt packs were available from the legal services officer, including booklets containing money advice.
- 9.48 A pilot of a free telephone service to the Money Advice Service was under way. This enabled prisoners to discuss a range of money management issues with a confidential adviser.
- 9.49 Prisoners were unable to open bank accounts at the time of the inspection but an agreement with NatWest bank had been reached and would come on stream with the new resettlement drop-in centres.

Recommendations

- 9.50 **Prisoners should be able to access specialist advice on finance, benefit and debt.**
- 9.51 **Prisoners should be able to open a bank account before discharge.**

Drugs and alcohol

9.52 The establishment's drug coordinator led the drug strategy and there was a good level of coordinated working between service providers and other departments, although there was no comprehensive substance misuse policy. Prisoners with drug and/or alcohol problems could access a wide range of interventions, which included one-to-one work, integrated drug treatment system group work modules, the Building Skills for Recovery programme and compact-based drug testing. The prison did not have a designated drug support unit for prisoners who had completed detoxification and/or programmes.

- 9.53 The acting head of residence was the establishment drug coordinator, and he worked closely with the integrated drug treatment system (IDTS) lead. Monthly drug strategy committee meetings were well attended. A detailed IDTS needs analysis had been undertaken and the resettlement action plan contained a drug and alcohol section but the drug strategy policy was basic and the document did not include alcohol services or performance measures.

- 9.54 CARAT services were provided by an experienced and stable team, consisting of a 0.5 manager and 4.5 workers from Inclusion; there was one unfilled post. Since April 2011, their remit had included ongoing work with primary alcohol users. The resulting referrals had increased the team's workload, especially in terms of new assessments, which were completed within a week of referral. The active caseload stood at 132 in July 2011, with another 88 files suspended.
- 9.55 CARAT workers provided induction input twice a week (both for general and vulnerable prisoners). Prisoners could access one-to-one work and IDTS modules, which ran separately for vulnerable prisoners. Two groups were offered per week and mainly focused on alcohol and drug awareness, relapse prevention and relaxation. In our survey, prisoners were positive about the support they received from the CARAT team but there was no formal mechanism for service user involvement and feedback.
- 9.56 Care plans were shared with health services staff and offender managers, and clients' care was jointly coordinated with clinical IDTS and mental health staff. The team was well integrated into the prison and represented at appropriate multi-agency meetings. Good throughcare links had been developed with local drug intervention programmes (DIPs), and designated prison link workers visited the establishment frequently.
- 9.57 Prisoners requiring a more structured intervention could undertake the Building Skills for Recovery (BSR) programme, which had replaced the prison addressing substance related offending (P-ASRO) course. The BSR had wide eligibility criteria, including prisoners with primary alcohol problems and those stable on opiate substitute regimes. Since April 2011, two groups of 12 (one for general and one for vulnerable prisoners) had started and all had completed the programme.
- 9.58 Strong links between the BSR programme and other departments, such as health care, CARAT and the OMU, had been established. Care plans were regularly updated, and contained detailed and specific goals. As many as a third of participants disclosed past abuse issues during the course but the prison lacked a counselling service to offer appropriate, professional support.
- 9.59 The prison was due to introduce the 10-week ARV shortly after the inspection. The programme team was trained to deliver both the BSR and the ARV programmes, according to prisoner need, against an overall target of six programmes and 39 completions in the current year. They were in the process of recruiting peer supporters and planned to develop a peer mentor scheme to offer additional support.
- 9.60 Prisoners could access compact-based drug testing (CBDT), irrespective of location. A total of 250 compacts were in place and two designated officers undertook the required level of testing, either from testing suites or on a mobile basis, but testing frequency was not risk assessed. Prisoners residing on G wing and trusted workers signed incentives and earned privileges (IEP) testing compacts, but for a majority of 175 testing was voluntary.
- 9.61 CBDT was run in a supportive rather than punitive way. The officers had built up good links with the local DIP team and liaised closely with CARAT and clinical services but the establishment lacked a designated drug support/drug testing unit which could provide a supportive environment to prisoners who wished to remain abstinent. Neither Alcoholics Anonymous nor Narcotics Anonymous self-help groups were available.

Recommendations

- 9.62 **The drug strategy document should be updated, include alcohol services and contain detailed action plans and performance measures.**
- 9.63 **The counselling, assessment, referral, advice and throughcare (CARAT) service should establish a formal mechanism for regular service user feedback.**
- 9.64 **Prisoners undertaking the Building Skills for Recovery programme should have access to counselling services, to address issues underpinning their vulnerability to substance misuse.**
- 9.65 **The establishment should provide additional support for prisoners to remain drug free.**

Housekeeping point

- 9.66 The frequency of compact-based drug testing should be determined by individual risk assessments.

Children and families of offenders

- 9.67 Provision of visits was adequate but visitors complained of difficulties in booking them. Although the visitors centre was cramped, it was appreciated by visitors. There were substantial delays in admission for some visitors. The visits hall was a pleasant environment with a children's play area, although this was not supervised. Prisoners could not wear their own clothing during visits but did not have to wear bibs. Accumulated visits were not widely advertised. There was a lead manager for the children and families pathway but limited provision, other than Storybook Dads. Families were not invited to participate in sentence planning. There was no relationship counselling or use of release on temporary licence for family ties but prisoners had been transferred to facilitate family contact.
- 9.68 Prisoners were able to have their first visit within a week of arrival at the prison. The number of visits allowed per week was adequate and reflected the levels of the IEP scheme, with those on enhanced being able to have more visits. There was no provision for evening visits but each visit session could accommodate up to 40 prisoners. Visit sessions were split between the main prisoner and vulnerable prisoner populations, each having a session on alternate days. Six family days were held each year and they received positive feedback from prisoners. Prisoners were not able to wear their own clothes during visits but did not wear bibs.
- 9.69 The visits booking line was open each day but too many visitors complained of long waits to get an answer; this was also the case when we tried to call the number. In a recent survey of visitors, a quarter said that it was difficult to book a visit. A third said that they would have liked more information before their first visit. There was no facility to book by email.
- 9.70 The visits centre was located on the ground floor of a listed building, opposite the main gate. The layout of the building could not be altered and it seemed cramped. There was no toilet for those with disabilities in the visitors centre. Visitors told us that the environment in the centre was positive and that staff were helpful. However, the recently introduced system for processing visitors was generating concerns. Visitors were allocated a number between one

and 40 when they booked the visit. They were called over to the prison in numerical order, even if they had arrived early. One family we spoke to had arrived at the centre at 1pm but had not started their visit until after 2.30pm. The searching and booking-in procedures were slow and added further delays. Prisoners were placed in the visits hall without knowing if their visitor had arrived; for some prisoners, this could be embarrassing if their visitor did not attend. Visitors who arrived late were still allowed in.

- 9.71 The visits hall was well decorated. Seating was fixed and positioned reasonably close together but prisoners could be placed further apart if private conversations were needed. Staff supervision of the hall was adequate. The crèche was unsupervised and lacked sufficient toys or games. Food provided by the refreshment bar was limited to snacks such as biscuits, crisps and sweets; hot or healthy food was not available.
- 9.72 Two closed visit booths were available but privacy was limited, as they were not totally enclosed (see also section on security). Toilet facilities and access for those with disabilities were adequate. Visitors and prisoners could access the toilet without the visit being curtailed.
- 9.73 A lead manager was in post to direct the children and families pathway. Actions were clearly set out in the reducing reoffending strategy. Progress had been adequate but provision was limited, mainly comprising Storybook Dads. However, families were not routinely involved in sentence planning or some other key stages of the sentence. Relationship counselling was not available. Funding for 'Building Stronger Families' had ended, leaving another gap in provision. However, a bid for further funding had been submitted.
- 9.74 Release on temporary licence was not widely used to promote family ties. However, over the previous six months, approximately 30 prisoners had been transferred to another establishment to support contact with their families. The email-a-prisoner scheme was not in place.

Recommendations

- 9.75 **Prisoners should be able to wear their own clothes during visits.**
- 9.76 **The visits booking system should be effective, to avoid unnecessary delays for visitors.**
- 9.77 **The processing, searching and booking-in procedures for visitors should be efficient and not delay the start of the visit.**
- 9.78 **Prisoners should be moved to the main hall once their visitor has arrived.**
- 9.79 **Visitor surveys should be completed regularly and used to improve provision.**
- 9.80 **Families should be invited to participate in important processes during the prisoner's sentence.**
- 9.81 **Relationship counselling and a programme aimed at improving parenting skills should be provided.**
- 9.82 **Release on temporary licence should be more widely used to promote contact with children and families and support resettlement.**

Attitudes, thinking and behaviour

- 9.83 The provision of programmes was informed by a regional needs analysis but there had been no prisoner consultation. Accredited programmes were provided to address sexual offending, substance misuse and thinking skills. There were gaps in provision for violent offenders. There was a backlog of post-programme assessments of sex offenders and no provision for those denying their offence. There was a shortage of staff to assess suitability for the controlling anger and learning to manage it (CALM) programme. There was no routine monitoring of waiting times, to identify trends and issues for the different types of prisoner. The range of staff invited to post-programme reviews was not adequate.
- 9.84 A regional needs analysis had been undertaken to shape the range of interventions and identify gaps in offender behaviour programmes. This had not yet been informed by a prisoner survey or an analysis of diversity issues. Prisoners could access the sex offender treatment programme (SOTP), Thinking Skills Programme (TSP) and Building Skills for Recovery (see also section on drugs and alcohol).
- 9.85 Some gaps in provision persisted and the regional approach to accessing places on programmes was difficult to achieve in practice, with some prisoners waiting long times to achieve a transfer to access a programme. Violence was the second most common type of offence, and the establishment did not have a programme to address this. The adapted SOTP was not provided and there was little provision to address those in denial of their offending. There was a backlog of structured assessment of risk and need (SARN) reports following completion of a SOTP. There was no routine monitoring of waiting times, to identify trends and issues for the different types of prisoner. There was a shortage of staff who could assess suitability for the controlling anger and learning to manage it (CALM) programme.
- 9.86 Completion targets for the previous year had been met but the planned level of provision for the current year did not meet the identified level of need. For example, TSP had a waiting list of 99 prisoners at the time of the inspection but only 80 places were available. Too many sex offenders were excluded from treatment, as they were either refusing treatment, denying their offence or did not have enough time left in custody. A victim awareness programme had been discontinued owing to withdrawal of funding. There was insufficient integration between programmes and other staff, including offender supervisors, who were not invited to the post-programme review meetings.

Recommendations

- 9.87 **The regional needs analysis should be supported by a prisoner survey and the identification of specific diversity issues at the establishment.**
- 9.88 **Gaps in provision and difficulties in accessing places on programmes within the region should be addressed, to ensure timely and adequate provision.**
- 9.89 **The backlog of structured assessment of risk and need (SARN) reports should be addressed.**
- 9.90 **Monitoring of waiting times should be undertaken to identify issues and trends. Action should be taken to reduce the length of wait to a minimum.**

9.91 **Integration between programmes and other staff in the prison should be improved, to ensure effective communication.**

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 The daily regime should allow for all prisoners to take a shower. (HP53)
 - 10.2 Prisoners should have reasonable access to telephones. (HP54)
 - 10.3 The regime should be reviewed and the availability of association should be increased. (HP55)
 - 10.4 There should be effective links between security, violence reduction and residential staff to improve data collection on the number and type of violent incidents. Prisoners should be consulted at regular and frequent intervals about concerns for their safety. (HP56)
 - 10.5 The prison should investigate the reasons behind the negative perceptions of black and minority ethnic and Muslim prisoners. (HP57)
 - 10.6 The prison should review its approach to offender management and ensure that all staff in the offender management unit have sufficient capacity and confidence, and that all staff understand their role in reducing reoffending. (HP58)
 - 10.7 The needs of IPP prisoners should be targeted and supported by regular contact with offender supervisors. (HP59)
 - 10.8 The planned level of offending behaviour provision should meet the identified level of need. (HP60)

Recommendations

To the governor

Courts, escorts and transfers

- 10.9 Prisoners should not be handcuffed when moving from the escort vehicle to reception unless a risk assessment deems this necessary. (1.7)

First days in custody

- 10.10 All holding rooms should be clean and well decorated. (1.15)
- 10.11 Procedures should be expedited so that prisoners are not delayed in reception for long periods. (1.16)
- 10.12 The reasons for poor prisoner perceptions about the quality of the induction programmed should be explored. (1.23)

Residential units

- 10.13 All prisoners should be able to lock personal items away securely in their cell. (2.15)
- 10.14 Prisoners should be allowed access to their cells during association periods. (2.16)
- 10.15 There should be at least one telephone per 20 prisoners on E wing. (2.17)
- 10.16 Prisoners should be provided weekly with clean clothing in a good state of repair. (2.24)
- 10.17 Prisoners should be able to access their property within a reasonable timescale. (2.25)

Staff–prisoner relationships

- 10.18 All prisoners should be addressed by their title or preferred name. (2.33)

Personal officers

- 10.19 The personal officer scheme should be fully implemented. (2.37)

Bullying and violence reduction

- 10.20 Consultation with prisoners about issues concerning their safety should be improved. (3.7)
- 10.21 All staff should be actively involved in monitoring and addressing violence and bullying, and the tackling anti-social behaviour strategy should be understood and vigorously applied. (3.8)
- 10.22 The violence reduction coordinator should be allocated enough time to be able to carry out required duties. (3.9)

Applications and complaints

- 10.23 Simple complaints should be dealt with quickly and where possible by officers on residential units. (3.28)
- 10.24 The quality of responses to formal complaints should be improved. (3.29)

Legal rights

- 10.25 Prisoners should be provided with the opportunity to contact their legal representative on any day. (3.38)

Faith and religious activity

- 10.26 The chaplaincy should develop links with community groups representing all faiths, to provide resettlement support. (3.50)

Substance use

- 10.27 Controlled drugs should be administered in a safe and suitable environment. (3.56)

Diversity

- 10.28 The membership of the equality group should be reviewed, to ensure that it includes all relevant departments of the prison. (4.7)
- 10.29 There should be a diversity action plan which includes time-limited annual targets for the development of each diversity strand, with responsibilities assigned. (4.8)
- 10.30 Full equality impact assessments should be completed on aspects of the regime prioritised by the diversity and race equality action team. (4.9)

Diversity: race equality

- 10.31 Staff should receive specific training in race equality. (4.26)
- 10.32 Links with external ethnic community groups should be developed. (4.27)
- 10.33 Discrimination complaints should be analysed for patterns and trends and lead to action by prison managers. (4.28)
- 10.34 Prisoners making a discrimination complaint should be provided with a full explanation of the findings and informed how to appeal. (4.29)

Diversity: religion

- 10.35 Faith awareness training should be delivered to all staff. (4.36)

Diversity: foreign nationals

- 10.36 The foreign national policy should be available to all foreign national prisoners in a language they understand and should be fully and actively implemented. (4.46)
- 10.37 Accredited interpreting services should be used for communicating with prisoners who do not speak English when dealing with confidential matters. (4.47)
- 10.38 Key written information should be provided in languages other than English, appropriate to the needs of the population. (4.48)
- 10.39 Monthly surgeries with the UK Border Agency should be publicised and made available to foreign national prisoners. (4.49)

Diversity: disability and older prisoners

- 10.40 There should be policies for older prisoners and those with disabilities which set out how the needs of these groups will be met. (4.61)

- 10.41 Representation of older prisoners and those with disabilities in the regime should be monitored and analysed. (4.62)
- 10.42 The prison should maintain an accurate and consistent record of all prisoners who declare a disability and use it to ensure that their needs are met. (4.63)
- 10.43 All prisoners with disabilities that require it should have access to a system of paid peer assistance. (4.64)
- 10.44 Consultation arrangements which inform their management should be developed for prisoners with disabilities. (4.65)
- 10.45 Facilities for the senior support group should be expanded and adequately resourced so that it is able to accommodate all those wishing to attend. (4.66)
- 10.46 Retired prisoners should not be required to pay for their television. (4.67)

Diversity: gender and sexual orientation

- 10.47 The policy on gay and transgender prisoners should set out clearly the facilities available to them and the consultation process which operates. (4.73)

Health services

- 10.48 All health care treatment areas should be subject to a regular redecoration programme. (5.10)
- 10.49 Nursing staff levels should be re-evaluated to ensure the continuity of care and further development of health services. (5.24)
- 10.50 Joint working between health services and gym staff should be improved. (5.39)
- 10.51 Prisoners should be returned to their wings or workplace as soon as their health clinic appointment has been completed. (5.40)
- 10.52 Access to the pharmacist should be advertised to prisoners and there should be sufficient pharmacist hours to meet this need. (5.49)
- 10.53 Discipline officers should ensure that only one prisoner at a time is at the medicine hatch during medicine administration. (5.50)
- 10.54 The system of relying on faxed prescriptions should be subject to audit by the pharmacist, who should check a random number of prescriptions against the original prescription. (5.51)
- 10.55 The use of pre-packs should be reviewed and subject to audit, to ensure that stock control is managed appropriately. (5.52)
- 10.56 Controlled drugs registers should comply with regulations. Registers should be completed appropriately. (5.53)

Time out of cell

- 10.57 Prisoners should be able to access their cells during association. (6.7)

10.58 Prisoners should have access to one hour of exercise in the open air every day. (6.8)

Learning and skills and work activities

10.59 A review of the pay scales should be undertaken and pay rates increased. (6.15)

10.60 Prisoners' employability skills should be formally recognised and recorded. (6.20)

10.61 The level of qualifications offered should be extended, to provide progression routes for learners. (6.26)

10.62 Lesson plans should be further developed to identify activities to extend learning opportunities for more able prisoners. (6.27)

10.63 Individual learning plans should be better used to provide learners with clearly defined short-term targets, to guide their learning and measure their progress. (6.28)

10.64 Target setting for all learners should be improved by setting relevant and measurable short-term targets. (6.36)

10.65 When observing tutors, a better focus should be provided on the learning taking place. (6.37)

10.66 Access to the library should be improved for prisoners with mobility difficulties. (6.43)

10.67 Information and data on individuals who do not use the library should be gathered and analysed, better to target, promote and advertise the services and activities. (6.44)

Physical education and health promotion

10.68 The prison should determine why attendance is low for recreational PE and put in place actions to improve it. (6.52)

10.69 Health services staff should communicate with PE staff if a prisoner is unfit to participate in PE. (6.53)

10.70 The showers should be refurbished. (6.54)

10.71 Results from observation of teaching and learning should be used to improve their quality. (6.55)

Security and rules

10.72 Rules and regulations should be appropriate and proportionate to the security category of the prison and the population. The rules requiring the use of handcuffs for all prisoners when walking between escort vans and reception, the locking of prisoners in their cells on return from activities, keeping cell doors locked during association and restricting the numbers of prisoners on association should be reviewed. (7.9)

10.73 Links between safer custody and security staff should be strengthened. (7.10)

10.74 Required outcomes from security intelligence reports relating to drug testing should be carried out quickly. (7.11)

Discipline

- 10.75 Confidential information about prisoners should not be on display in the adjudications room. (7.18)
- 10.76 Minor infringements of rules and regulations should be dealt with using the incentives and earned privileges (IEP) scheme. (7.19)
- 10.77 Safer custody matters should be followed up either during or after adjudications have been heard, and details should be recorded on the adjudication hearing record. (7.20)
- 10.78 Punishments should not be determined until all the evidence has been heard and a finding of guilt recorded. (7.21)
- 10.79 Adjudication records should give a full account of the events leading to the charge being laid. (7.22)
- 10.80 Use of force meetings should be held at regular intervals and analysis of ongoing trends carried out and acted on where necessary. (7.28)
- 10.81 Planned use of force should be recorded, and staff trained in the use of recording equipment. Recordings should be reviewed by managers. (7.29)
- 10.82 Access to the segregation unit exercise yard should be made easier for those with mobility problems. (7.36)

Incentives and earned privileges

- 10.83 The IEP scheme should be published to all staff and prisoners and be fully implemented across all residential wings. (7.45)
- 10.84 The impact of the IEP scheme on older, black and minority ethnic and Muslim prisoners and those with disabilities should be fully assessed and the findings incorporated into the scheme. (7.46)

Catering

- 10.85 Breakfast should be issued on the day that it is to be eaten. (8.7)

Prison shop

- 10.86 Prisoners who miss the submission date for the weekly order form should not have to wait a week to be able to place an order. (8.13)

Strategic management of resettlement

- 10.87 The resettlement strategy should be more widely communicated across the prison and all prisoners should know whom to contact to get help. (9.7)

Offender management and planning

- 10.88 The offender management unit policy should be more detailed and provide guidance on the amount and type of contact that offender supervisors should have with prisoners each month. Contact should be proactive and not just reactive. (9.18)
- 10.89 The backlog of offender assessment system (OASys) assessments should be addressed. (9.19)
- 10.90 Where relevant, all service providers and staff from relevant departments should contribute formally to the OASys assessment and sentence plan. (9.20)
- 10.91 The use of release on temporary licence to support resettlement should be increased. (9.21)
- 10.92 Multi-agency public protection arrangements (MAPPA) level 3 meetings should be attended by a manager from the prison. (9.26)
- 10.93 There should be a greater sharing of relevant information between the public protection officer and offender supervisors in high and very high risk of harm cases to improve the quality of risk management. (9.27)
- 10.94 The negative views of prisoners serving indeterminate sentences for public protection should be explored and steps taken to promote a more positive experience that encourages progression. (9.30)

Resettlement pathways

- 10.95 The resettlement officer should receive adequate training to provide housing information and advice. (9.36)
- 10.96 The prison should engage with employers, to develop course planning to reflect employer needs and further improve the employment prospects of prisoners. (9.40)
- 10.97 Prisoners should be able to access specialist advice on finance, benefit and debt. (9.50)
- 10.98 Prisoners should be able to open a bank account before discharge. (9.51)
- 10.99 The drug strategy document should be updated, include alcohol services and contain detailed action plans and performance measures. (9.62)
- 10.100 The counselling, assessment, referral, advice and throughcare (CARAT) service should establish a formal mechanism for regular service user feedback. (9.63)
- 10.101 Prisoners undertaking the Building Skills for Recovery programme should have access to counselling services, to address issues underpinning their vulnerability to substance misuse. (9.64)
- 10.102 The establishment should provide additional support for prisoners to remain drug free. (9.65)
- 10.103 Prisoners should be able to wear their own clothes during visits. (9.75)

- 10.104 The visits booking system should be effective, to avoid unnecessary delays for visitors. (9.76)
- 10.105 The processing, searching and booking-in procedures for visitors should be efficient and not delay the start of the visit. (9.77)
- 10.106 Prisoners should be moved to the main hall once their visitor has arrived. (9.78)
- 10.107 Visitor surveys should be completed regularly and used to improve provision. (9.79)
- 10.108 Families should be invited to participate in important processes during the prisoner's sentence. (9.80)
- 10.109 Relationship counselling and a programme aimed at improving parenting skills should be provided. (9.81)
- 10.110 Release on temporary licence should be more widely used to promote contact with children and families and support resettlement. (9.82)
- 10.111 The regional needs analysis should be supported by a prisoner survey and the identification of specific diversity issues at the establishment. (9.87)
- 10.112 Gaps in provision and difficulties in accessing places on programmes within the region should be addressed, to ensure timely and adequate provision. (9.88)
- 10.113 The backlog of structured assessment of risk and need (SARN) reports should be addressed. (9.89)
- 10.114 Monitoring of waiting times should be undertaken to identify issues and trends. Action should be taken to reduce the length of wait to a minimum. (9.90)
- 10.115 Integration between programmes and other staff in the prison should be improved, to ensure effective communication. (9.91)

Housekeeping points

Residential units

- 10.116 Prisoner consultation groups should be held monthly. (2.18)
- 10.117 Notices on telephone booths informing prisoners that calls may be monitored should also be in languages other than English, appropriate to the prison population. (2.19)

Personal officers

- 10.118 Regular personal officer entries should demonstrate meaningful interaction with the individual. (2.38)

Applications and complaints

- 10.119 The nominated complaints clerk should collect complaint forms from locked boxes on the wings. (3.30)

Legal rights

- 10.120 Legal visits should be able to take place in privacy. (3.39)

Diversity: race equality

- 10.121 A prisoner representative for Gypsy and Traveller prisoners should be appointed on the main wings. (4.30)

Health services

- 10.122 Additional cupboards should be provided in the dental surgery to ensure that equipment is not stored on the floor and that the surgery meets infection control guidelines. (5.11)
- 10.123 All treatment rooms should be thoroughly cleaned every day. (5.12)
- 10.124 The health care application form should include an option for prisoners to request access to the pharmacist. (5.54)

Learning and skills and work activities

- 10.125 The education provider should gain centre approval as soon as possible, to enable learners on the industrial cleaning programme to gain accredited qualifications. (6.29)

Security and rules

- 10.126 Prisoners restricted to closed visits under old procedures should be reviewed immediately and restrictions lifted where they are not proportionate to the risk presented. (7.12)

Discipline

- 10.127 Quality assurance checks should be carried out on adjudication records. (7.23)
- 10.128 The segregation unit exercise yard should be improved, in line with the other yards. (7.37)

Resettlement pathways

- 10.129 The number of prisoners provided with a service, and the outcomes, should be monitored. (9.37)
- 10.130 The frequency of compact-based drug testing should be determined by individual risk assessments. (9.66)

Examples of good practice

Health services

- 10.131 The anxiety and combat stress groups were an excellent initiative, and were having a positive effect on prisoners' time in prison and their plans for release. (5.69)

Learning and skills and work activities

- 10.132 Good support was provided to learners at risk of dropping out of education programmes or withdrawal due to poor behaviour. Tutors completed a request for withdrawal, detailing the support they had already put in place. The prisoner was then interviewed by a support worker to work out an action plan, which was reviewed weekly. (6.30)

Discipline

- 10.133 The reintegration planning process provided a realistic regime for prisoners in segregation and was implemented quickly, to support their relocation back to normal residential accommodation. (7.38)
- 10.134 The process for reviewing prisoners after they had been held in segregation or committed a number of offences against discipline was an imaginative initiative and provided a useful forum for assessing prisoners' behaviour and preventing further stays in segregation. (7.39)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Alison Perry	Team leader
Andrew Rooke	Inspector
Karen Dillon	Inspector
Gordon Riach	Inspector
Sandra Fieldhouse	Inspector
Samantha Booth	Researcher
Joe Simmonds	Researcher

Specialist inspectors

Sigrid Engelen	Drugs inspector
Bridget McEvilly	Health services inspector
Steve Gascoigne	Pharmacist
Stephen Miller	Ofsted inspector
Alan Hatcher	Ofsted inspector
Sheila Willis	Ofsted inspector
Keith Humphreys	Probation inspector
Paddy Doyle	Probation inspector
Iolo Madoc Jones	Probation inspector

Appendix II: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced		648	89.5
Recall		75	10.4
Convicted unsentenced		1	0.1
Remand			
Civil prisoners			
Detainees			
Total		724	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced			
Less than 6 months		2	0.3
6 months to less than 12 months		12	1.7
12 months to less than 2 years		92	12.7
2 years to less than 4 years		123	17
4 years to less than 10 years		96	13.3
10 years and over (not life)		291	40.2
ISPP		38	5.2
Life		70	9.7
Total		724	100

Age	Number of prisoners	%
Please state minimum age - 21		
Under 21 years	-	
21 years to 29 years	282	39
30 years to 39 years	194	26.8
40 years to 49 years	129	17.8
50 years to 59 years	63	8.7
60 years to 69 years	40	5.5
70 plus years	16	2.2
Please state maximum age - 76		
Total	724	100

Nationality	18–20-year-olds	21 and over	%
British		673	93
Foreign nationals		51	7
Total		724	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced		1	0.1
Uncategorised sentenced		11	1.5
Cat A			
Cat B		3	0.4
Cat C		706	97.5
Cat D		3	0.4

Other			
Total		724	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British		531	73.3
Irish		4	0.6
Other white		9	1.2
		544	75.1
Mixed			
White and black Caribbean			
White and black African		1	0.1
White and Asian		5	0.7
Other mixed		13	1.8
		22	3
Asian or Asian British			
Indian		27	3.7
Pakistani		39	5.4
Bangladeshi		3	0.4
Other Asian		18	2.5
		87	12
Black or black British			
Caribbean		38	5.2
African		11	1.5
Other black		9	1.2
		58	8
Chinese or other ethnic group			
Chinese		1	0.1
Other ethnic group			
		1	0.1
Not stated		12	1.7
Total		724	100

Religion	18–20-year-olds	21 and over	%
Baptist		2	0.3
Church of England		190	26.2
Roman Catholic		104	14.4
Other Christian denominations		52	7.2
Muslim		52	12
Sikh		87	1.7
Hindu		3	0.4
Buddhist		11	1.5
Jewish		3	0.4
Other		22	3
No religion		238	32.9
Total		724	100

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			73	10.1
1 month to 3 months			139	19.2
3 months to 6 months			155	21.4
6 months to 1 year			165	22.8
1 year to 2 years			137	18.9
2 years to 4 years			52	7.2
4 years or more			3	0.4
Total			724	100

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to 6 months				
6 months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
Total				

Main offence	18–20-year-olds	21 and over	%
Violence against the person			
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded/holding warrant			
Total			

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 13 June 2011, the prisoner population at HMP Stafford was 724. The sample size was 208. Overall, this represented 29% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. This basically means that every second person is selected from a P-Nomis 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. Nine respondents refused to complete a questionnaire.

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

Methodology

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

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

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- 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, 188 respondents completed and returned their questionnaires. This represented 26% of the prison population. The response rate was 90%. In addition to the nine respondents who refused to complete a questionnaire, three questionnaires were not returned and eight were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 37 category C training prisons since April 2007.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Stafford in 2006.
- A comparison within the 2011 survey between the responses from E and F wings and those from all other wings.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between those who are aged 50 and over and those under 50.

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

Q1.2	How old are you?	
	<i>Under 21</i>	0 (0%)
	<i>21 - 29</i>	76 (41%)
	<i>30 - 39</i>	46 (25%)
	<i>40 - 49</i>	32 (17%)
	<i>50 - 59</i>	17 (9%)
	<i>60 - 69</i>	11 (6%)
	<i>70 and over</i>	4 (2%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	171 (91%)
	<i>Yes - on recall</i>	16 (9%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	0 (0%)
	<i>Less than 6 months</i>	8 (4%)
	<i>6 months to less than 1 year</i>	12 (6%)
	<i>1 year to less than 2 years</i>	30 (16%)
	<i>2 years to less than 4 years</i>	59 (32%)
	<i>4 years to less than 10 years</i>	48 (26%)
	<i>10 years or more</i>	9 (5%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	21 (11%)
	<i>Life</i>	0 (0%)
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>	0 (0%)
	<i>6 months or less</i>	80 (49%)
	<i>More than 6 months</i>	83 (51%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	10 (5%)
	<i>1 to less than 3 months</i>	24 (13%)
	<i>3 to less than 6 months</i>	33 (18%)
	<i>6 to less than 12 months</i>	40 (22%)
	<i>12 months to less than 2 years</i>	29 (16%)
	<i>2 to less than 4 years</i>	27 (15%)
	<i>4 years or more</i>	19 (10%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	12 (7%)

No 172 (93%)

Q1.8 Is English your first language?

Yes 169 (94%)
 No 10 (6%)

Q1.9 What is your ethnic origin?

<i>White - British</i>	134 (72%)	<i>Asian or Asian British - Bangladeshi</i>	1 (1%)
<i>White - Irish</i>	4 (2%)	<i>Asian or Asian British - Other</i> ...	1 (1%)
<i>White - Other</i>	2 (1%)	<i>Mixed race - White and black Caribbean</i>	3 (2%)
<i>Black or black British - Caribbean</i>	11 (6%)	<i>Mixed race - White and black African</i>	1 (1%)
<i>Black or black British - African</i> ..	2 (1%)	<i>Mixed race - White and Asian</i> ...	3 (2%)
<i>Black or black British - Other</i>	0 (0%)	<i>Mixed race - Other</i>	1 (1%)
<i>Asian or Asian British - Indian</i> ...	7 (4%)	<i>Chinese</i>	2 (1%)
<i>Asian or Asian British - Pakistani</i>	13 (7%)	<i>Other ethnic group</i>	1 (1%)

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes 3 (2%)
 No 181 (98%)

Q1.11 What is your religion?

<i>None</i>	52 (28%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	61 (33%)	<i>Jewish</i>	2 (1%)
<i>Catholic</i>	27 (14%)	<i>Muslim</i>	19 (10%)
<i>Protestant</i>	0 (0%)	<i>Sikh</i>	5 (3%)
<i>Other Christian denomination</i>	10 (5%)	<i>Other</i>	4 (2%)
<i>Buddhist</i>	7 (4%)		

Q1.12 How would you describe your sexual orientation?

Heterosexual/straight 173 (95%)
Homosexual/gay 3 (2%)
Bisexual 7 (4%)
Other 0 (0%)

Q1.13 Do you consider yourself to have a disability?

Yes 36 (19%)
 No 150 (81%)

Q1.14 How many times have you been in prison before?

<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
70 (38%)	25 (13%)	35 (19%)	56 (30%)

Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
9 (5%)	166 (90%)	10 (5%)

Q1.16	Do you have any children under the age of 18?	
	Yes	92 (49%)
	No	95 (51%)

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	19 (10%)	71 (39%)	31 (17%)	43 (23%)	11 (6%)	8 (4%)	1 (1%)
Your personal safety during the journey	23 (14%)	89 (52%)	26 (15%)	19 (11%)	10 (6%)	2 (1%)	1 (1%)
The comfort of the van	6 (3%)	28 (15%)	27 (15%)	67 (37%)	51 (28%)	2 (1%)	1 (1%)
The attention paid to your health needs	12 (7%)	47 (27%)	41 (24%)	29 (17%)	30 (17%)	3 (2%)	11 (6%)
The frequency of toilet breaks	5 (3%)	12 (7%)	24 (13%)	36 (20%)	68 (38%)	2 (1%)	31 (17%)

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>
38 (21%)	97 (53%)	38 (21%)	7 (4%)	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>
23 (13%)	106 (58%)	32 (17%)	19 (10%)	0 (0%)	4 (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?	147 (79%)	38 (21%)	0 (0%)
Before you arrived here did you receive any written information about what would happen to you?	14 (8%)	166 (91%)	2 (1%)
When you first arrived here did your property arrive at the same time as you?	155 (86%)	20 (11%)	5 (3%)

Section 3: Reception, first night and induction

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

<i>Didn't ask about any of these</i>	41 (24%)	<i>Money worries</i>	16 (9%)
<i>Loss of property</i>	16 (9%)	<i>Feeling depressed or suicidal</i>	79 (46%)
<i>Housing problems</i>	15 (9%)	<i>Health problems</i>	91 (53%)

Contacting employers	10 (6%)	Needing protection from other prisoners	26 (15%)
Contacting family.....	83 (49%)	Accessing phone numbers.....	42 (25%)
Ensuring dependants were being looked after	18 (11%)	Other.....	4 (2%)

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	53 (35%)	Money worries.....	20 (13%)
Loss of property.....	30 (20%)	Feeling depressed or suicidal.	26 (17%)
Housing problems.....	22 (14%)	Health problems.....	37 (24%)
Contacting employers	6 (4%)	Needing protection from other prisoners	17 (11%)
Contacting family.....	34 (22%)	Accessing phone numbers.....	29 (19%)
Ensuring dependants were looked after	10 (7%)	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?	169 (91%)	15 (8%)	2 (1%)
When you were searched, was this carried out in a respectful way?	144 (79%)	32 (18%)	6 (3%)

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

Very well	Well	Neither	Badly	Very badly	Don't remember
31 (17%)	86 (46%)	38 (20%)	19 (10%)	10 (5%)	3 (2%)

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	80 (45%)
Information about what support was available for people feeling depressed or suicidal	79 (45%)
Information about how to make routine requests	70 (40%)
Information about your entitlement to visits	65 (37%)
Information about health services	92 (52%)
Information about the chaplaincy	72 (41%)
Not offered anything	58 (33%)

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

A smokers/non-smokers pack.....	165 (90%)
The opportunity to have a shower.....	41 (22%)
The opportunity to make a free telephone call.....	126 (68%)
Something to eat.....	142 (77%)
Did not receive anything	5 (3%)

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.)

Chaplain or religious leader	65 (37%)
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Someone from health services	121 (68%)
A Listener/Samaritans	56 (31%)
Did not meet any of these people	38 (21%)

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

Yes	14 (8%)
No	170 (92%)

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

Yes	140 (77%)
No	35 (19%)
Don't remember.....	8 (4%)

Q3.10 How soon after your arrival did you go on an induction course?

Have not been on an induction course	4 (2%)
Within the first week	146 (79%)
More than a week	28 (15%)
Don't remember.....	6 (3%)

Q3.11 Did the induction course cover everything you needed to know about the prison?

Have not been on an induction course	4 (2%)
Yes	95 (52%)
No	72 (40%)
Don't remember.....	11 (6%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is to?

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	16 (9%)	45 (25%)	27 (15%)	50 (28%)	30 (17%)	11 (6%)
Attend legal visits?	13 (8%)	62 (36%)	31 (18%)	24 (14%)	13 (8%)	27 (16%)
Obtain bail information?	5 (3%)	14 (9%)	26 (17%)	22 (14%)	19 (13%)	66 (43%)

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	20 (11%)
Yes	83 (46%)
No	78 (43%)

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

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	96 (52%)	87 (48%)	0 (0%)	0 (0%)
Are you normally able to have a shower every day?	79 (43%)	102 (56%)	1 (1%)	0 (0%)
Do you normally receive clean sheets every week?	171 (94%)	10 (5%)	1 (1%)	0 (0%)
Do you normally get cell cleaning materials every week?	52 (28%)	126 (69%)	5 (3%)	0 (0%)
Is your cell call bell normally answered within five minutes?	72 (40%)	89 (49%)	11 (6%)	8 (4%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	111 (63%)	66 (37%)	0 (0%)	0 (0%)
Can you normally get your stored property, if you need to?	46 (26%)	87 (50%)	33 (19%)	8 (5%)

Q4.4 What is the food like here?

Very good	Good	Neither	Bad	Very bad
2 (1%)	65 (36%)	46 (25%)	41 (22%)	29 (16%)

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

<i>Have not bought anything yet</i>	5 (3%)
Yes	93 (52%)
No	82 (46%)

Q4.6 Is it easy or difficult to get either

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	66 (36%)	82 (45%)	9 (5%)	12 (7%)	5 (3%)	9 (5%)
An application form	72 (41%)	87 (50%)	7 (4%)	7 (4%)	0 (0%)	1 (1%)

Q4.7 Have you made an application?

Yes	172 (93%)
No	12 (7%)

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 (7%)	98 (55%)	68 (38%)
Do you feel <i>applications</i> are dealt with promptly? (Within seven days)	12 (7%)	82 (47%)	79 (46%)

Q4.9 Have you made a complaint?

Yes	88 (48%)
No	94 (52%)

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?	94 (51%)	23 (13%)	66 (36%)
Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)	94 (52%)	32 (18%)	56 (31%)
Were you given information about how to make an appeal?	66 (39%)	34 (20%)	70 (41%)

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	94 (52%)
Yes	27 (15%)
No	60 (33%)

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>
55 (31%)	9 (5%)	23 (13%)	50 (28%)	25 (14%)	15 (8%)

Q4.13 What level of the IEP scheme are you on now?

Don't know what the IEP scheme is	2 (1%)
<i>Enhanced</i>	95 (52%)
<i>Standard</i>	85 (47%)
<i>Basic</i>	0 (0%)
<i>Don't know</i>	0 (0%)

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	2 (1%)
Yes	90 (51%)
No	73 (41%)
<i>Don't know</i>	12 (7%)

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

Don't know what the IEP scheme is	2 (1%)
Yes	97 (56%)
No	70 (40%)
<i>Don't know</i>	5 (3%)

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)?	5 (3%)	178 (97%)
In the last six months have you spent a night in the segregation/care and separation unit?	19 (11%)	158 (89%)

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?	94 (51%)	30 (16%)	59 (32%)
	Are you able to speak to a religious leader of your faith in private if you want to?	92 (53%)	15 (9%)	68 (39%)
Q4.18	Can you speak to a Listener at any time if you want to?			
	Yes	No	<i>Don't know</i>	
	109 (60%)	21 (11%)	53 (29%)	
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?	132 (73%)	49 (27%)	
	Do most staff treat you with respect?	121 (69%)	55 (31%)	

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?		
	Yes	69 (37%)	
	No	116 (63%)	
Q5.2	Do you feel unsafe in this prison at the moment?		
	Yes	28 (15%)	
	No	156 (85%)	
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>	116 (64%)	<i>At mealtimes</i> 9 (5%)
	<i>Everywhere</i>	15 (8%)	<i>At health services</i>
	<i>Segregation unit</i>	3 (2%)	<i>Visit's area</i>
	<i>Association areas</i>	17 (9%)	<i>In wing showers</i>
	<i>Reception area</i>	3 (2%)	<i>In gym showers</i>
	<i>At the gym</i>	10 (6%)	<i>In corridors/stairwells</i>
	<i>In an exercise yard</i>	19 (11%)	<i>On your landing/wing</i>
	<i>At work</i>	20 (11%)	<i>In your cell</i>
	<i>During movement</i>	28 (16%)	<i>At religious services</i>
	<i>At education</i>	7 (4%)	
Q5.4	Have you been victimised by another prisoner or group of prisoners here?		
	Yes	46 (25%)	
	No	136 (75%)	
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>	22 (12%)	<i>Because of your sexuality</i>
			1 (1%)

<i>Physical abuse (being hit, kicked or assaulted).....</i>	8 (4%)	<i>Because you have a disability</i>	3 (2%)
<i>Sexual abuse.....</i>	3 (2%)	<i>Because of your religion/religious beliefs.....</i>	3 (2%)
<i>Because of your race or ethnic origin.....</i>	6 (3%)	<i>Because of your age.....</i>	3 (2%)
<i>Because of drugs.....</i>	7 (4%)	<i>Being from a different part of the country than others.....</i>	12 (7%)
<i>Having your canteen/property taken.....</i>	8 (4%)	<i>Because of your offence/crime.....</i>	17 (9%)
<i>Because you were new here..</i>	12 (7%)	<i>Because of gang related issues.....</i>	6 (3%)

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

Yes.....	42 (23%)
No.....	140 (77%)

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>	17 (9%)	<i>Because you have a disability</i>	3 (2%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	2 (1%)	<i>Because of your religion/religious beliefs.....</i>	8 (4%)
<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your age.....</i>	2 (1%)
<i>Because of your race or ethnic origin.....</i>	10 (5%)	<i>Being from a different part of the country than others.....</i>	4 (2%)
<i>Because of drugs.....</i>	5 (3%)	<i>Because of your offence/crime.....</i>	13 (7%)
<i>Because you were new here..</i>	15 (8%)	<i>Because of gang related issues.....</i>	4 (2%)
<i>Because of your sexuality.....</i>	1 (1%)		

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

Not been victimised	112 (65%)
Yes.....	21 (12%)
No.....	40 (23%)

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

Yes.....	51 (28%)
No.....	130 (72%)

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

Yes.....	42 (23%)
No.....	139 (77%)

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>
34 (19%)	29 (16%)	12 (7%)	9 (5%)	5 (3%)	91 (51%)

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	15 (8%)	14 (8%)	60 (34%)	18 (10%)	53 (30%)	19 (11%)
The nurse	10 (6%)	43 (24%)	79 (45%)	19 (11%)	17 (10%)	8 (5%)
The dentist	23 (13%)	2 (1%)	18 (10%)	8 (5%)	57 (33%)	67 (38%)
The optician	46 (26%)	5 (3%)	25 (14%)	19 (11%)	45 (26%)	34 (20%)

Q6.2 Are you able to see a pharmacist?

Yes	85 (50%)
No	84 (50%)

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	18 (10%)	27 (15%)	60 (33%)	24 (13%)	33 (18%)	18 (10%)
The nurse	14 (8%)	43 (24%)	64 (36%)	25 (14%)	20 (11%)	11 (6%)
The dentist	56 (32%)	22 (12%)	30 (17%)	17 (10%)	25 (14%)	27 (15%)
The optician	63 (36%)	22 (13%)	27 (15%)	25 (14%)	25 (14%)	14 (8%)

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>
10 (6%)	24 (13%)	50 (28%)	37 (21%)	34 (19%)	24 (13%)

Q6.5 Are you currently taking medication?

Yes	95 (52%)
No	87 (48%)

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

<i>Not taking medication</i>	87 (48%)
Yes	78 (43%)
No	16 (9%)

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

Yes	56 (31%)
No	124 (69%)

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>	145 (83%)
<i>Doctor</i>	17 (10%)
<i>Nurse</i>	13 (7%)
<i>Psychiatrist</i>	8 (5%)
<i>Mental health in-reach team</i>	13 (7%)
<i>Counsellor</i>	5 (3%)
<i>Other</i>	8 (5%)

Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	46 (27%)	125 (73%)	
	Alcohol	32 (19%)	137 (81%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes		20 (11%)	
	No		157 (89%)	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes		54 (30%)	
	No		9 (5%)	
	<i>Did not / do not have a drug or alcohol problem</i>		115 (65%)	
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?			
	Yes		48 (27%)	
	No		17 (9%)	
	<i>Did not/do not have a drug or alcohol problem</i>		115 (64%)	
Q6.13	Was the intervention or help you received while in this prison helpful?			
	Yes		37 (21%)	
	No		11 (6%)	
	<i>Did not have a problem/have not received help</i>		132 (73%)	
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	<i>Don't know</i>
	Drugs	16 (9%)	139 (80%)	18 (10%)
	Alcohol	11 (7%)	144 (85%)	14 (8%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes		29 (17%)	
	No		19 (11%)	
	N/A		127 (73%)	

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		127 (70%)
	Vocational or skills training		46 (25%)
	Education (including basic skills)		46 (25%)
	Offending behaviour programmes		24 (13%)

Not involved in any of these 10 (5%)

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

	Not been involved	Yes	No	Don't know
Prison job	5 (3%)	46 (31%)	84 (57%)	12 (8%)
Vocational or skills training	19 (14%)	72 (54%)	36 (27%)	6 (5%)
Education (including basic skills)	15 (12%)	70 (55%)	35 (27%)	8 (6%)
Offending behaviour programmes	29 (25%)	44 (38%)	29 (25%)	13 (11%)

Q7.3 How often do you go to the library?

Don't want to go	11 (6%)
<i>Never</i>	30 (17%)
<i>Less than once a week</i>	43 (24%)
<i>About once a week</i>	86 (48%)
<i>More than once a week</i>	6 (3%)
<i>Don't know</i>	4 (2%)

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
40 (22%)	26 (14%)	31 (17%)	40 (22%)	24 (13%)	13 (7%)	8 (4%)

Q7.5 On average how many times do you go outside for exercise each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
23 (13%)	14 (8%)	69 (39%)	32 (18%)	32 (18%)	8 (4%)

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)

<i>Less than 2 hours</i>	23 (13%)
<i>2 to less than 4 hours</i>	18 (10%)
<i>4 to less than 6 hours</i>	47 (26%)
<i>6 to less than 8 hours</i>	57 (31%)
<i>8 to less than 10 hours</i>	15 (8%)
<i>10 hours or more</i>	17 (9%)
<i>Don't know</i>	4 (2%)

Q7.7 On average, how many times do you have association each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
3 (2%)	2 (1%)	21 (12%)	77 (43%)	76 (42%)	2 (1%)

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

Do not go on association	6 (3%)
<i>Never</i>	49 (27%)
<i>Rarely</i>	61 (34%)
<i>Some of the time</i>	36 (20%)
<i>Most of the time</i>	18 (10%)
<i>All of the time</i>	10 (6%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>					41 (23%)
	<i>In the first week</i>					67 (37%)
	<i>More than a week</i>					42 (23%)
	<i>Don't remember</i>					31 (17%)
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>
	41 (23%)	36 (20%)	50 (28%)	22 (12%)	17 (9%)	14 (8%)
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>					0 (0%)
	<i>Yes</i>					130 (73%)
	<i>No</i>					49 (27%)
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>					49 (27%)
	<i>Very involved</i>					26 (15%)
	<i>Involved</i>					31 (17%)
	<i>Neither</i>					11 (6%)
	<i>Not very involved</i>					22 (12%)
	<i>Not at all involved</i>					40 (22%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	<i>Do not have a sentence plan/OASys</i>					49 (28%)
	<i>Yes</i>					74 (43%)
	<i>No</i>					49 (28%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	<i>Do not have a sentence plan/OASys</i>					49 (28%)
	<i>Yes</i>					51 (29%)
	<i>No</i>					77 (44%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?					
	<i>Not sentenced</i>					0 (0%)
	<i>Yes</i>					41 (23%)
	<i>No</i>					135 (77%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	<i>Yes</i>					25 (14%)
	<i>No</i>					155 (86%)
Q8.9	Have you had any problems with sending or receiving mail?					
	<i>Yes</i>					83 (46%)

No 93 (51%)
 Don't know..... 5 (3%)

Q8.10 Have you had any problems getting access to the telephones?

Yes 79 (44%)
 No 98 (54%)
 Don't know..... 4 (2%)

Q8.11 Did you have a visit in the first week that you were here?

Not been here a week yet 3 (2%)
 Yes 33 (18%)
 No 140 (78%)
 Don't remember..... 4 (2%)

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
3 (2%)	113 (65%)	56 (32%)	3 (2%)	0 (0%)

Q8.13 How are you and your family/friends usually treated by visits staff?

Not had any visits 36 (20%)
 Very well 20 (11%)
 Well 52 (29%)
 Neither 28 (16%)
 Badly 18 (10%)
 Very badly 8 (5%)
 Don't know..... 15 (8%)

Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?

Yes 48 (27%)
 No 130 (73%)

**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> .	100 (63%)	<i>Help with your finances in preparation for release</i>	21 (13%)
<i>Maintaining good relationships</i>	19 (12%)	<i>Claiming benefits on release</i> ..	37 (23%)
<i>Avoiding bad relationships</i>	16 (10%)	<i>Arranging a place at college/continuing education on release</i>	29 (18%)
<i>Finding a job on release</i>	42 (26%)	<i>Continuity of health services on release</i>	21 (13%)
<i>Finding accommodation on release</i>	33 (21%)	<i>Opening a bank account</i>	20 (13%)

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

<i>No problems</i>	65 (39%)	<i>Help with your finances in preparation for release</i>	43 (26%)
<i>Maintaining good relationships</i>	22 (13%)	<i>Claiming benefits on release</i> ..	51 (31%)
<i>Avoiding bad relationships</i>	19 (11%)	<i>Arranging a place at college/continuing education on release</i>	36 (22%)
<i>Finding a job on release</i>	85 (51%)	<i>Continuity of health services on release</i>	33 (20%)
<i>Finding accommodation on release</i>	55 (33%)	<i>Opening a bank account</i>	44 (27%)

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

<i>Not sentenced</i>	0 (0%)
<i>Yes</i>	81 (47%)
<i>No</i>	90 (53%)

Main comparator and comparator to last time



Prisoner survey responses HMP Stafford 2011

Prisoner survey responses (missing data have 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

		HMP Stafford 2011	Category C training prisons comparator	HMP Stafford 2011	HMP Stafford 2006
	Any percentage highlighted in green is significantly better				
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	Any percentage 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		188	4679	188	103
SECTION 1: General information					
2	Are you under 21 years of age?	0%	2%	0%	1%
3a	Are you sentenced?	100%	100%	100%	100%
3b	Are you on recall?	9%	11%	9%	
4a	Is your sentence less than 12 months?	11%	5%	11%	10%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	11%	7%	11%	
5	Do you have six months or less to serve?	49%	38%	49%	47%
6	Have you been in this prison less than a month?	6%	7%	6%	3%
7	Are you a foreign national?	7%	12%	7%	9%
8	Is English your first language?	94%	90%	94%	93%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	25%	27%	25%	22%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	4%	2%	
11	Are you Muslim?	10%	11%	10%	
12	Are you homosexual/gay or bisexual?	6%	4%	6%	
13	Do you consider yourself to have a disability?	19%	15%	19%	
14	Is this your first time in prison?	38%	34%	38%	31%
15	Have you been in more than five prisons this time?	6%	14%	6%	
16	Do you have any children under the age of 18?	49%	52%	49%	57%
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?	49%	54%	49%	42%
1b	Was your personal safety during the journey good/very good?	66%	62%	66%	58%
1c	Was the comfort of the van good/very good?	19%	18%	19%	22%
1d	Was the attention paid to your health needs good/very good?	34%	31%	34%	26%
1e	Was the frequency of toilet breaks good/very good?	10%	12%	10%	12%
2	Did you spend more than four hours in the van?	4%	8%	4%	6%
3	Were you treated well/very well by the escort staff?	70%	66%	70%	67%
4a	Did you know where you were going when you left court or when transferred from another prison?	80%	83%	80%	76%
4b	Before you arrived here did you receive any written information about what would happen to you?	8%	18%	8%	10%
4c	When you first arrived here did your property arrive at the same time as you?	86%	88%	86%	87%

Main comparator and comparator to last time

Key to tables

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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	9%	14%	9%	
1c	9%	19%	9%	
1d	6%	10%	6%	
1e	49%	43%	49%	
1f	11%	11%	11%	
1g	9%	15%	9%	
1h	46%	46%	46%	
1i	53%	58%	53%	
1j	15%	17%	15%	
1k	25%	35%	25%	
2	When you first arrived:			
2a	65%	61%	65%	60%
2b	20%	16%	20%	13%
2c	15%	17%	15%	17%
2d	4%	4%	4%	5%
2e	22%	23%	22%	15%
2f	7%	5%	7%	3%
2g	13%	15%	13%	15%
2h	17%	14%	17%	19%
2i	24%	21%	24%	24%
2j	11%	5%	11%	10%
2k	19%	22%	19%	
3a	91%	90%	91%	95%
3b	79%	78%	79%	71%
4	63%	70%	63%	67%
5	On your day of arrival, were you offered information about any of the following:			
5a	45%	52%	45%	50%
5b	45%	47%	45%	40%
5c	40%	42%	40%	34%
5d	37%	47%	37%	49%
5e	52%	60%	52%	
5f	41%	52%	41%	

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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?	90%	83%	90%	87%
6b	The opportunity to have a shower?	22%	40%	22%	15%
6c	The opportunity to make a free telephone call?	69%	47%	69%	73%
6d	Something to eat?	77%	76%	77%	75%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	37%	46%	37%	41%
7b	Someone from health services?	68%	77%	68%	71%
7c	A Listener/Samaritans?	32%	29%	32%	30%
8	Did you have access to the prison shop/canteen within the first 24 hours?	8%	19%	8%	22%
9	Did you feel safe on your first night here?	77%	83%	77%	78%
10	Have you been on an induction course?	98%	92%	98%	100%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	53%	65%	53%	60%
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?	34%	49%	34%	
1b	Attend legal visits?	44%	53%	44%	
1c	Obtain bail information?	13%	17%	13%	
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	46%	41%	46%	47%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	53%	59%	53%	55%
3b	Are you normally able to have a shower every day?	43%	94%	43%	40%
3c	Do you normally receive clean sheets every week?	94%	79%	94%	90%
3d	Do you normally get cell cleaning materials every week?	28%	75%	28%	47%
3e	Is your cell call bell normally answered within five minutes?	40%	39%	40%	50%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	63%	71%	63%	71%
3g	Can you normally get your stored property, if you need to?	26%	29%	26%	25%
4	Is the food in this prison good/very good?	37%	27%	37%	24%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	46%	52%	41%
6a	Is it easy/very easy to get a complaints form?	81%	86%	81%	77%
6b	Is it easy/very easy to get an application form?	91%	90%	91%	90%
7	Have you made an application?	94%	89%	94%	91%

Main comparator and comparator to last time

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SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	59%	60%	59%	67%
8b	Do you feel applications are dealt with promptly (within seven days)?	51%	52%	51%	66%
9	Have you made a complaint?	48%	54%	48%	59%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	26%	33%	26%	30%
10b	Do you feel complaints are dealt with promptly (within seven days)?	36%	39%	36%	42%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	31%	24%	31%	37%
10c	Were you given information about how to make an appeal?	20%	30%	20%	44%
12	Is it easy/very easy to see the Independent Monitoring Board?	18%	35%	18%	34%
13	Are you on the enhanced (top) level of the IEP scheme?	52%	57%	52%	47%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	51%	55%	51%	49%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	56%	48%	56%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	3%	5%	3%	5%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	11%	10%	11%	17%
13a	Do you feel your religious beliefs are respected?	51%	54%	51%	55%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	53%	58%	53%	59%
14	Are you able to speak to a Listener at any time if you want to?	60%	60%	60%	80%
15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	73%	73%	73%	77%
15b	Do most staff, in this prison, treat you with respect?	69%	74%	69%	74%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	37%	31%	37%	34%
2	Do you feel unsafe in this prison at the moment?	15%	14%	15%	
4	Have you been victimised by another prisoner?	25%	18%	25%	20%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	12%	9%	12%	9%
5b	Hit, kicked or assaulted you?	4%	5%	4%	6%
5c	Sexually abused you?	2%	1%	2%	0%
5d	Victimised you because of your race or ethnic origin?	3%	4%	3%	4%
5e	Victimised you because of drugs?	4%	2%	4%	3%
5f	Taken your canteen/property?	4%	4%	4%	3%
5g	Victimised you because you were new here?	7%	4%	7%	5%
5h	Victimised you because of your sexuality?	1%	1%	1%	
5i	Victimised you because you have a disability?	2%	2%	2%	
5j	Victimised you because of your religion/religious beliefs?	2%	3%	2%	
5k	Victimised you because of your age?	2%	2%	2%	
5l	Victimised you because you were from a different part of the country?	7%	5%	7%	4%
5m	Victimised you because of your offence/crime?	9%	3%	9%	
5n	Victimised you because of gang related issues?	3%	3%	3%	

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	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	23%	23%	23%	19%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	9%	10%	9%	9%
7b	Hit, kicked or assaulted you?	1%	3%	1%	1%
7c	Sexually abused you?	1%	1%	1%	1%
7d	Victimised you because of your race or ethnic origin?	6%	5%	6%	2%
7e	Victimised you because of drugs?	3%	3%	3%	6%
7f	Victimised you because you were new here?	8%	4%	8%	3%
7g	Victimised you because of your sexuality?	1%	1%	1%	
7h	Victimised you because you have a disability?	2%	2%	2%	
7i	Victimised you because of your religion/religious beliefs?	4%	3%	4%	
7j	Victimised you because of your age?	1%	2%	1%	
7k	Victimised you because you were from a different part of the country?	2%	4%	2%	4%
7l	Victimised you because of your offence/crime?	7%	4%	7%	
7m	Victimised you because of gang related issues?	2%	2%	2%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	35%	39%	35%	28%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	28%	21%	28%	19%
10	Have you ever felt threatened or intimidated by a member of staff in here?	23%	20%	23%	21%
11	Is it easy/very easy to get illegal drugs in this prison?	35%	32%	35%	29%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	41%	38%	41%	
1b	Is it easy/very easy to see the nurse?	69%	61%	69%	
1c	Is it easy/very easy to see the dentist?	11%	14%	11%	
1d	Is it easy/very easy to see the optician?	17%	18%	17%	
2	Are you able to see a pharmacist?	50%	53%	50%	
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?	54%	52%	54%	64%
3b	The nurse?	66%	65%	66%	66%
3c	The dentist?	43%	45%	43%	24%
3d	The optician?	43%	47%	43%	39%
4	The overall quality of health services?	44%	46%	44%	47%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Stafford 2011	Category C training prisons comparator	HMP Stafford 2011	HMP Stafford 2006
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Health services continued					
5	Are you currently taking medication?	52%	43%	52%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	83%	87%	83%	
7	Do you feel you have any emotional well-being/mental health issues?	31%	25%	31%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	41%	35%	41%	
8b	A doctor?	33%	32%	33%	
8c	A nurse?	26%	17%	26%	
8d	A psychiatrist?	16%	16%	16%	
8e	The mental health in-reach team?	26%	32%	26%	
8f	A counsellor?	10%	10%	10%	
9a	Did you have a drug problem when you came into this prison?	27%	20%	27%	12%
9b	Did you have an alcohol problem when you came into this prison?	19%	14%	19%	5%
10a	Have you developed a drug problem since you have been in this prison?	11%	8%	11%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	86%	89%	86%	
12	Have you received any help or intervention while in this prison?	74%	79%	74%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	77%	77%	77%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	20%	21%	20%	21%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	15%	16%	15%	12%
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?	61%	60%	61%	57%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Stafford 2011	Category C training prisons comparator	HMP Stafford 2011	HMP Stafford 2006
Any percentage highlighted in blue is significantly worse				
Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
SECTION 7: Purposeful activity				
1 Are you currently involved in any of the following activities:				
1a A prison job?	70%	62%	70%	
1b Vocational or skills training?	25%	19%	25%	
1c Education (including basic skills)?	25%	30%	25%	
1d Offending Behaviour Programmes?	13%	17%	13%	
2ai Have you had a job while in this prison?	97%	86%	97%	
For those who have had a prison job while in this prison:				
2aii Do you feel the job will help you on release?	32%	47%	32%	
2bi Have you been involved in vocational or skills training while in this prison?	86%	77%	86%	
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?	63%	67%	63%	
2ci Have you been involved in education while in this prison?	88%	82%	88%	
For those who have been involved in education while in this prison:				
2cii Do you feel the education will help you on release?	62%	68%	62%	
2di Have you been involved in offending behaviour programmes while in this prison?	75%	76%	75%	
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?	51%	61%	51%	
3 Do you go to the library at least once a week?	51%	47%	51%	38%
4 On average, do you go to the gym at least twice a week?	42%	54%	42%	56%
5 On average, do you go outside for exercise three or more times a week?	36%	51%	36%	35%
6 On average, do you spend ten or more hours out of your cell on a weekday?	9%	15%	9%	9%
7 On average, do you go on association more than five times each week?	42%	77%	42%	45%
8 Do staff normally speak to you most of the time/all of the time during association?	16%	19%	16%	15%
SECTION 8: Resettlement				
1 Do you have a personal officer?	77%	76%	77%	76%
For those with a personal officer:				
2 Do you think your personal officer is helpful/very helpful?	62%	62%	62%	70%
For those who are sentenced:				
3 Do you have a sentence plan?	73%	68%	73%	68%
For those with a sentence plan?				
4 Were you involved/very involved in the development of your plan?	44%	57%	44%	49%
5 Can you achieve some/all of your sentence plan targets in this prison?	60%	70%	60%	
6 Are there plans for you to achieve some/all your targets in another prison?	40%	37%	40%	
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?	23%	33%	23%	
8 Do you feel that any member of staff has helped you to prepare for release?	14%	18%	14%	
9 Have you had any problems with sending or receiving mail?	46%	40%	46%	32%
10 Have you had any problems getting access to the telephones?	44%	23%	44%	30%
11 Did you have a visit in the first week that you were here?	18%	22%	18%	23%
12 Did you receive one or more visits in the last week?	34%	30%	34%	

Main comparator and comparator to last time

Key to tables

		HMP Stafford 2011	Category C training prisons comparator	HMP Stafford 2011	HMP Stafford 2006
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Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	51%	51%	51%	
14	Have you been helped to maintain contact with family/friends while in this prison?	27%	37%	27%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	12%	17%	12%	
15c	Avoiding bad relationships?	10%	13%	10%	
15d	Finding a job on release?	26%	36%	26%	63%
15e	Finding accommodation on release?	21%	39%	21%	54%
15f	With money/finances on release?	13%	27%	13%	35%
15g	Claiming benefits on release?	23%	39%	23%	53%
15h	Arranging a place at college/continuing education on release?	18%	25%	18%	40%
15i	Accessing health services on release?	13%	28%	13%	40%
15j	Opening a bank account on release?	13%	27%	13%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	13%	11%	13%	
16c	Avoiding bad relationships?	11%	12%	11%	
16d	Finding a job?	51%	44%	51%	
16e	Finding accommodation?	33%	38%	33%	
16f	Money/finances?	26%	32%	26%	
16g	Claiming benefits?	31%	27%	31%	
16h	Arranging a place at college/continuing education?	22%	21%	22%	
16i	Accessing health services?	20%	17%	20%	
16j	Opening a bank account?	26%	31%	26%	
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?	47%	55%	47%	54%



Prisoner survey responses HMP Stafford 2011

Prisoner survey responses (missing data have 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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Number of completed questionnaires returned		77	111
SECTION 1: General information			
2	Are you under 21 years of age?	0%	0%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	10%	7%
4a	Is your sentence less than 12 months?	6%	14%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	22%	4%
5	Do you have six months or less to serve?	36%	58%
6	Have you been in this prison less than a month?	3%	8%
7	Are you a foreign national?	9%	5%
8	Is English your first language?	93%	95%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	18%	29%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	1%
11	Are you Muslim?	9%	11%
12	Are you homosexual/gay or bisexual?	8%	4%
13	Do you consider yourself to have a disability?	24%	16%
14	Is this your first time in prison?	52%	28%
15	Have you been in more than five prisons this time?	4%	6%
16	Do you have any children under the age of 18?	38%	57%
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?	58%	43%
1b	Was your personal safety during the journey good/very good?	71%	63%
1c	Was the comfort of the van good/very good?	22%	17%
1d	Was the attention paid to your health needs good/very good?	38%	32%
1e	Was the frequency of toilet breaks good/very good?	13%	8%
2	Did you spend more than four hours in the van?	3%	5%
3	Were you treated well/very well by the escort staff?	74%	68%
4a	Did you know where you were going when you left court or when transferred from another prison?	73%	84%
4b	Before you arrived here did you receive any written information about what would happen to you?	10%	6%
4c	When you first arrived here did your property arrive at the same time as you?	89%	85%

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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?	8%	10%
1c	Housing problems?	10%	8%
1d	Problems contacting employers?	3%	8%
1e	Problems contacting family?	39%	55%
1f	Problems ensuring dependants were looked after?	7%	13%
1g	Money problems?	11%	8%
1h	Problems of feeling depressed/suicidal?	51%	43%
1i	Health problems?	45%	59%
1j	Problems in needing protection from other prisoners?	18%	13%
1k	Problems accessing phone numbers?	20%	28%
2	When you first arrived:		
2a	Did you have any problems?	68%	63%
2b	Did you have any problems with loss of property?	11%	26%
2c	Did you have any housing problems?	17%	12%
2d	Did you have any problems contacting employers?	2%	6%
2e	Did you have any problems contacting family?	27%	19%
2f	Did you have any problems ensuring dependants were being looked after?	5%	8%
2g	Did you have any money worries?	14%	12%
2h	Did you have any problems with feeling depressed or suicidal?	19%	16%
2i	Did you have any health problems?	24%	25%
2j	Did you have any problems with needing protection from other prisoners?	17%	7%
2k	Did you have problems accessing phone numbers?	24%	16%
3a	Were you seen by a member of health services in reception?	88%	93%
3b	When you were searched in reception, was this carried out in a respectful way?	79%	79%
4	Were you treated well/very well in reception?	71%	57%
5	On your day of arrival, were you offered information about any of the following:		
5a	What was going to happen to you?	38%	50%
5b	Support was available for people feeling depressed or suicidal?	37%	50%
5c	How to make routine requests?	40%	39%
5d	Your entitlement to visits?	30%	41%
5e	Health services?	45%	57%
5f	The chaplaincy?	38%	42%

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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?	88%	91%
6b	The opportunity to have a shower?	15%	27%
6c	The opportunity to make a free telephone call?	55%	77%
6d	Something to eat?	76%	78%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	39%	35%
7b	Someone from health services?	67%	69%
7c	A Listener/Samaritans?	43%	24%
8	Did you have access to the prison shop/canteen within the first 24 hours?	8%	7%
9	Did you feel safe on your first night here?	73%	79%
10	Have you been on an induction course?	99%	97%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	53%	54%
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?	34%	34%
1b	Attend legal visits?	48%	41%
1c	Obtain bail information?	13%	12%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	40%	50%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	49%	55%
3b	Are you normally able to have a shower every day?	41%	45%
3c	Do you normally receive clean sheets every week?	97%	92%
3d	Do you normally get cell cleaning materials every week?	34%	25%
3e	Is your cell call bell normally answered within five minutes?	35%	43%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	56%	68%
3g	Can you normally get your stored property if you need to?	25%	28%
4	Is the food in this prison good/very good?	44%	32%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	51%
6a	Is it easy/very easy to get a complaints form?	86%	78%
6b	Is it easy/very easy to get an application form?	95%	89%
7	Have you made an application?	97%	91%

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SECTION 4: Legal rights and respectful custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	64%	55%
8b	Do you feel applications are dealt with promptly (within seven days)?	51%	51%
9	Have you made a complaint?	50%	48%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	32%	21%
10b	Do you feel complaints are dealt with promptly (within seven days)?	38%	35%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	25%	35%
10c	Were you given information about how to make an appeal?	17%	22%
12	Is it easy/very easy to see the Independent Monitoring Board?	21%	16%
13	Are you on the enhanced (top) level of the IEP scheme?	47%	56%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	48%	53%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%	59%
16a	In the last six months have any members of staff physically restrained you (C&R)?	1%	4%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	10%	12%
13a	Do you feel your religious beliefs are respected?	52%	51%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	55%	51%
14	Are you able to speak to a Listener at any time if you want to?	76%	49%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	77%	70%
15b	Do most staff, in this prison, treat you with respect?	73%	66%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	43%	34%
2	Do you feel unsafe in this prison at the moment?	14%	17%
4	Have you been victimised by another prisoner?	38%	17%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	18%	8%
5b	Hit, kicked or assaulted you?	7%	3%
5c	Sexually abused you?	3%	1%
5d	Victimised you because of your race or ethnic origin?	3%	4%
5e	Victimised you because of drugs?	8%	1%
5f	Taken your canteen/property?	7%	3%
5g	Victimised you because you were new here?	8%	6%
5h	Victimised you because of your sexuality?	1%	0%
5i	Victimised you because you have a disability?	3%	1%
5j	Victimised you because of your religion/religious beliefs?	1%	2%
5k	Victimised you because of your age?	1%	2%
5l	Victimised you because you were from a different part of the country?	4%	8%
5m	Victimised you because of your offence/crime?	21%	2%
5n	Victimised you because of gang related issues?	4%	3%

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SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	25%	22%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	10%	9%
7b	Hit, kicked or assaulted you?	0%	2%
7c	Sexually abused you?	0%	1%
7d	Victimised you because of your race or ethnic origin?	5%	6%
7e	Victimised you because of drugs?	3%	3%
7f	Victimised you because you were new here?	10%	7%
7g	Victimised you because of your sexuality?	1%	0%
7h	Victimised you because you have a disability?	3%	1%
7i	Victimised you because of your religion/religious beliefs?	4%	5%
7j	Victimised you because of your age?	0%	2%
7k	Victimised you because you were from a different part of the country?	1%	3%
7l	Victimised you because of your offence/crime?	13%	4%
7m	Victimised you because of gang related issues?	3%	2%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	32%	38%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	37%	22%
10	Have you ever felt threatened or intimidated by a member of staff in here?	22%	24%
11	Is it easy/very easy to get illegal drugs in this prison?	32%	37%
SECTION 6: Health services			
1a	Is it easy/very easy to see the doctor?	45%	39%
1b	Is it easy/very easy to see the nurse?	79%	62%
1c	Is it easy/very easy to see the dentist?	17%	8%
1d	Is it easy/very easy to see the optician?	27%	10%
2	Are you able to see a pharmacist?	49%	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?	66%	45%
3b	The nurse?	78%	57%
3c	The dentist?	58%	32%
3d	The optician?	61%	27%
4	The overall quality of health services?	55%	36%

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Health services continued			
5	Are you currently taking medication?	64%	45%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	93%	73%
7	Do you feel you have any emotional well-being/mental health issues?	32%	31%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	38%	44%
8b	A doctor?	33%	34%
8c	A nurse?	19%	30%
8d	A psychiatrist?	24%	10%
8e	The mental health in-reach team?	28%	23%
8f	A counsellor?	5%	13%
9a	Did you have a drug problem when you came into this prison?	16%	34%
9b	Did you have an alcohol problem when you came into this prison?	22%	17%
10a	Have you developed a drug problem since you have been in this prison?	8%	13%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	90%	84%
12	Have you received any help or intervention while in this prison?	68%	77%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	93%	70%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	13%	24%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	18%	12%
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?	44%	69%

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SECTION 7: Purposeful activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	70%	70%
1b	Vocational or skills training?	15%	33%
1c	Education (including basic skills)?	27%	24%
1d	Offending Behaviour Programmes?	16%	11%
2ai	Have you had a job while in this prison?	93%	99%
For those who have had a prison job while in this prison:			
2aii	Do you feel the job will help you on release?	26%	36%
2bi	Have you been involved in vocational or skills training while in this prison?	82%	88%
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?	59%	65%
2ci	Have you been involved in education while in this prison?	92%	87%
For those who have been involved in education while in this prison:			
2cii	Do you feel the education will help you on release?	61%	63%
2di	Have you been involved in offending behaviour programmes while in this prison?	70%	78%
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?	58%	47%
3	Do you go to the library at least once a week?	46%	55%
4	On average, do you go to the gym at least twice a week?	32%	49%
5	On average, do you go outside for exercise three or more times a week?	16%	50%
6	On average, do you spend ten or more hours out of your cell on a weekday?	11%	9%
7	On average, do you go on association more than five times each week?	38%	45%
8	Do staff normally speak to you most of the time/all of the time during association?	16%	15%
SECTION 8: Resettlement			
1	Do you have a personal officer?	83%	74%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	69%	56%
For those who are sentenced:			
3	Do you have a sentence plan?	79%	68%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	43%	45%
5	Can you achieve some/all of your sentence plan targets in this prison?	63%	58%
6	Are there plans for you to achieve some/all your targets in another prison?	35%	44%
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?	26%	21%
8	Do you feel that any member of staff has helped you to prepare for release?	11%	16%
9	Have you had any problems with sending or receiving mail?	51%	43%
10	Have you had any problems getting access to the telephones?	41%	45%
11	Did you have a visit in the first week that you were here?	18%	19%
12	Did you receive one or more visits in the last week?	39%	30%

Key to tables

	Any percentage highlighted in green is significantly better	E & F Wing	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
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%	54%
14	Have you been helped to maintain contact with family/friends while in this prison?	30%	25%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	10%	13%
15c	Avoiding bad relationships?	10%	10%
15d	Finding a job on release?	25%	27%
15e	Finding accommodation on release?	18%	22%
15f	With money/finances on release?	13%	13%
15g	Claiming benefits on release?	20%	25%
15h	Arranging a place at college/continuing education on release?	15%	20%
15i	Accessing health services on release?	13%	13%
15j	Opening a bank account on release?	13%	12%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	13%	13%
16c	Avoiding bad relationships?	9%	13%
16d	Finding a job?	59%	46%
16e	Finding accommodation?	41%	28%
16f	Money/finances?	25%	27%
16g	Claiming benefits?	35%	28%
16h	Arranging a place at college/continuing education?	24%	20%
16i	Accessing health services?	25%	16%
16j	Opening a bank account?	25%	28%
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?	49%	46%

Diversity Analysis



Key Question Responses (ethnicity and religion) HMP Stafford 2011

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

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage 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		46	140	19	168
1.3	Are you sentenced?	100%	100%	100%	100%
1.7	Are you a foreign national?	18%	3%	11%	6%
1.8	Is English your first language?	78%	100%	80%	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)?			89%	17%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	2%	0%	2%
1.11	Are you Muslim?	37%	2%		
1.12	Do you consider yourself to have a disability?	7%	24%	6%	21%
1.13	Is this your first time in prison?	38%	37%	44%	37%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	25%	37%	31%	35%
2.3	Were you treated well/very well by the escort staff?	66%	71%	61%	71%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	68%	83%	67%	81%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	54%	47%	56%	48%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	51%	44%	56%	45%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	58%	52%	44%	55%
3.2a	Did you have any problems when you first arrived?	70%	64%	83%	64%
3.3a	Were you seen by a member of health care staff in reception?	87%	92%	89%	91%
3.3b	When you were searched in reception, was this carried out in a respectful way?	73%	81%	63%	81%
3.4	Were you treated well/very well in reception?	45%	69%	43%	65%
3.7b	Did you have access to someone from health care within the first 24 hours?	54%	73%	39%	72%
3.9	Did you feel safe on your first night here?	54%	83%	58%	79%
3.10	Have you been on an induction course?	100%	97%	100%	98%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	16%	40%	11%	37%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage 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?	58%	51%	44%	54%
4.3b	Are you normally able to have a shower every day?	37%	45%	26%	45%
4.3e	Is your cell call bell normally answered within five minutes?	26%	44%	28%	42%
4.4	Is the food in this prison good/very good?	25%	40%	21%	39%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	36%	57%	39%	53%
4.6a	Is it easy/very easy to get a complaints form?	82%	81%	73%	82%
4.6b	Is it easy/very easy to get an application form?	84%	94%	80%	93%
4.9	Have you made a complaint?	64%	43%	69%	46%
4.13	Are you on the enhanced (top) level of the IEP scheme?	42%	55%	37%	54%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	33%	57%	11%	56%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	59%	39%	58%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	2%	6%	2%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	16%	9%	16%	10%
4.17a	Do you feel your religious beliefs are respected?	46%	53%	47%	52%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	56%	52%	84%	49%
4.18	Are you able to speak to a Listener at any time, if you want to?	41%	66%	58%	60%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	58%	77%	47%	76%
4.19b	Do most staff, in this prison, treat you with respect?	54%	74%	39%	73%
5.1	Have you ever felt unsafe in this prison?	50%	33%	53%	36%
5.2	Do you feel unsafe in this prison at the moment?	32%	10%	26%	14%
5.4	Have you been victimised by another prisoner?	28%	24%	33%	25%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	2%	17%	2%
5.5i	Have you been victimised because you have a disability? (By prisoners)	3%	2%	0%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	0%	17%	0%
5.6	Have you been victimised by a member of staff?	39%	18%	47%	20%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	23%	0%	26%	3%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage 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)	2%	2%	0%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	14%	2%	32%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	37%	25%	39%	27%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	39%	18%	50%	20%
5.11	Is it easy/very easy to get illegal drugs in this prison?	41%	33%	53%	33%
6.1a	Is it easy/very easy to see the doctor?	24%	47%	26%	43%
6.1b	Is it easy/ very easy to see the nurse?	62%	72%	58%	71%
6.2	Are you able to see a pharmacist?	46%	51%	33%	52%
6.5	Are you currently taking medication?	39%	56%	53%	52%
6.7	Do you feel you have any emotional well-being/mental health issues?	19%	35%	22%	32%
7.1a	Are you currently working in the prison?	75%	68%	58%	71%
7.1b	Are you currently undertaking vocational or skills training?	21%	26%	16%	26%
7.1c	Are you currently in education (including basic skills)?	18%	27%	43%	23%
7.1d	Are you currently taking part in an offending behaviour programme?	9%	15%	11%	14%
7.3	Do you go to the library at least once a week?	56%	50%	44%	52%
7.4	On average, do you go to the gym at least twice a week?	59%	37%	47%	42%
7.5	On average, do you go outside for exercise three or more times a week?	41%	35%	47%	35%
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.)	2%	11%	0%	10%
7.7	On average, do you go on association more than five times each week?	37%	43%	26%	44%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	7%	18%	0%	17%
8.1	Do you have a personal officer?	79%	77%	74%	78%
8.9	Have you had any problems sending or receiving mail?	57%	42%	74%	43%
8.10	Have you had any problems getting access to the telephones?	48%	42%	58%	42%

Diversity Analysis - Disability



Key questions (disability analysis) HMP Stafford 2011

Prisoner survey responses (missing data have 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 percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage 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		36	150
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	6%	7%
1.8	Is English your first language?	100%	93%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	9%	28%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	1%
1.11	Are you Muslim?	3%	12%
1.14	Is this your first time in prison?	36%	38%
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?	57%	73%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	74%	80%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	33%	53%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	39%	48%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	43%	56%
3.2a	Did you have any problems when you first arrived?	63%	66%
3.3a	Were you seen by a member of health care staff in reception?	86%	92%
3.3b	When you were searched in reception, was this carried out in a respectful way?	77%	79%
3.4	Were you treated well/very well in reception?	64%	63%
3.7b	Did you have access to someone from health care within the first 24 hours?	69%	68%
3.9	Did you feel safe on your first night here?	79%	76%
3.10	Have you been on an induction course?	100%	97%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	39%	33%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage 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?	47%	54%
4.3b	Are you normally able to have a shower every day?	38%	44%
4.3e	Is your cell call bell normally answered within five minutes?	50%	38%
4.4	Is the food in this prison good/very good?	46%	35%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	49%	53%
4.6a	Is it easy/very easy to get a complaints form?	86%	80%
4.6b	Is it easy/very easy to get an application form?	93%	91%
4.9	Have you made a complaint?	39%	50%
4.13	Are you on the enhanced (top) level of the IEP scheme?	52%	52%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	53%	51%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	53%	56%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	3%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	6%	12%
4.17a	Do you feel your religious beliefs are respected?	52%	52%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	59%	51%
4.18	Are you able to speak to a Listener at any time if you want to?	71%	57%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	70%	73%
4.19b	Do most staff, in this prison, treat you with respect?	72%	68%
5.1	Have you ever felt unsafe in this prison?	40%	37%
5.2	Do you feel unsafe in this prison at the moment?	12%	16%
5.4	Have you been victimised by another prisoner?	29%	25%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	3%
5.5i	Victimised you because you have a disability?	9%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%
5.6	Have you been victimised by a member of staff?	21%	24%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	6%
5.7h	Victimised you because you have a disability?	9%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	6%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage 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?	32%	27%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	24%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	27%	37%
6.1a	Is it easy/very easy to see the doctor?	50%	39%
6.1b	Is it easy/ very easy to see the nurse?	90%	65%
6.2	Are you able to see a pharmacist?	50%	50%
6.5	Are you currently taking medication?	91%	43%
6.7	Do you feel you have any emotional well-being/mental health issues?	49%	27%
7.1a	Are you currently working in the prison?	77%	68%
7.1b	Are you currently undertaking vocational or skills training?	23%	26%
7.1c	Are you currently in education (including basic skills)?	31%	24%
7.1d	Are you currently taking part in an offending behaviour programme?	6%	15%
7.3	Do you go to the library at least once a week?	44%	53%
7.4	On average, do you go to the gym at least twice a week?	17%	48%
7.5	On average, do you go outside for exercise three or more times a week?	32%	37%
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.)	9%	10%
7.7	On average, do you go on association more than five times each week?	43%	42%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	26%	13%
8.1	Do you have a personal officer?	83%	76%
8.9	Have you had any problems sending or receiving mail?	38%	48%
8.10	Have you had any problems getting access to the telephones?	35%	46%



Diversity Analysis - Age

Key question responses (age - over 50) HMP Stafford 2011

Prisoner survey responses (missing data have 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 percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage 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		32	154
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	3%	7%
1.8	Is English your first language?	97%	94%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	10%	28%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	2%
1.11	Are you Muslim?	3%	12%
1.13	Do you consider yourself to have a disability?	44%	14%
1.14	Is this your first time in prison?	63%	33%
2.1d	Was the attention paid to your health needs good/very good?	35%	35%
2.3	Were you treated well/very well by the escort staff?	77%	68%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	71%	81%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	31%	53%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	38%	49%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	52%	54%
3.2a	Did you have any problems when you first arrived?	62%	66%
3.3a	Were you seen by a member of health care staff in reception?	90%	91%
3.3b	When you were searched in reception, was this carried out in a respectful way?	81%	79%

Diversity Analysis - Age

Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Were you treated well/very well in reception?	75%	60%
3.7b	Did you have access to someone from health care within the first 24 hours?	72%	68%
3.9	Did you feel safe on your first night here?	84%	75%
3.10	Have you been on an induction course?	97%	98%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	40%	33%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	58%	52%
4.3b	Are you normally able to have a shower every day?	52%	42%
4.3e	Is your cell call bell normally answered within five minutes?	65%	35%
4.4	Is the food in this prison good/very good?	48%	35%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	58%	51%
4.6a	Is it easy/very easy to get a complaints form?	90%	80%
4.6b	Is it easy/very easy to get an application form?	93%	91%
4.9	Have you made a complaint?	45%	49%
4.13	Are you on the enhanced (top) level of the IEP scheme?	56%	51%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	59%	49%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	58%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	3%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	0%	13%
4.17a	Do you feel your religious beliefs are respected?	56%	51%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	64%	51%

Diversity Analysis - Age

Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.18	Are you able to speak to a Listener at any time if you want to?	68%	59%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	87%	70%
4.15b	Do most staff, in this prison, treat you with respect?	87%	66%
5.1	Have you ever felt unsafe in this prison?	34%	38%
5.2	Do you feel unsafe in this prison at the moment?	12%	16%
5.4	Have you been victimised by another prisoner?	25%	26%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	4%
5.5i	Victimised you because you have a disability?	3%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%
5.5k	Have you been victimised because of your age? (By prisoners)	10%	0%
5.6	Have you been victimised by a member of staff?	15%	25%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	7%
5.7h	Victimised you because you have a disability?	7%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	5%
5.7j	Have you been victimised because of your age? (By staff)	3%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	22%	30%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	12%	26%
5.11	Is it easy/very easy to get illegal drugs in this prison?	3%	42%
6.1a	Is it easy/very easy to see the doctor?	68%	36%
6.1b	Is it easy/ very easy to see the nurse?	90%	65%

Diversity Analysis - Age

Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
6.2	Are you able to see a pharmacist?	47%	51%
6.5	Are you currently taking medication?	75%	47%
6.7	Do you feel you have any emotional well being/mental health issues?	15%	34%
7.1a	Are you currently working in the prison?	63%	71%
7.1b	Are you currently undertaking vocational or skills training?	19%	27%
7.1c	Are you currently in education (including basic skills)?	37%	23%
7.1d	Are you currently taking part in an offending behaviour programme?	25%	11%
7.3	Do you go to the library at least once a week?	33%	55%
7.4	On average, do you go to the gym at least twice a week?	19%	47%
7.5	On average, do you go outside for exercise three or more times a week?	28%	38%
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.)	15%	8%
7.7	On average, do you go on association more than five times each week?	52%	40%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	25%	14%
8.1	Do you have a personal officer?	81%	77%
8.9	Have you had any problems sending or receiving mail?	29%	49%
8.10	Have you had any problems getting access to the telephones?	33%	46%