

Report on an announced full follow-up
inspection of

HMP Stocken

6–10 August 2012

by HM Chief Inspector of Prisons

Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the Glossary of terms on our website at: http://www.justice.gov.uk/downloads/about/hmipris/Glossary-for-web-rps_.pdf

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Introduction

Stocken is a category C training prison for adult male prisoners situated in the East Midlands. Although it opened only in 1985, it has continued a rapid expansion in capacity in recent years and, on what is a very large site, can now hold more than 1,000 prisoners. At our last inspection in 2010, we reported a mixed picture with an institution that was reasonably safe but failing to provide activity of sufficient quality. At this announced follow-up inspection, we found a reasonably successful institution with improvements evident, although there were still shortcomings in the provision of activity - an ongoing concern in a training prison.

Stocken continued to be a safe prison, a considerable achievement given its size and extent. It had adopted a robust approach to tackling antisocial behaviour, both in the structures to reduce violence and the way it dealt with individual incidents. Unusually, this was complemented by an incentives scheme that was more effective than we normally see. Gaps in the prison's otherwise good approach to safer custody were the inadequate treatment of vulnerable prisoners, which required improvement, and comparatively high levels of victimisation reported by prisoners, which needed further analysis. The care offered to those at risk of self-harm was mixed and the number of incidents recorded was higher than in comparable prisons. Too many prisoners in a self-harm crisis also found themselves in segregated conditions without sufficient justification.

The use of illegal drugs in the prison was reasonably low but this masked the diversion of prescribed medications, about which we had significant concerns. There needed to be better risk assessments to determine the allocation of in-possession medication. Support for those who wished to address substance abuse was adequate, if lacking coordination.

We found Stocken to be a more respectful prison than at our last inspection. The type and composition of accommodation varied greatly but most was bright and clean. Relationships between staff and prisoners had improved and our observations suggested they were properly collaborative and respectful. The prison had a reasonable approach to the promotion of diversity, and the perceptions of black and minority ethnic prisoners were broadly in line with those of white prisoners, although the views of prisoners with a disability were more negative. Health care had shown significant improvement with many of our previous recommendations addressed.

The issue that remained the most problematic was the provision of activity. Despite considerable management effort which, for example, had improved the provision of vocational training, activity places had not kept pace with the growth of the population. Too many prisoners were locked up during the working part of the day and the quality of important aspects of education required improvement. The prison offered a good range of work, although too much was low skill or repetitive. The work of the library in support of resettlement was impressive.

The prison continued to provide reasonable resettlement services, although they could be improved by a more informed analysis of need. All prisoners had been allocated a member of staff to help supervise their sentence, although custody planning for shorter term prisoners had limitations. The large number of prisoners on indeterminate sentences received satisfactory support, despite some frustration and discontent among this group. Resettlement services addressed most elements of need, although the prison could show greater confidence in extending the use of temporary release to support reintegration.

Overall, this is a reasonably good report. Stocken is a large prison and a significant management challenge. Progress had been made in all areas but more needed to be done to provide sufficient activity.

Nick Hardwick
HM Chief Inspector of Prisons

October 2012

Fact page

Task of the establishment

A category C closed training prison.

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

Public

Region/Department

East Midlands

Number held

936

Certified normal accommodation

967

Operational capacity

1056

Date of last full inspection

9-13 August 2010

Brief history

HMP Stocken opened in 1985 with an operational capacity of 320. Successive building projects have resulted in the existing large prison. Since the last inspection new accommodation had opened at L and M wings. Older wings have recently started to close, including A, C and F wings, and B wing was due to close shortly after the inspection.

Short description of residential units

B, D and E wings: each comprised 66-bed single cellular accommodation with integral sanitation;
G wing: 40-bed modular room accommodation for prisoners on the enhanced regime, with integral sanitation;
H wing: 130-bed cellular accommodation with integral sanitation (five cells were doubles) for prisoners serving indeterminate sentences;
I wing: 80-bed cellular accommodation with integral sanitation (eight rooms were doubles);
J wing: 39-bed modular room accommodation; there was no integral sanitation but prisoners had 24-hour access to central bathroom facilities;
K wing: 130-bed cellular accommodation with integral sanitation (five cells were doubles) including space for the integrated drug treatment system (IDTS);
L wing: 180-bed cellular accommodation with integral sanitation (20 cells were doubles) for prisoners on induction and on the enhanced regime;
M wing: 180-bed cellular accommodation with integral sanitation (20 cells were doubles).

Name of governor/director

John O'Sullivan

Escort contractor

GeoAmey

Health service commissioner and providers

Commissioner: NHS Leicestershire County and Rutland Primary Care Trust

Primary care and IDTS provider: Nottingham Healthcare NHS Trust

Mental health care provider: Nottinghamshire NHS Foundation Trust

Learning and skills providers

Milton Keynes College

IMB chair

Liza Grenfell

Healthy prison summary

Introduction

HP1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police, courts and customs custody.

HP2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

HP3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:

Safety prisoners, particularly 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.

HP4 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.

- HP5 The Inspectorate conducts follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections may be announced or unannounced and are proportionate to risk. In full follow-up inspections inspectors conduct a new inspection of the establishment and also assess whether recommendations made at the previous inspection have been achieved. They also investigate areas of serious concern identified in the previous inspection, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards. Full follow-up reports are presented as full inspection reports with a new set of recommendations. Repeated recommendations are, however, indicated within the main report, and a list of recommendations from the previous inspection, and our assessment of whether they have been achieved, is contained in the appendices.

Safety

- HP6 Reception was welcoming but first night risk assessment interviews did not take place. Peer support was good but induction arrangements were inadequate. A robust approach to violent and antisocial behaviour was having an impact and most prisoners felt safe, but some vulnerable prisoners needed more support and others reported feeling victimised. Arrangements for managing prisoners on assessment, care in custody and teamwork (ACCT) documents were reasonable but levels of care were inconsistent. Security was good, but some arrangements remained disproportionate. Mandatory drug testing (MDT) rates were low but masked issues relating to diverted prescribed medications. The strategic use of the incentives and earned privileges (IEP) scheme encouraged positive behaviour, and the units for prisoners on the enhanced regime were excellent. Use of force was generally proportionate. Relationships in segregation needed improvement. Substance misuse services were in transition; alcohol services had improved but were still not meeting all needs. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP7 At the last inspection in 2010 we found that outcomes for prisoners at Stocken were reasonably good against this healthy prison test. We made 20 recommendations in the area of safety. At this follow-up inspection we found that 12 of the recommendations had been achieved, two had been partially achieved and six had not been achieved.
- HP8 Reception was closed over lunch and those arriving during this period were left in vehicles for up to an hour. Prisoners were handcuffed while being taken from the vehicles to reception and all were strip-searched without individual risk assessments having been carried out. Reception staff were polite, respectful and helpful to new arrivals.

- HP9 For most prisoners the reception process was swift. No first night risk assessment interviews took place. Despite this most prisoners said that they felt safe on their first night and handover arrangements with night staff were good. There was a good use of prison orderlies in the first night and induction process but there was an over-reliance on them. The content of the induction programme was inadequate.
- HP10 Prisoners overwhelmingly felt safe. The robust approach to all violent and antisocial behaviour was having an impact and the number of incidents was low. In our survey, perceptions of victimisation by staff and prisoners were worse than in comparator prisons and required exploration. This was reflected in the prison's own safety survey. Staff acted promptly to keep people safe and to challenge a wide range of inappropriate behaviour. Investigations were thorough. There were no specific interventions to challenge poor behaviour and support for victims was limited. Comprehensive data around indicators of violence were collated but further analysis was required. There was good sharing of information and a joined up approach to providing a safe environment. The care and support offered to vulnerable prisoners held on wings was poor and there was evidence that some of these prisoners had experienced intimidation.
- HP11 Data and trend analysis relating to self-harming behaviour was reasonably good. Incidents of actual self-harm were slightly higher than in comparator prisons. ACCT documents and standards of care were variable and some prisoners told us that they did not feel cared for. Listeners felt supported and had good access to prisoners who were in crisis. Too many prisoners on ACCT documents were being held in the segregation unit without there being the exceptional circumstances to justify this. The gated constant observation cell in the segregation unit was not conducive to offering prisoners who were in crisis a caring environment and governance around the removal of clothing required improvement. Counselling services were good and well accessed.
- HP12 There were appropriate safeguarding arrangements for some of the more complex cases, but a more strategic approach was required.
- HP13 The flow of information into the security department was good. Security information reports (SIRs) were processed efficiently and dissemination was speedy. Dynamic security was effective and supported by good staff-prisoner relationships but some security procedures remained disproportionate. The MDT positive rate was low. This did not reflect issues with diverted medications. Suspicion testing arrangements were good.
- HP14 There was evidence that the IEP scheme was being used strategically to encourage responsible behaviour and it was usually operated consistently across the prison. There was a reasonable distinction between the IEP levels and the regime for prisoners on the basic level was better than we normally see. Prisoners were usually promoted or demoted on the basis of the published criteria but there were a few examples of prisoners being demoted to the basic level for single minor infringements.
- HP15 The number of formal adjudications was high and represented a significant rise since the last inspection. Most hearing records showed that proceedings were conducted fairly and that punishments were appropriate and consistent. However, a few examples indicated that prisoners were not given the opportunity to put across fully their version of events.

- HP16 The number of incidents involving the use of force was not excessive. The quality of use of force forms was generally good and revealed that force was used as a last resort; however, we saw one example that demonstrated that de-escalation was not used as a preferred response.
- HP17 Living conditions in the segregation unit were reasonable but some cells had graffiti on walls and notice boards. There were examples of staff engaging positively with prisoners, but some relationships we observed were distant. Many written entries in history sheets were cursory. Case management arrangements for segregated prisoners were not well developed and there was a need for a better approach to multidisciplinary care planning. The regime for longer stay prisoners was particularly poor.
- HP18 Clinical and psychosocial substance misuse services were in transition but were performing well individually. However there was insufficient integration between the two services, which was affecting work relating to moving prisoners from maintenance to reduction. Alcohol services were developing well with significant improvements since the last inspection but were still not meeting all needs. Drug and alcohol group programmes were on hold pending the introduction of a new service provider.¹

Respect

- HP19 The environment was reasonable, but some single cells were being used to hold two prisoners. Staff-prisoner relationships had improved and were good, and the personal officer scheme was reasonable. Consultation with prisoners had improved. Diversity provision was reasonable but disabled prisoners needed more support. Faith provision was good despite our survey results being somewhat negative. The management of complaints was reasonable but those made against staff needed greater scrutiny. Legal services were limited. Health care had improved but more still needed to be done. Decision making relating to the use of in-possession medications needed improvement. Prisoners were generally dissatisfied with the food and considered items in the shop to be too expensive. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP20 At the last inspection in 2010 we found that outcomes for prisoners at Stocken were not sufficiently good against this healthy prison test. We made 62 recommendations in the area of respect.² At this follow-up inspection we found that 34 of the recommendations had been achieved, 12 had been partially achieved, 13 had not been achieved and three were no longer relevant.

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*.)

² This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- HP21 Communal areas were bright and well equipped and cleanliness was adequate. Some cells designed to hold one prisoner were inappropriately holding two. Toilets in cells without en-suite facilities were insufficiently screened. Access to a daily shower was good; however some communal showers were unclean and had no privacy screening. There were too many restrictions on where prisoners' own clothing could be worn. Access to stored property was reasonable.
- HP22 Most prisoners said that staff treated them with respect and that they had a member of staff they could turn to for help. Interactions we observed were generally good. This had improved compared with the last inspection. Monthly prisoner forums covered a range of relevant topics and there was evidence that the issues raised by prisoners were being taken seriously. Most prisoners said that they had a personal officer who was helpful and there was evidence of regular contact. Many recorded entries in case files demonstrated a limited knowledge of prisoners as individuals but there was some evidence that resettlement issues were being considered.
- HP23 There was a reasonable strategic approach to the management of equality and diversity (E&D). Diversity and equality action team (DEAT) meetings were well attended. The role of wing based diversity officers had not been clearly defined or coordinated. A team of prisoner diversity representatives was in place and they were well supported and met regularly with the E&D officer. Monitoring of E&D was good but did not cover all the protected groups. The number of diversity incident report forms (DIRFs) received had increased but the process was well managed.
- HP24 Responses from black and minority ethnic prisoners to survey questions relating to key areas of safety and respect were generally in line with those from white prisoners. There were few foreign national prisoners; they were provided with only limited support. There had been no recorded use of telephone interpretation services since our last inspection. In our survey disabled prisoners were significantly more negative than other prisoners. There were delays in responding to their needs and support was somewhat reactive but personal emergency and evacuation plans had been developed and some adaptations made. Gay and bisexual prisoners valued the good one to one support offered by the E&D officer. There was a lack of provision for Gypsy, Roma and Traveller prisoners. An older prisoners' forum had been introduced.
- HP25 Prisoners responded negatively to questions relating to faith in our survey. Despite this, all major faiths could attend corporate worship regularly and a good range of support was offered by the chaplaincy team.
- HP26 The number of complaints was similar to last year but there had been a large increase in those related to the IEP scheme. Monitoring of complaints was generally good and responses were polite; however, some had not fully addressed the concerns raised. Complaints about staff were answered at too low a level, and many had been insufficiently investigated.
- HP27 Legal services were limited.
- HP28 Health care provision had improved and we saw good examples that underlined how the previous recommendations had been addressed. There was good partnership working with the prison and governance arrangements were now effective. We received mixed feedback from prisoners many of whom complained about the provision. There was a good range of nurse-led clinics. Nurse triage was reasonably

good but further development was needed to enable nurses to make independent decisions and administer a wider range of medicines.

- HP29 Pharmacy services were adequate; although there was no access to pharmacy-led clinics. Action was being taken to address the high use of medication liable to abuse. There was no pain management clinic and medical services were reliant on locum staff, which was not ideal. Some record keeping was poor and it was difficult to determine how decisions relating to the prescribing of analgesia had been made. There were inadequate ongoing in-possession risk assessments. In our survey significantly more prisoners than in comparator prisons said that they had medication in possession.
- HP30 Dental services were adequate and the waiting lists for appointments were reasonable but prisoners were not always informed that an appointment had been made. There were no undue delays in accessing secondary care and mental health services were now good. Mental health services had good links with community providers and were able to transfer prisoners to NHS facilities without undue delays.
- HP31 Many prisoners were dissatisfied with the food. Consultation arrangements appeared responsive and had led to some menu changes. Lunch was served too early on some wings and breakfast packs were still generally issued the evening before they were due to be eaten. Ramadan provision appeared reasonable.
- HP32 Prisoners in our survey were generally positive about items available in the prison shop, and there was regular consultation with them. However, they considered items in the shop to be too expensive.

Purposeful activity

- HP33 The number of prisoners unlocked had improved but time out of cell for too many was still not sufficient. Quality improvement processes were ineffective in raising standards in learning and skills provision and needed to be improved. Activity places had increased but had not kept pace with the growth of the population. Vocational training opportunities had improved and were good. The quality of teaching varied and in numeracy and literacy needed significant improvement. Good use was made of peer mentors. The library and gym were both well organised and provided positive opportunities. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP34 At the last inspection in 2010 we found that outcomes for prisoners at Stocken were not sufficiently good against this healthy prison test. We made 16 recommendations in the area of purposeful activity. At this follow-up inspection we found that 10 of the recommendations had been achieved, two had been partially achieved and four had not been achieved.
- HP35 A fully employed prisoner could spend about nine hours out of their cells on Mondays to Thursdays and about 6.5 hours on Fridays. The unemployed, part-time workers or those not required for activities due to temporary workshop closures were out of their cells for about four hours. At a roll check during the morning and afternoon of the core day, too many were locked in their cells. Periods of association and exercise were offered every day and rarely cancelled.

- HP36 A new self-assessment process for learning and skills and work was at an early stage of development. Self-assessment reports were insufficiently evaluative and there were few targets set to measure progress and improvement. Observations of teaching and learning took place, but many records were not effective in helping to improve performance. Data were kept on achievement and progression, but not analysed sufficiently well to inform planning and improvement. A strategy detailing how learning and skills would meet regional and national priorities had been agreed although it had not been updated to encompass the new government contracting arrangements. Work activities were being realigned and extended to better meet the requirements of a realistic working day. Arrangements to provide class cover or an alternative activity for learners when staff were absent were inadequate.
- HP37 The activity allocation process was fair and equitable and waiting lists were well managed. Allocations to education classes were sometimes not adequately coordinated. The total number of activity places met the needs of 85% of the population, which, despite an increase in provision, was less than at the last inspection due to a larger population. Attendance was adequate. A high proportion of jobs were wing based; some did not fully occupy prisoners. Take up of education places had improved since the last inspection. Vocational training places were not fully utilised.
- HP38 The range of education courses had improved and some level 3 awards were now being offered. A wide range of good quality personal and social development courses were provided. Sentence plan targets were being taken into account when prisoners were being prioritised for courses. The range of vocational training was good and had improved since the last inspection. The range of accredited training at work had also increased.
- HP39 Pay rates were equitable and did not disadvantage prisoners who attended education courses. Rates were commensurate with the jobs' hours and levels of responsibility. Individual learning plans were not used effectively to set precise and meaningful targets for learners. Planning to meet individual needs in literacy and numeracy was too often inadequate. The range of teaching, learning activities and resources was too narrow. This had led to high levels of dissatisfaction and disengagement among some learners.
- HP40 Teaching on personal and social development courses was good and developed learners' skills effectively. Staff were well qualified and highly experienced. Health and safety working practices were appropriately reinforced – an improvement since the last inspection.
- HP41 Most prisoners in industries and vocational training developed good skills, and standards of work in some areas were outstanding. The majority of workshops were modern and of industry standard. Qualified peer mentors were used well to support learners' literacy and numeracy development at work. Some work was low level. In education, achievement rates had improved overall from a low base. However, rates had not improved in literacy at all levels or in numeracy at level 2. Achievement rates were high on business and personal and social development courses. Achievement rates for vocational training qualifications were good and very good on catering courses.
- HP42 The library was open seven days a week and prisoners had good access. The 'Storybook Dads' and 'Dads aloud' schemes were excellent and well used. A wide

range of initiatives successfully promoted literacy to prisoners, including a lively and well delivered library induction.

- HP43 Access and allocation to physical education (PE) was fair. Facilities were good and had been extended since the last inspection. A sports field was about to be turfed and would provide greater access to outdoor sports. Showers and toilets remained inadequate. The range of recreational PE was good, but some more popular activities had long waiting lists. Accredited courses were good, but too few prisoners had the opportunity to access them. Links with health care and education to promote health and wellbeing were good.

Resettlement

- HP44 Strategic management of resettlement was reasonable but needs assessment data had not been adequately considered. Offender management arrangements prioritised the allocation of cases appropriately. OASys work was now largely up to date but the quality was mixed. Public protection and categorisation work was reasonable. The number of prisoners on indeterminate sentences had increased and support for them was adequate although there were sometimes delays in moving them to open conditions. Use of release on temporary licence (ROTL) was limited. Provision in the resettlement pathways was generally reasonable although monitoring of outcomes was limited. Children and families provision, including visits, had improved. A good range of offending behaviour programmes (OBPs) was offered but some waiting lists were long. Outcomes for prisoners were reasonably good against this healthy prison test.

- HP45 At the last inspection in 2010 we found that outcomes for prisoners at Stocken were reasonably good against this healthy prison test. We made 14 recommendations in the area of resettlement. At this follow-up inspection we found that six of the recommendations had been achieved, two had been partially achieved and six had not been achieved.

- HP46 The reducing reoffending strategy described the services offered but was not based on a needs assessment and contained no action planning. Services available for some prisoner groups were not identified. Efforts had been made to explain resettlement work to those in other parts of the prison, but there was not yet sufficient evidence of a 'whole prison' approach. Offender supervisors (OSs) were not consistently sharing relevant information with others. Cases were appropriately allocated to facilitate greater contact with higher risk prisoners. There was limited custody planning for prisoners serving less than 12 months, but every prisoner had a named OS and there was evidence of early work to develop a form of custody planning for those not subject to the offender assessment system (OASys). The backlog of OASys assessments had been cleared. Assessments varied in quality and judgements made during the quality assurance process appeared over-generous.

- HP47 Most categorisation decisions were up to date. Reviews were conducted well, but there were unacceptably long waits for places in the open estate, particularly for prisoners on indeterminate sentences. Most home detention curfew (HDC) boards were conducted before HDC eligibility dates, and prisoners were released promptly thereafter. Public protection arrangements were good but the interdepartmental risk management team (IRMT) board was chaired at too junior a level. The use of ROTL

was limited to category D prisoners. Lifer days were well received. Lifer forums were held but not promoted sufficiently well, and some prisoners serving life sentences were unaware of them.

- HP48 There was a service to support prisoners with their accommodation needs. There was no evaluation of the effectiveness of this service. The resettlement team collated needs during induction and prior to release and offered appropriate assistance. These staff lacked specialist training, and opportunities to link their work to the offender management unit were not maximised. Health care pre-release clinics were effective and held regularly. Palliative care services had not been used but there were good links if they were needed. An up to date drug and alcohol strategy was in place, informed by an updated needs analysis. There were some good links with external drug services offering a good range of support. There was some reasonable provision around finance, benefit and debts, including help with opening bank accounts, but this was not sufficient and specialist advice services were not available.
- HP49 The visitors' centre was comfortable and appropriate information was on display. However, the restricted availability of Children's Links staff, who were responsible for support work with the children and families of prisoners, and the physical layout limited its welcome. Many good outcomes were being generated by children and families work. However, a lack of strategic direction and coordination meant that available resources were not deployed to optimum effect, particularly in the visitors' centre. The physical environment for visits was slightly cramped, but clean, bright and comfortable. Visitors told us that staff were relaxed and respectful.
- HP50 There was a good range of accredited OBPs, and waiting-lists were well managed. It was positive that a 'Healthy relationship' programme was being offered but waiting lists for both assessment and treatment were unacceptable.

Main concerns and recommendations

- HP51 Concern: While most prisoners felt safe, a significant number reported feeling victimised by both staff and other prisoners. This was reflected in our own survey as well as in that of the prison. The reasons for these perceptions were likely to be complex, but given the policy of zero tolerance to poor behaviour and active use of the IEP and adjudication processes to support this, it was important that these issues were better understood and prisoners' concerns addressed.

Recommendation: The prison should explore the negative perceptions relating to staff and prisoner victimisation revealed in local survey results and where necessary take action to address problems and concerns.

- HP52 Concern: The number of activity places had increased since the last inspection but had still not kept pace with the rise in the prisoner population. This meant that too many prisoners did not have sufficient purposeful activity, work, education or vocational training. This also reduced the time out of cell available to a significant number of prisoners. Given Stocken's primary function as a training prison this needs to be addressed.

Recommendation: The amount of purposeful activity should be increased to meet the population's needs.

HP53 Concern: A key element of offender management work is to encourage and motivate prisoners to engage in offence related work to reduce their future risk of reoffending. The size of caseloads for offender management unit staff did not facilitate or allow regular contact with prisoners subject to offender management (OM). This reduced the impact staff could have on prisoners' willingness to engage with their sentence plans. The lack of systematic recording of contact around resettlement work on P-Nomis further impeded a 'whole prison' approach to OM.

Recommendation: Caseloads should be reduced to permit regular and proactive contact with offenders, and all prisoner contact should be recorded on P-Nomis, promoting the greater effectiveness of offender management and sentence planning.

Section 1: Safety

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

- 1.1 Comfort breaks were not always offered to prisoners on long journeys to the establishment. Some prisoners arriving at lunch time were held waiting on cellular vehicles for lengthy periods of time. Escort staff were respectful and most prisoners felt safe during transit. Prisoners were needlessly handcuffed while being taken from the vehicle to reception.
- 1.2 Prisoners undertaking long journeys were not routinely offered comfort breaks. Prison escort vans were clean and well equipped and escort staff were polite and respectful to prisoners.
- 1.3 Reception was closed during the lunch time period and prisoners arriving then were held in the escort vehicles for up to an hour. Prisoners arriving outside the lunch period were disembarked swiftly into reception. Most prisoners were told in advance that they were going to the prison and in our survey 93% of respondents, compared with 89% in comparator prisons, said that their property arrived with them.
- 1.4 Most prisoners felt safe during their journey to the prison and the person escort record showed that where applicable prisoners were offered a meal and a drink.
- 1.5 All prisoners were handcuffed during the short distance from the escort vehicle to the reception area, which was not always proportionate to the risk.

Recommendations

- 1.6 Prisoners on journeys should be offered comfort breaks at least every two and a half hours. (Repeated recommendation 1.8)
- 1.7 Prisoners should be held in cellular vehicles for the minimum period possible and should be disembarked immediately on arrival. (Repeated recommendation 1.9)
- 1.8 Prisoners should only be handcuffed when leaving escort if an individual risk assessment finds this necessary.

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel

supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- 1.9 Reception procedures were reasonable and swift, although all prisoners were strip-searched. Reception interviews were not held in private, but health care interviews were. Access to a shower was satisfactory but new arrivals were not offered a free telephone call. There was an over-reliance on prison orderlies during the first night and induction process with minimal staff input. No first night risk assessment interviews took place. Most prisoners felt safe on their first night and handover arrangements were sound. The content of the induction was limited.
- 1.10 Reception was clean and welcoming, but small and cramped during busy periods. The four holding rooms were adequately equipped to keep prisoners occupied. Most prisoners arrived during the early afternoon and late arrivals were rare. The reception process was swift and in our survey 61% of respondents, compared with 50% in comparator prisons, said that they had spent less than two hours in reception. Reception staff were courteous and helpful to prisoners. All prisoners were subjected to a strip-search without an appropriate risk assessment having been undertaken, although they were carried out respectfully (see also sections on security and segregation).
- 1.11 The orderly officer briefly interviewed all new arrivals individually but not in private. It was difficult to establish the purpose of some of the questions asked, as they did not lead to any action. There was no Listener in reception but staff told us that they could access the one based in health care if required. Reception interviews were carried out in the main corridor, often within the sight and hearing of other prisoners. Health care staff saw all new arrivals in a private room.
- 1.12 All new arrivals were located on L wing, the first night and induction wing, and first night cells were clean and well equipped. There was no first night risk assessment interview to explore whether the prisoner had any concerns. Prison induction orderlies saw all new arrivals immediately to give them some basic information. In our survey many responses about support on arrival were less positive than in comparator prisons – 65% of respondents reported that they were not given sufficient assistance. Despite these issues, 88% of respondents said that they felt safe on their first night. Night staff handover arrangements were sound. Prisoners were not given a free telephone call on arrival, but were offered a £2 advance repayable at 50p per week. New arrivals were allowed association on the day they arrived during which they could have a shower and were given the opportunity to purchase a smoker's or non-smoker's pack.
- 1.13 In our survey, 92% of respondents said that they had been on an induction course; however only 57% said that the induction covered everything they needed to know. Induction started the day after arrival and was spread over a week. Induction orderlies gave a well presented talk about life at the prison, but the content was limited. Relevant issues not covered included diversity, violence reduction and incentives and earned privileges (IEP). Staff support and input in induction was limited and there was an over-reliance on prison orderlies.
- 1.14 The health care department, gymnasium and careers advisory information service (CIAS) also saw prisoners during induction. At the end of the induction prisoners could enrol on a paid two-week gym programme if they had not already been allocated employment. Prisoners were able to access activities quickly after arriving.

Recommendations

- 1.15 Prisoners should have a structured reception or first night interview, incorporating appropriate risk assessments. This information should be made available to first night staff. (Repeated recommendation 1.17)
- 1.16 The induction programme should cover all aspects of life at the prison and staff should actively oversee the process.

Housekeeping point

- 1.17 All prisoners should be offered a free telephone call on arrival. (Repeated housekeeping point 1.26)

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- 1.18 The robust approach to challenging all violent and antisocial behaviour provided a safe environment for most prisoners. Incidents of violence were low and prisoners felt safe. The identification of, and support for, some vulnerable prisoners and victims of violence or antisocial behaviour required improvement.
- 1.19 The number of violent incidents was low with 23 assaults and only 14 incidents related to bullying in the previous six months. In our survey, more prisoners than those in comparator prisons felt safe, but there were many negative responses relating to victimisation by other prisoners and staff.
- 1.20 The prison adopted a zero tolerance approach to all types of violence and antisocial behaviour through its promotion of the positive behaviour policy. The policy lacked depth but staff were knowledgeable about procedures and used them consistently to tackle all unacceptable behaviour. There was evidence of good joint working between departments to make the prison a safe place. We were confident that all incidents were reported and thoroughly investigated.
- 1.21 A three-stage strategy dealt with antisocial and violent behaviour including bullying. It started by monitoring the individual's behaviour, leading to demotion to the basic level of the IEP scheme for a period of time and finally segregation. Prisoners could move straight to the second stage if they were involved in a serious incident. In the six months before the inspection, over 100 prisoners had been subject to the second stage but only two had moved on to the third stage. There were no specific interventions to challenge poor behaviour but on the whole prisoners did not engage in further negative behaviour after being subject to the second stage. This gave us some assurances that the robust measures were making a positive contribution towards establishing a safe environment.

- 1.22 Support for victims was limited. Of the 83 victims identified in the previous six months, only 10 had a formal support plan, none of which were tailored to the individual; they only listed sources of support available in the prison.
- 1.23 Few prisoners were located in the segregation unit for their own protection, but between February and July 2012, 27 prisoners were segregated in residential units. These prisoners had poor access to the regime and inadequate support plans and were sometimes subjected to unacceptable abuse and intimidation from other prisoners. Some told us that they felt unsafe and uncared for.
- 1.24 There was no vulnerable prisoner strategy but most staff had a good understanding of vulnerability and many identified prisoners who did not access the full regime for a variety of reasons, including because they felt unsafe. The safer custody team was not sufficiently focused on these vulnerable prisoners, none of whom had a support plan.
- 1.25 Prisoners were surveyed regarding their views of safety but some of their perceptions were not acted on. Monthly safer custody meetings, which were attended by representatives from key departments, but not by prisoners, appropriately concentrated on relevant issues. Comprehensive data around indicators of violence and antisocial behaviour were collated but not always used effectively to analyse trends and patterns.

Recommendation

- 1.26 The identification of vulnerable prisoners should be improved and all prisoners should be kept safe from abuse and intimidation through individual support plans where necessary.

Self-harm and suicide

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 1.27 Too few staff were trained in safer custody procedures. The quality of assessment, care in custody and teamwork (ACCT) documents varied and some prisoners who were in crisis were not properly cared for or supported. Access to Listeners was good. Segregation and the removal of clothing from prisoners at risk of suicide or self-harm were not always used as measures of last resort.
- 1.28 ACCT documents, used to monitor prisoners at risk of suicide or self-harm, had been established following concerns on 114 occasions in the six months to July 2012. During the same period there were 74 incidents of actual self-harm, which was higher than in comparator prisons.
- 1.29 The quality of ACCT documents varied and few showed good care or meaningful engagement from staff. We saw some very good interaction with prisoners but also one particularly poor example involving a prisoner held in the segregation unit, where the reasons for this were not

properly justified. Too many prisoners on ACCT documents were located in the segregation unit without there being any exceptional circumstances to justify this.

- 1.30 Care maps were sometimes limited but reviews were mostly multidisciplinary with evidence of regular involvement from the mental health team. Some prisoners we spoke with were negative about the care and support they received from staff. Regular quality checks of ACCT documents sometimes identified shortfalls but were not effective in improving standards.
- 1.31 Only 77% of staff were trained in ACCT procedures. All staff we spoke to carried anti-ligature tools and were properly focused on the preservation of life in emergency life-threatening situations.
- 1.32 The 11 trained Listeners were properly supported and had good access to prisoners who were in crisis.
- 1.33 The report submitted to the monthly safer custody committee (see section on bullying and violence reduction) included all relevant self-harm data, and there was some evidence of trend analysis.
- 1.34 Despite the availability of other constant supervision cells, only the one in the segregation unit was used, which was inappropriate for prisoners in crisis. The removal of prisoners' clothing was not always properly logged or authorised or used as a last resort measure.
- 1.35 A good range of counselling services was available and accessed by prisoners. It was positive that those on ACCT documents or in crisis were fast tracked for counselling.

Recommendations

- 1.36 All staff should be trained in ACCT and safer custody procedures and the care offered to prisoners in crisis and the quality of ACCT documents should be improved.
- 1.37 Prisoners on ACCT documents should only be located in the segregation unit or have their clothing removed as a last resort and in exceptional circumstances, and when this happens it should be properly logged and authorised.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

- 1.38 The identification of and support for prisoners at risk was inconsistent. For the few prisoners who had been identified, appropriate multi-agency support was in place. The mental health team had made some links with the local safeguarding board.

³ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

- 1.39 There was no strategic approach to the safeguarding of prisoners at risk. A policy existed but it was not properly focused or widely known of by staff. Procedures to identify prisoners at risk were inconsistent and the prison was not appropriately focused on safeguarding issues.
- 1.40 Some prisoners with complex needs received multi-agency case reviews and individual support plans and the mental health team had some links with the local safeguarding board (see sections on bullying and violence reduction, self-harm and suicide and delivery of care (mental health)).

Recommendation

- 1.41 The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

- 1.42 The flow of information into the department was good and security information reports (SIRs) were dealt with efficiently. The security committee was appropriately set up, with good representation from relevant areas of the prison. Dynamic security was generally effective and supported by good staff-prisoner relationships but a few security procedures were disproportionate. The positive mandatory drug testing (MDT) rate was low but this masked issues relating to diverted prescribed medications.
- 1.43 Important elements of dynamic security were in place. Relationships between staff and prisoners had improved and supervision arrangements in residential units during association were better than during our last inspection.
- 1.44 The security committee was structured appropriately and meetings were well attended by managers and staff representatives from relevant areas within the establishment.
- 1.45 Meetings, which were held every month, were well supported. The standing agenda was comprehensive and included an analysis of the SIRs. Monthly security objectives were agreed following the appropriate consideration of intelligence.
- 1.46 On average, the security department was receiving over 400 SIRs every month. Intelligence was being effectively communicated to other areas of the prison, particularly the safer custody coordinator and drug strategy committee. This allowed them to make informed decisions so that necessary action could be taken. Links with other departments were also well developed. Information received by the security department through SIRs was communicated promptly; and responses were timely.
- 1.47 Risk assessment and management systems were usually effective and included the use of information about the prisoner's recent custodial behaviour as well as historic data to inform assessments. The prison maintained a register to identify all risks associated with education

areas and workshops, outlining the type of prisoner that could safely attend and what measures were needed to manage identified risks.

- 1.48 Visits restrictions were mostly proportionate and many related to trafficking drugs or other contraband. At the time of the inspection, 22 prisoners were subject to closed visits. Visits restrictions were nearly always for a three-month period, despite monthly monitoring by security managers.
- 1.49 Some of the disproportionate security measures we were critical of during the last inspection had been dealt with and there was evidence that the prison had made progress on managing risk. Movement around the establishment was not over-controlled and prisoner peer supporters had free access to all wings. The blanket policy of restricting prisoners to using one language during telephone calls had ended; blocking PIN telephone numbers for those switching to other languages rarely took place and only following a risk assessment. However, there remained other excessively restrictive practices. For example, strip-searching was often carried out routinely and the double handcuffing of prisoners on escort was not always proportionate to the risk they presented.
- 1.50 There was an overarching drug supply and reduction strategy in place and evidence that organised security arrangements were helping to drive down the use of illicit drugs. The random MDT positive rate was low and averaged less than 4%. The number of requests for suspicion testing – 66 in the six months prior to inspection – were low but testing took place swiftly. The success rate was adequate at 25% positive. Overall MDT was well monitored and resourced.
- 1.51 The diversion of prescribed medication was a problem with random and suspicion tests for tramadol since April showing a combined positive rate of 7.2%, more than twice the statutory random rate. Eight per cent of prisoners compared with 6% in comparator prisons said that they had developed a problem with diverted medication (see section on health services).
- 1.52 The MDT suite and holding cells were insufficiently clean, with graffiti on the walls in the holding cells.
- 1.53 Prison Service and local rules were published and displayed on notice boards in all residential units. Rules were explained to individuals during their induction and prisoners were required to sign compacts that acknowledged their receipt and that they understood them.

Recommendation

- 1.54 **Prisoners should not be routinely strip-searched unless an individual risk assessment deems it necessary.** (See also sections on early days in custody and segregation.)

Housekeeping point

- 1.55 The MDT suite and holding cells should be kept clean, tidy and free from graffiti to ensure a suitably forensic and respectful testing environment.

Incentives and earned privileges⁴

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- 1.56 There was evidence that the IEP scheme was being used strategically to encourage responsible behaviour. The unit for prisoners on the enhanced regime on G and J wings were popular and were seen as effective incentives. Prisoners were usually promoted or demoted on the basis of published criteria but there were a few examples where this was not the case.
- 1.57 An IEP policy document had been reviewed and published in February 2012. It described how the system worked, how prisoners could progress through the levels, and the standards of behaviour expected. All prisoners had signed compacts.
- 1.58 The document described the usual three incentive levels – basic, standard and enhanced. New arrivals were placed on the standard level unless they had earned enhanced status at a previous establishment. At the time of inspection, 45% of prisoners had enhanced status and about 2% were on the basic level. The scheme offered differing levels of access to private cash, computer games, visits and time out of cell.
- 1.59 G and J wings were designated enhanced units. Accommodation was of a good standard and single cells were well equipped. Prisoners had access to a well kept garden and were unlocked during the whole of the core day. Not all prisoners on the enhanced level were located in these house blocks and at the time of the inspection more than 43 of them were on waiting lists.
- 1.60 Prisoners on the basic level received a case review every seven days. The basic regime provided prisoners with support; they were fully involved in purposeful activity, were allowed some association and received telephone access during the evening. Demotion within the scheme was normally the result of a pattern of behaviour.
- 1.61 The scheme was being used strategically to support what was described as a zero tolerance to violence and there was some evidence that it had an impact on encouraging responsible behaviour (see also section on bullying and violence reduction).
- 1.62 Prisoners were considered for immediate demotion to the basic level due to single acts of violence (usually after an adjudication), alleged bullying following an investigation or drug offences. In our survey 51% of respondents said that the scheme encouraged them to change their behaviour. This was better than in comparator prisons (47%).
- 1.63 The application of the scheme was usually well managed and the quality of the review following adjudication was generally good. Many prisoners reported that the scheme was not being applied fairly and we saw two examples of a prisoner being demoted to the basic level for a single petty infringement of the rules. In our survey 52% of respondents said that the scheme was being applied fairly to them.

⁴ In the 2010 report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

Recommendation

- 1.64 The IEP scheme should be operated fairly and demotion to the basic level should not be as a result of petty infringements of rules.

Disciplinary procedures

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.

1.65 The number of formal adjudications was high and represented a significant rise since the last inspection. Most hearing records showed that proceedings were conducted fairly and that punishments were appropriate and consistent, but some records did not indicate that prisoners had been given the opportunity to present their account of events. There had been an increase in the overall use of force since the previous inspection but the number remained similar to other category C prisons. The quality of use of force forms was generally good and gave assurances that force was used only as a last resort; however, we saw an example where de-escalation was not used as the preferred response. Living conditions in the segregation unit were reasonable but staff-prisoner relationships were mixed. Case management arrangements were not well developed and the regime for long stay prisoners was poor.

1.66 The number of formal adjudications was high at about 931 in the six months prior to inspection. This represented an increase of about 350 formal adjudications since the last inspection. The most common charges were disobeying lawful orders, unauthorised possession of drugs and threatening behaviour. The adjudication room was appropriate and equipped with a copy of prison rules. The adjudication waiting room was bare and failed to provide prisoners with anything to do; they could be waiting there for over two hours.

1.67 Most hearing records we examined showed that proceedings were conducted fairly and that punishments were appropriate and consistent. However, there were a few records, which failed to indicate that prisoners were given the opportunity to explain fully their version of events. Monthly statistics on the number and nature of adjudications were presented to the senior management team. These were noted, categorised and communicated to managers to identify and address trends. Adjudication standardisation meetings took place quarterly and were usually chaired by the governor. They were well attended by adjudicators and minutes reflected good standards of discussion. Punishment tariffs had been published and were used consistently at formal hearings.

Recommendation

- 1.68 All prisoners should be given the opportunity to explain fully their version of events relating to a charge.

The use of force

- 1.69 Given the size of the prison, incidents involving the use of force were not excessive. There had been 114 incidents in the seven month period prior to the inspection. Of these, about 25% did

not involve full control and restraint techniques, 30% were planned interventions and 70% were spontaneous. These numbers were higher than those found during the previous inspection, but remained comparable with other large category C prisons.

- 1.70 Monitoring arrangements were reasonable and there were good links between those responsible for violence reduction, the security committee and the senior management team. All incidents were discussed at the monthly security and safer custody meetings. The head of security and a nominated use of force coordinator checked all use of force documentation. Information, including the nature of the incident, its location and the ethnicity and age of the prisoner, was collated each month and presented for analysis; this dealt with any emerging patterns and trends.
- 1.71 Spontaneous and planned intervention was well organised, properly carried out and on the whole, documentation was completed correctly. The name of the person authorising the use of force was recorded; senior staff appropriately supervised all incidents and interventions were recorded on video.
- 1.72 An examination of documentation indicated that force was generally only used when it was reasonable in the circumstances and was proportionate according to the incident. However during our inspection, we identified a case where de-escalation techniques were not used sufficiently by officers during an incident in the segregation unit.

Segregation

- 1.73 Accommodation in the segregation unit consisted of 19 cells on a single landing and included: one special cell; one gated safer cell; an unfurnished de-escalation room and two further modified cells designated to accommodate prisoners on dirty protests.
- 1.74 Living conditions were reasonable but some cells were grubby and had graffiti on walls and notice boards. Communal areas were clean and reasonably maintained and up to date information was clearly displayed on notice boards. The showers were screened and working properly.
- 1.75 At the time of our inspection, nine prisoners were in the segregation unit. This was typical; the total number of segregated prisoners throughout the year averaged at about 40 prisoners per month. The average length of segregation was about nine days, which was comparable with other large category C prisons. However, this masked the fact that a smaller but significant number of prisoners had been segregated for much longer. We found, for example, that segregation periods of between 20 and 30 days were not unusual.
- 1.76 All prisoners were strip-searched on admission to the segregation unit regardless of the level of risk they presented. As at the last inspection, officers told us that there was no mandatory strip-search policy, but the establishment searching policy identified 'location onto the segregation unit' as one of the occasions when a strip-search was to be conducted (see also sections on early days in custody and security).
- 1.77 Prisoners were offered a basic regime that included daily showers, exercise and access to telephones and a small selection of books; however, they were provided with little meaningful to do. In-cell education was not offered to longer stay prisoners, and they could not attend workshops or education classes with other prisoners. There was no access to the prison library and although we were told that prisoners could attend a gym session every week, we could

find no evidence that this ever happened. Nearly all prisoners remained unoccupied and locked in their cells for nearly the whole day.

- 1.78 Planning systems to allow prisoners who had been segregated under good order or discipline to return to a normal prison location were poorly developed. Although segregation reviews were completed on time, there was little information to show that progress was being monitored or acted on. Although individual care plans had been prepared for all longer stay prisoners, they contained little information concerning any required action or desired outcome. Behaviour targets were not being set and staff were not engaged in the planning process.
- 1.79 Relationships between officers and prisoners were also disappointing. Although we saw examples of staff engaging positively with prisoners, many relationships we observed were distant. Officers were sometimes dismissive of prisoners and often appeared disinterested in their care or wellbeing.

Recommendations

- 1.80 Multidisciplinary care planning should be developed for longer stay prisoners.
- 1.81 The regime in the segregation unit should be improved and include more purposeful activity.
- 1.82 Relationships between segregation unit officers and prisoners should be improved.

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- 1.83 Substance misuse services were in transition. Services were performing reasonably well individually but clinical and psychosocial services were insufficiently integrated. More focus was needed to encourage prisoners to move from maintenance to reduction and some group based interventions were on hold. Services for alcohol users had improved but more were needed to meet the demand.
- 1.84 The prison was going through a period of change in relation to the agencies providing clinical and psychosocial drug and alcohol services. The new provider, Nottinghamshire Healthcare NHS Trust, had taken over only a week before the inspection and an up to date needs analysis had been delivered in June 2012, making sound recommendations for improvements in both services. Some staff were nervous about the future as they had been told that there would be a number of changes. Given the upheaval, we felt that these services were performing very well individually. Prisoners were particularly encouraging in their praise for the psychosocial drug and alcohol recovery team (DART) workers.
- 1.85 However, there was evidence of insufficient integration between the clinical and psychosocial services, resulting in fewer joint clinical reviews for prisoners on opiate substitution. Steps were being taken to improve joint working, but at the time of the inspection there was still a way to go. It appeared that the lack of joint working was, in part, reflected in the relatively large

number of prisoners who were still on methadone maintenance. Forty-four prisoners were on maintenance doses, 30 on reduction and 13 were under review.

- 1.86 There were no regular multidisciplinary meetings and clinical reviews did not always include all necessary relevant stakeholders. We were told that all these issues were priorities for improvement under the new service provision.
- 1.87 All accredited drug and alcohol group-based programmes had been on hold for several months pending the establishment of the new service provider, resulting in some frustration among prisoners who were keen to make progress on recovery.
- 1.88 Alcohol services had improved greatly since our last inspection, however needs were still greater than could be met. This was underlined by our survey – more prisoners than in comparator prisons reported alcohol problems on arrival (22% compared with 16%) whereas fewer than in comparator prisons reported having received help for their alcohol problems (54% compared with 65%).
- 1.89 A specialist alcohol worker was now in place delivering an excellent range of in-depth services to alcohol dependent prisoners and those with alcohol-related brain damage and dementia. Services for prisoners with lower level alcohol-related issues were also being developed by other DART workers. There was still room to expand these services.

Recommendations

- 1.90 The integration of clinical and psychosocial drug and alcohol services should be implemented without delay.
- 1.91 Drug and alcohol group work programmes should be re-introduced without delay.
- 1.92 Additional specialist alcohol workers should be deployed to address the high level of need for such services.

Section 2: Respect

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

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. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1 Cleanliness in communal areas varied. Cells were clean and adequately furnished but some in-cell toilets were insufficiently screened and a number of cells for one held two prisoners. Access to showers was good but some were dirty and had no privacy screening. Most prisoners could wear their own clothes, but there were too many restrictions on where they were allowed to do this.
- 2.2 Communal areas were bright and well equipped. Standards of cleanliness on wings varied, with some of the older wings grubbier than the newer wings; outside areas were well maintained and pleasant.
- 2.3 Most cells were in a good state of repair and adequately furnished. With the exception of G, I and J wings, toilet screening in cells was insufficient. The offensive display policy was adhered to and there was very little graffiti. Cells designed to hold one prisoner were inappropriately used to hold two.
- 2.4 Most cells were clean and prisoners told us that they could access cleaning materials easily. In our survey, more respondents than in comparator prisons said that their cell call bells were answered within five minutes. Our own observations concurred with this.
- 2.5 Prisoners had privacy keys and lockable cupboards.
- 2.6 In our survey, 98% of respondents compared with 91% in comparator prisons, said that they could shower every day. Access to a daily shower was unrestricted and prisoners living in G and I wings had showers in their cells. Communal showers on the older wings were grimy. Some shower areas had no privacy screening.
- 2.7 Most prisoners said that they received clean sheets on a weekly basis and that the standard of the bedding was adequate.
- 2.8 Prisoners on the standard and enhanced levels of the incentives and earned privileges (IEP) scheme were allowed to wear their own clothes, but only prison clothing could be worn outside the wing. Small laundries were available on all the wings and a weekly rota system was in place.
- 2.9 In our survey, more prisoners than in comparator prisons said that they were offered clean, suitable clothes for the week. Prison clothing was in an acceptable condition, but there were issues with the correct amount of stock at each weekly kit exchange.

- 2.10 In our survey, most prisoners were more satisfied with the application process than those in comparator prisons. The system worked well and prisoners told us that staff dealt with applications informally.
- 2.11 In our survey, only 17% of prisoners compared with 31% in comparator prisons said that they could access their stored property if they needed to. The prison had worked hard to alleviate the issue and there was no backlog of applications during the inspection.
- 2.12 Access to the telephone was satisfactory and there were no concerns relating to incoming and outgoing mail. Information on wing notice boards was sparse.

Recommendations

- 2.13 **Two prisoners should not share cells meant for one.** (Repeated recommendation 2.11)
- 2.14 **Showers and in-cell toilets should be adequately screened to provide privacy and separation from the living area.**
- 2.15 **Prisoners on the standard and enhanced levels of the incentives and earned privileges scheme should be allowed to wear their own clothes around the establishment.** (Repeated recommendation 2.20)

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

- 2.16 The quality of relationships between staff and prisoners had improved and was now good. We saw officers who engaged positively with prisoners and who were responsive to requests for assistance and there were some good interactions during association periods. Consultation arrangements had improved. Most prisoners had a personal officer and contact with them was regular although their focus on resettlement issues remained under-developed.
- 2.17 Most prisoners in our survey said that staff treated them with respect and that they had a member of staff they could turn to for help. The interactions we observed confirmed this positive picture, and staff were usually responsive to requests for information and assistance. Disabled prisoners were less positive about the quality of relationships in our survey. First and preferred names were used, although this was not routine.
- 2.18 Staff were adopting a zero tolerance approach to poor behaviour, which they were challenging, but the day to day approach was collaborative rather than confrontational.
- 2.19 Consultation with prisoners had improved and the monthly prisoner forum covered a range of relevant topics. There was evidence that the issues raised by prisoners were being taken seriously.
- 2.20 In our survey, more prisoners than in comparator prisons said that they had a personal officer who was helpful and there was evidence of regular contact. Recorded entries in case files demonstrated regular contact between personal officers and prisoners but revealed limited

knowledge of the prisoners as individuals. There was some evidence that resettlement issues were being highlighted, although this was not happening as a general rule.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.21 There was a reasonable strategic approach to the management of equality and diversity (E&D). Monitoring of diversity was good but did not include all protected groups. Disabled prisoners were negative about many aspects of life at the prison. There was a lack of forums to provide prisoners from specific groups with the opportunity to meet and discuss issues of mutual interest. The respected E&D officer was overstretched because the roles of the wing diversity officers had not been clearly defined or coordinated.

Strategic management

- 2.22 There was a comprehensive E&D policy, which covered the necessary legal framework, and included three locally identified subgroups but this was not based on a needs analysis of the population.
- 2.23 The governor was chair of the diversity and equality action team (DEAT), and a full time E&D officer covered all strands of equality and diversity. Each wing had a nominated diversity officer, but their roles had not been clearly defined or coordinated. There were 14 prisoner representatives, who met regularly with the E&D officer. They were visible and most had gained a National Open College Network level 1 in diversity.
- 2.24 DEAT meetings were held every two months and were well attended, but not all departments were consistently represented. Prisoner representatives attended on a rota basis. The agenda for the DEAT did not cover all the protected groups, and there was no external representation.
- 2.25 Action points from the DEAT and equality impact assessments (EIAs) were included in the diversity and equality action plan (DEAP). Actions were progressed promptly and the plan updated regularly.
- 2.26 There was a well monitored programme for the completion of EIAs. Nine had been completed, and five more were due for completion between September 2012 and January 2013.
- 2.27 Diversity monitoring covered nationally agreed criteria and additional monitoring of disability and faith was also carried out. The results of equality monitoring were available to staff and prisoners on wings.

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.28 Diversity incident report forms (DIRFs) were freely available on all wings. So far this year, 107 DIRFs had been submitted, compared with a total of 102 in 2011. This was in part due to a significant rise in the population and a focus on challenging inappropriate language. DIRFs had been answered promptly and responses were polite and dealt fully with prisoners' concerns; however, there was no external validation of the quality and integrity of the process. Measures were in place to support the victims of discrimination incidents.

Recommendations

- 2.29 **The single equality policy should be based on a needs analysis of the population and these and the diversity and equality action team (DEAT) meetings should reflect an equal focus on all aspects of diversity.** (Repeated recommendation 4.9)
- 2.30 **Representatives from an external agency specialising in diversity and equality issues should be invited to attend DEAT meetings and quality assure DIRFs.**

Protected characteristics

- 2.31 Most staff had received 'Challenge it, change it' training, and 43 had attended faith awareness training. Staff we spoke to had a reasonable awareness of E&D matters.
- 2.32 There was a process in place to identify prisoners convicted of a racially aggravated offence or who had been involved in an incident of racist bullying. The safer custody manager maintained a log of these prisoners and placed alerts in the case files on the prison database P-Nomis. In our survey the responses of black and minority ethnic prisoners were similar to those of white prisoners in key areas of respect and safety.
- 2.33 Prisoners completed a confidential diversity questionnaire during induction. The data was used for monitoring purposes, but did not include all the protected characteristics. There was no provision for prisoners from the Gypsy, Roma, or Traveller communities.
- 2.34 There was a fortnightly support group for ex-servicemen and a representative from the Royal British Legion visited regularly. Combat Stress, a mental welfare organisation for veterans, had set up a free 24-hour helpline for this group.
- 2.35 There were eight foreign national prisoners at the time of the inspection, and a comprehensive foreign nationals policy was in place. A notice on each wing advised prisoners in nine languages that they could request printed information in their own language. Immigration matters were referred to the prisoner administration manager, who had a working knowledge of immigration matters. There were no formal links with the UK Border Agency.
- 2.36 Foreign national prisoners received their statutory entitlement to letters and a free five-minute monthly telephone call overseas, but only if they had not had a domestic visit in the preceding month.
- 2.37 The prison used computer software to translate documents, and a list of staff who spoke other languages was maintained. There had been no recorded use of translation services since our last inspection.
- 2.38 Prisoners declared any disabilities during the reception and induction process. There were 75 prisoners on the disability register (8% of the population), but we found that there had been some under-reporting from a number of departments; in our survey, 14% of respondents

indicated that they had a disability. Fourteen prisoners had personal emergency evacuation plans and there was good signage to alert staff to them. Cell cards for these prisoners displayed the names of the designated prisoner helpers.

- 2.39 In our survey, disabled prisoners were significantly more negative about most aspects of life at the prison than other prisoners. Many we spoke to complained that it took too long to see the E&D officer and outlined frequent problems obtaining their medication or seeing medical staff.
- 2.40 There were four very good adapted cells on K and L wings and there were lifts on K and M wings. Other adaptations, including grab rails and furniture, were supplied on an individual basis. Documents could be provided in Braille if required and notices were published on blue paper to assist those with dyslexia. A cell was being adapted on I wing to cater for prisoners with dementia. Corridors had been painted in colours that were suitable for dementia sufferers.
- 2.41 There was a comprehensive transgender policy but there were no known prisoners from this group at the time of our inspection.
- 2.42 There were three self-disclosed gay prisoners, who received valued one to one support from the E&D officer. LOTUS, an external agency, had been identified to support this group.
- 2.43 There was a policy document for older prisoners, and a mutual support group 'The good companions' had met for the first time in July. There were 90 prisoners over the age of 50. Older prisoners who were retired or unfit to work were unlocked during the working day, but we found that prisoners over retirement age were still paying for their TVs.

Recommendations

- 2.44 **Mutual support groups should be established for all protected groups, including Gypsy, Roma and Traveller groups and prisoners with disabilities. The reasons behind disabled prisoners' negative perceptions should also be explored with prisoners and any issues addressed.**
- 2.45 **Services for foreign national prisoners should be developed to include independent immigration service advice and the prison should re-establish links with the UK Border Agency to assist foreign national prisoners with immigration matters. (Repeated recommendation 4.34)**
- 2.46 **Foreign national prisoners should be able to make a free overseas telephone call, irrespective of whether or not they receive visits. (Repeated recommendation 4.36)**
- 2.47 **Prisoners should have access to accredited translation and interpreting services wherever accuracy or confidentiality is important.**

Housekeeping points

- 2.48 Prisoners over retirement age should not pay for their TV.
- 2.49 The confidential diversity questionnaire should include all the protected groups.

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.

- 2.50 All major faiths could attend corporate worship regularly, and a good range of support was offered by the chaplaincy team. Services were well advertised and there were good links with community groups to ensure prisoners had access to faith support on discharge.
- 2.51 The chapel and multi-faith room offered a pleasant environment for corporate worship. The multi-faith room easily accommodated the 60 to 70 Muslims who attended Friday prayers. Ablution facilities were poorly designed and did not take into account the needs of older or disabled men.
- 2.52 There were faith leaders for all represented denominations except Mormons and Rastafarians. Corporate worship took place every week for most faiths and every two weeks for Buddhist, Jewish and Pagan faiths, with services lasting for two hours rather than one.
- 2.53 Only 44% of prisoners, compared with 55% in comparator prisons, said that they had access to a chaplain when they first arrived; 42% compared with 51% said that they were given information about the chaplaincy when they first arrived. Despite this we observed that chaplaincy staff did make themselves available to newly arrived prisoners.
- 2.54 Monitoring of faith provision was good, and there was a well advertised programme of religious services and faith study groups. Prisoners did not have to apply to attend corporate worship.
- 2.55 The chaplaincy team worked harmoniously and were highly visible around the prison. A monthly publication advised staff and prisoners about forthcoming religious festivals.
- 2.56 The chaplaincy team supported prisoners following a bereavement or loss.
- 2.57 There were good links with community groups, such as the St Phillips Centre in Leicester, which helped prisoners to access faith support in the community after release.

Housekeeping point

- 2.58 Ablution facilities should be suitable for older and disabled prisoners.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which 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.

- 2.59 Monitoring of complaints was generally good and responses polite, but some had not fully addressed the concerns raised. Complaints about staff were answered at too low a level, and many had not been sufficiently investigated.
- 2.60 Complaint forms and information about submitting a complaint were available on all wings. More prisoners than in comparator prisons said that it was easy to make a complaint. The number of complaints pro-rata to the population was similar to last year, but there had been a large increase in those related to the IEP scheme (see section on incentives and earned privileges).
- 2.61 In our survey, 40% of prisoners, which was more than in comparator prisons, said that complaints were dealt with fairly, and more than half said that they had been dealt with promptly (within seven days). Of the 195 complaints that had been appealed by prisoners so far this year, 38 had been upheld.
- 2.62 Responses to complaints were generally polite, but some did not fully address the concerns raised. Complaints against staff were answered at too low a level, and many were not sufficiently investigated.
- 2.63 Monitoring of complaints was generally good. Senior managers carried out a weekly quality check of a sample of answered complaints.

Recommendation

- 2.64 Complaints against staff should be fully investigated by staff at an appropriate level.

Housekeeping point

- 2.65 Management checks should ensure that responses to complaints fully address the matters raised.

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- 2.66 There were no trained legal services officers and prisoners were generally provided with limited information about legal services.
- 2.67 There were no trained legal services officers. Appellant information was usually delivered by offender supervisors through the offender management unit, or directly by prisoners' solicitors.
- 2.68 Published information for prisoners was limited and we observed that staff were generally unable to offer any advice or signposting to services. There was little information in the induction programme about access to legal services but good legal reference materials were available in the library.

- 2.69 A register of appellants was kept by the prisons custody office and there was no evidence that prisoners' ability to deal with their cases was being impeded.
- 2.70 Access to legal visits appeared good and facilities to meet in private were adequate. Legal visitors we spoke to seemed satisfied with the arrangements and said that it was easy enough to book a visit and that there was adequate privacy. However, in our survey prisoners were less positive; 48% of respondents said that access to legal visits was good. This was lower than in comparator prisons (54%).

Health services

Expected outcomes:

Prisoners are 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 elsewhere in the community.

- 2.71 Health care provision had improved and we saw good examples that underlined how the recommendations made at our previous inspection had been addressed. There was good partnership working within the prison and governance arrangements were effective. We received mixed feedback from prisoners about the quality of health provision but there were positive comments about treatment and care. The main complaints were about slow access to primary care, inconsistent pain management and long waiting times for the dentist. There was a good range of nurse-led clinics. Pharmacy services were reasonably good. Action was being taken to address the high use of medication liable to abuse. However, we noted that there was no pain management clinic and medical services were temporarily reliant on locum doctors. Dental services were adequate and the waiting lists for appointments were reasonable, although prisoners were not always informed that an appointment had been made. Mental health services were good.

Governance arrangements

- 2.72 Health services and pharmacy supplies were commissioned by NHS Leicestershire County and Rutland Primary Care Trust. Primary health care services, including the pharmacy staff, were provided by Nottinghamshire Healthcare NHS Trust, and Nottinghamshire NHS Foundation Trust ran mental health services. Medical services were provided by locum GPs while the regular GP was on maternity leave.
- 2.73 Overall, governance arrangements were good with effective reporting systems in place. There was a comprehensive and up to date health needs assessment that addressed the physical, substance use and mental health needs of prisoners. Policies and procedures were in place and were available electronically.
- 2.74 We were pleased to see a great deal of progress since the last inspection in 2010. Following a successful recruitment campaign new staff had been appointed. Clinical and managerial supervision was available as was a programme of training.
- 2.75 The health care department offered a clean and modern environment. An infection control audit had been carried out for the department. Emergency resuscitation equipment was available, including oxygen and automated electronic defibrillators. A full range of first aid

equipment was lacking and there was no documentation to identify if first aid boxes had been regularly checked. All nurses were up to date with basic life support. There were five first aid trainers in the prison and plans were in place to ensure that enough officers were up to date with first aid and defibrillator training. There was an emergency situation during the week of the inspection and we noted a calm response from staff. There was timely attendance by paramedics.

- 2.76 We observed some respectful interactions between health care staff and prisoners, and received a number of compliments from prisoners about clinical staff. Some prisoners were very positive about health services. However feedback was mixed and we received a number of complaints about long waiting times for the dentist and we were told that access to primary care services could be slow. While only 42% of prisoners stated that the quality of services was good or very good this was significantly better than responses received during the previous inspection (25%).
- 2.77 We noted that action was taken to address prisoners' concerns when complaints were received. The positive 'You said ... we did' initiative saw prisoners comment about the service, with responses presented in a poster displayed on the wings. Prisoners were also asked to comment on health care services through a postcard survey and a health care forum had been set up with representation from all wings. There was insufficient access to the NHS complaints system as complaints were administered and monitored by the prison. We were concerned about the confidentiality of this information.
- 2.78 Prisoners were given information about access to prison health services; however this could have been enhanced so that prisoners knew what to expect and what was available, potentially reducing the number of complaints.

Recommendations

- 2.79 There should be a full range of first aid equipment that is regularly checked and documented. There should be sufficient officers trained to use emergency equipment.
- 2.80 Action should be taken to identify and address prisoner concerns about health care provision through the employing NHS organisation.

Delivery of care (physical health)

- 2.81 Overall health services were safe and accessible. No in-patient care was offered. SystmOne, the electronic clinical record system, and a reception screening tool were used to identify and document patients' needs on arrival. A comprehensive health assessment was carried out within 72 hours. Record keeping varied and we noted some clinicians used abbreviations that were not easy to understand. Documentation relating to clinical decisions was not always clear and plans for treatment and care were not always recorded. Record keeping audits were not undertaken – this had been identified as an issue following a death in custody review carried out by the Prisons and Probation Ombudsman (PPO). Storage of records was compliant with data protection and Caldicott guidance, which focuses on the confidentiality of personal health information.
- 2.82 In our survey only 22% prisoners said that it was easy or very easy to see the doctor, which was lower than in comparator prisons. Despite this, there was good access to medical services, although there was a reliance on locum GPs while the regular GP was on maternity

leave. There was access to a genito-urinary specialist, podiatrist, optician and a physiotherapist.

- 2.83 There were good links with the gym, where a wide range of rehabilitative support for prisoners with chronic conditions, including pain, was offered. Prisoners on strong analgesia were only supported to use the gym for remedial exercise under the direction of a physiotherapist. The gym no longer provided smoking cessation groups, which would have complemented the health care provision and been beneficial.
- 2.84 We were pleased to hear that the prison had successfully bid for, and received, funding to develop services for people with memory problems. Work had commenced, in collaboration with prisoners, to adapt a cell on I wing, improve signage and put in place an identified colour scheme in key areas to help people with dementia. There were plans to expand the waiting area in the department by the end of the year. Nurses had been offered training to develop special interests and lead roles. It was positive that health promotion and illness prevention was becoming a focus for future developments.
- 2.85 The waiting lists for appointments were confusing and prisoners reported that they did not always know when their appointment was, particularly those for the dentist. Prisoners were uncertain about the effectiveness of the morning triage system. They did not always understand why they needed to see the nurse prior to the GP. In our survey 46% of prisoners said it was easy or very easy to see the nurse, which was lower than in comparator prisons (59%). These areas would have benefited from monitoring, as we received a number of verbal complaints during the inspection which indicated some communication problems regarding prisoners' treatment.
- 2.86 The administrators managed outside hospital appointments. There were four escort opportunities every day, which was sufficient. There were good working relationships with the prison to ensure prisoners had access to external appointments without undue delay. This was a vast improvement since the last inspection.

Recommendations

- 2.87 Record keeping audits should be undertaken to ensure clinical decisions and plans for treatment and care are clearly explained.
- 2.88 Action should be taken to improve health promotion activities across the prison.
- 2.89 Prisoners should be informed when their application for health services has been received.

Pharmacy

- 2.90 The pharmacy at HMP Glen Parva supplied the prison with medicines. Pharmacy technicians dispensed medicines from the main health care department, while nurses administered medication from L, M and K wings. Pharmacy technicians were also available to provide medicine advice to patients, including offering information about side effects and carrying out limited medicines reviews. There were no pharmacy-led clinics although the pharmacist would see a patient if required. A pharmacist visited the prison weekly and had daily access to SystmOne if required.

- 2.91 The in-possession policy had been reviewed, but the risk assessment did not match up to the policy; risk assessments were carried out on admission but were not recorded as having been updated. Decisions about in-possession medication were made on an ad hoc basis by the doctor with no reason recorded. In our survey, 91% of prisoners, significantly more than in comparator prisons, said that they had some or all medication in possession.
- 2.92 Three-times-a-day doses were not given eight hourly. Night time doses were given too early or as in-possession single tablets at weekends, even though patients did not have them in possession during the rest of the week. There was no risk assessment of this practice. The supervision of prisoners by officers had been reviewed, considerably improving the medication queues for the administration of medicine – an area of major concern at the 2010 inspection.
- 2.93 The stock ordering system appeared to be robust. Medicines were stored in suitable conditions and the environment of the pharmacy and treatment rooms was excellent. Staff's understanding of how to store thermolabile products was excellent – for example, when a power cut had compromised the fridge stock, correct remedial action was taken. Temperatures were monitored accurately. Some reference sources were found to be out of date.
- 2.94 Prescriptions, which were signed by the doctor, were generated using SystemOne; these were faxed to the local pharmacy provider which dispensed them, supplying them on the same day if necessary. A pharmacist visited the prison once a week. Methadone prescriptions were based on a proforma. One prescription, which had been signed, did not state the dose or quantity, which meant it could have been filled in by another person. The buprenorphine prescriptions referred to the dose in milligrams rather than to dosage units – this meant that nurses had to calculate the number of tablets they had to provide every day; this could have led to errors and was not compliant with Home Office guidance. Access to the controlled drugs cabinets was by entering a numerical code; there was no audit of who had accessed the cupboard at any time.
- 2.95 A limited number of patient group directions (PGDs) (clinical indicators enabling health care professionals to supply and administer medications to patients with identified symptoms) were in place; an expansion of these would have allowed swifter treatment without referral to the doctor. There was a good use of patient requests for repeat prescriptions, which staff monitored to ensure that essential supplies were in stock.
- 2.96 The regular medicines management committee meetings were reasonably well attended. Standard operating procedures were in place, and medicine use and prescribing data were reviewed, providing feedback to the medicines and therapeutics committee meetings at prison level, which pharmacists attended. The regular review of prescribing data included specific reviews on medicines subject to abuse.
- 2.97 Action was being taken to address pain management and reduce the use of pregabalin, gabapentin and tramadol. We supported this action but noted that there was no pain management clinic; at the time of the inspection the use of temporary locum doctors was having an impact on the consistency of approach.

Recommendations

- 2.98 There should be pharmacy-led clinics and medicine use reviews for the prison population.

- 2.99 The in-possession policy should be updated to reflect the needs of prisoners. All in-possession risk assessments should be regularly reviewed and documented.
- 2.100 The use of single tablets in possession over weekends needs to be risk assessed and documented.
- 2.101 A full range of PGDs should be in place to enable the supply of a greater range of more potent medications by nursing staff so that unnecessary consultations with the doctor can be avoided.

Housekeeping points

- 2.102 Relevant stakeholders, including health care staff, pharmacy advisors, security staff and officers when needed, should attend the medicines and therapeutics committee meetings.
- 2.103 The way buprenorphine prescriptions are written should follow Home Office guidance.
- 2.104 Doctors should not sign blank prescriptions.
- 2.105 Out of date reference books should be discarded.
- 2.106 Access to the controlled drugs cabinets should be documented and there should be an audit of who has accessed them.
- 2.107 The timings of medication rounds should be reviewed to provide the best clinical outcomes for patients rather than to be the most convenient fit for the prison regime.

Dentistry

- 2.108 Access to the dentist had improved significantly since the 2010 inspection and waiting times were four to six weeks for a routine appointment. In our survey, 35% of prisoners reported that the quality of dental services was good. This was lower than in comparator prisons but higher than during the previous inspection.
- 2.109 Prisoners could be seen immediately for an urgent appointment. An effective triage system operated prior to prisoners being seen. We received a large number of verbal complaints, as prisoners could submit an application to see the dentist without receiving a response for a number of weeks (see recommendation 2.89). Despite waiting times, the service provided was reasonably good (see previous paragraph).
- 2.110 Oral health information was provided on a one to one basis but there were no wider health promotion events. Equipment was maintained and working satisfactorily. Cross infection controls were generally satisfactory as there was a 'clean and dirty' flow for the cleaning of equipment.

Delivery of care (mental health)

- 2.111 Approximately 49% of prison staff had been trained in mental health awareness; there were plans for all staff to be trained. There had been a particular focus on developing staff's awareness about personality disorders and how to manage prisoners with challenging behaviour.

- 2.112 Primary and secondary mental health provision was good and was provided by a fully established team. We noticed positive changes since the last inspection. Access to nurses and occupational therapists was on a daily basis; a clinical psychologist was available every week, and the psychiatrist every other week. There was a wide range of therapeutic interventions, such as cognitive behavioural therapy, dialectical behavioural therapy and cognitive analytical therapy. A specialist for prisoners with learning disabilities was also on hand. Prisoners experiencing stress, anxiety or sleeping difficulties could take part in group work and access one to one support. There were plans to develop group work further to support prisoners with anxiety, depression and personality disorders.
- 2.113 Management support plans, consisting of multidisciplinary interventions with the safer custody team, personal officers and other departments where relevant, were in place. An audit was to be undertaken to review their effectiveness; the frequency of self-harm, trips for treatment, use of assessment, care in custody and teamwork and constant watch would be monitored. Monitoring of mental health services through the commissioning for quality and innovation framework was good.
- 2.114 The caseload consisted of approximately 90 prisoners. There were no patients awaiting transfer to the mental health unit; two patients had been transferred within a timely manner in the last year.

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.

- 2.115 Many prisoners were dissatisfied with the food. There was a lack of supervision at some serveries. Regular consultation arrangements appeared responsive. There were some opportunities for prisoners to dine out of their cells but they could not cater for themselves.
- 2.116 The four-week menu was varied, offering healthy options and broadly meeting the needs of the population. Lunch was often served before noon but the evening meal generally after 5pm. A hot meal was offered every day. Breakfast packs were usually issued the night before they were to be eaten but were supplemented by fresh toast each morning.
- 2.117 The kitchen was clean but looked worn. Up to 44 prisoners worked in the kitchen and opportunities to gain vocational qualifications were reasonable. Arrangements for halal food were adequate and the food provided during Ramadan was appreciated by Muslim prisoners. Wing serveries were clean but not always properly supervised.
- 2.118 Many prisoners were dissatisfied with the food but we observed adequate meal sizes that appeared of a reasonable quality. Comments books were not freely available at serveries and were not widely used. Relatively few formal complaints about food were received but those that were, were answered politely. Consultation arrangements were good and resulted in changes to the menu.
- 2.119 There were some opportunities for prisoners to dine in association but not on all wings. Prisoners could not cook for themselves.

Recommendations

- 2.120 The prison should explore and address the reasons for prisoners' dissatisfaction with the food.
- 2.121 Opportunities for prisoners to dine in association and cook for themselves should be improved.

Housekeeping points

- 2.122 Breakfast packs should be issued on the day they are to be eaten.
- 2.123 Arrangements for prisoners to comment on the food should be improved.

Purchases

Expected outcomes:

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

- 2.124 Survey responses about the range of goods sold in the shop were generally positive, although black and minority ethnic prisoners responded less positively. Prisoners complained about the cost of some items. Regular consultation with prisoners about the items on sale took place.
- 2.125 Prisoners were issued with a smoker's or non-smoker's canteen pack on arrival at the prison. Orders from the full canteen list were submitted on Saturdays and canteen was issued on Wednesdays by wing officers.
- 2.126 In our survey, 25% of prisoners, more than in comparator prisons said that they had access to the prison shop when they first arrived; 48% said that the shop sold a wide enough range of goods to meet their needs. Black and minority ethnic prisoners were less positive – only 36%, compared with 52% of white prisoners, said that the shop sold a wide enough range of goods to meet their needs.
- 2.127 Consultation about the product list took place quarterly with all prisoners, and the issue was discussed regularly at the prisoner forum. There was good communication about product and price changes but prisoners complained about the cost of items on sale.
- 2.128 Prisoners could order goods from seven catalogues. There was a 50 pence administration charge for all catalogue orders. Orders for newspapers and magazines were made through the library.

Recommendations

- 2.129 Products on the shop list should reflect prices on the high street.
- 2.130 Managers should investigate why some minority prisoner groups are less positive about the canteen list and take remedial action as necessary.

Housekeeping point

2.131 Prisoners should not be charged for making catalogue orders.

Section 3: Purposeful activity

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁶

- 3.1 A fully employed prisoner could achieve about nine hours out of their cell during a typical working day. The reality for a significant number of prisoners was that they spent too much time locked in their cells with nothing meaningful to do.
- 3.2 The prison's core day schedule indicated that a fully employed prisoner could achieve about nine hours out of their cell from Mondays to Thursdays and about 6.5 hours on Fridays. This dropped to around six hours at weekends. During the inspection we observed that the working day usually began and ended on time, and there was little slippage in the regime due to late unlocking.
- 3.3 In reality, time out of cell was much lower (about four hours) for a significant number of prisoners who did not work or those who worked part time (see also section on learning and skills and work activities).
- 3.4 At a roll check during the afternoon of the core day, for example, we found about 18% of the population locked in their cells. The following morning, about 16% were locked up. These numbers further did not account for the fact that prisoners in the larger wings spent longer periods locked up than those on the smaller units. For example, about 48% of prisoners on K wing and 24% of those on M wing were locked up during our roll checks, while all prisoners on B, E, G and J were unlocked.

Recommendation

- 3.5 All prisoners should receive adequate time out of their cells.

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

⁶ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

3.6	The management of learning and skills was satisfactory overall. The range of provision had increased since the last inspection, but had not kept pace with the increase in population and there were still too few activity places. Outcomes were good on the majority of courses but poor in literacy and numeracy. Quality improvement processes were under-developed and did not have a sufficient impact on improving provision, particularly on poorly performing courses. The analysis and use of data was poor. Where courses were performing well, the teaching and training was good. The role of National Careers Service advisers was not sufficiently well developed or accessible to prisoners. The library provided a good service.
3.7	Ofsted made the following assessments about the learning and skills and work provision: Achievements of prisoners engaged in learning and skills and work: Satisfactory Quality of learning and skills and work provision: Satisfactory Leadership and management of learning and skills and work: Satisfactory

Management of learning and skills and work

- 3.8 A strategy detailing how learning and skills would meet regional and national priorities was in place. The area head of learning and skills was undertaking a curriculum review to evaluate and rationalise the range of provision across the three cluster prisons in the region to take account of new government contracting arrangements when they were finalised.
- 3.9 Quality improvement processes were under-developed. A new process for self-assessment was at an early stage of development and the self-assessment position statement still in draft form. The statement did not sufficiently evaluate the standards of provision. Actions in the development plan were not precise enough, with few targets set to measure progress towards implementation. Links between self-assessment and development planning were weak. Observations of teaching and learning took place across activities annually. However, many observations were over-graded and feedback points were not sufficiently detailed to help staff improve their performance. The high turnover of education managers over a six-year period had impeded attempts to embed change and long-term improvement.
- 3.10 Data were collected on achievement and progression. However, managers did not analyse data well enough to identify and implement actions specifically for under-performing courses and for the performance of different groups. The quality improvement group met regularly and the different functions of the prison were well represented. The use of data to evaluate performance at these meetings was weak. Data on the literacy and numeracy levels of prisoners on entry to the prison was not evaluated to ensure provision met need.
- 3.11 Good action had been taken to extend the range and quality of vocational training and work. Work activities were being further realigned and extended to provide prisoners with a more realistic working day.
- 3.12 Arrangements to provide cover when staff were absent were insufficient. One workshop had been closed for around five months and another provided no cover for staff on annual leave. During inspection, some education classes were cancelled when staff were absent.
- 3.13 Activity allocation processes were fair and waiting lists were well managed. Sentence plan targets were used well to prioritise prisoners for personal and social development (PSD) courses. Rates of pay were fair and did not disadvantage those attending education.

Recommendations

- 3.14 **Quality assurance procedures, including the collection and analysis of data, should accurately evaluate provision and set clear, precise and measurable targets in development plans to drive improvement in provision.**
- 3.15 **Arrangements to cover classes when staff were absent should be put in place to minimise disruption to prisoners' learning.**

Provision of activities

- 3.16 The approximately 801 activity places potentially met the needs of 85% of the population. Attendance at allocated places was reasonable at approximately 82%. Punctuality had improved but was not consistent, with some learners arriving late and leaving lessons early. The range and amount of provision had increased since the last inspection but had not kept pace with the population increase and was still insufficient.
- 3.17 Milton Keynes College ran the education and vocational training. It provided approximately 310 education places. A further 491 work and vocational training places were also offered. Literacy and numeracy courses were available from entry to level 2 and business and information technology (IT) courses were provided from levels 1 to 3. A wide range of PSD courses were offered including, for example, assertiveness and decision making, alcohol awareness and managing personal finance and family relationships, but most were at level 1. Fourteen prisoners were undertaking higher level Open University and distance learning courses. The Manchester College, in partnership with DHL and part funded by the prison, provided training and accreditation in warehousing and storage up to level 2. Lincoln College, through a subcontract with the National Careers Service, provided careers advice and guidance.
- 3.18 The range of vocational training had been improved since the last inspection. The range of work was good, but a high proportion of prisoners, around 30%, were employed in wing jobs, which did not occupy them fully during the core day. Many work areas offered accredited awards, and since the last inspection, additional qualifications had been introduced in industrial cleaning and in bicycle repair and maintenance. However, the gardens and the laundry did not offer accredited courses and work such as compact disc recycling, office chair recycling, and badge compilation were repetitive and dull and did not promote a good work ethic in prisoners.
- 3.19 The college had successfully introduced a level 2 certificate in practical skills and techniques to support prisoners' employability skills development, such as problem solving, following instructions and carrying out specific technical tasks. However, this programme had recently ceased as the member of staff had left and had not yet been replaced.
- 3.20 National Careers Service advisers provided prisoners at induction with useful individual signposting to the range of available activities at the prison. The prison successfully minimised the need for prisoners to repeat initial assessments in literacy and numeracy (see section on education, training and employment, reintegration planning).

Recommendation

- 3.21 **The level 2 certificate in practical skills and techniques to accredit prisoners' employability skills at work should be reinstated to help them develop a positive work ethic, particularly in the more mundane work areas.**

Housekeeping point

- 3.22 The prison should ensure that all prisoners arrive and leave activities at the allocated time.

Quality of provision

- 3.23 Most teaching and learning on PSD courses was good and involved stimulating discussions. Prisoners on Open University and distance learning courses received good support and made good progress.
- 3.24 Too many learners on literacy and numeracy courses lacked the motivation to participate in lessons. Teachers used a narrow range of learning resources with few links to meaningful and relevant contexts. Teaching and learning was generally satisfactory in the way in which they helped learners develop some of the technical skills required for their qualification. The better lessons provided good individual support and feedback that promoted learner independence. Peer mentors received good training and worked well with learners, but their role in lessons was not sufficiently well planned in advance. Class numbers in entry level lessons were too high and prevented the teachers from providing sufficient individual support. The college was slow in introducing functional skills.
- 3.25 Planning to meet learners' individual needs in literacy and numeracy was weak. Feedback to learners was too general and provided them with little direction for improvement. Long-term targets were also too general with insufficient information. This made it difficult for teachers to plan learning activities that were linked to learners' plans for training, employment and resettlement. Teachers teaching the same group of learners did not collaborate enough to provide a well-coordinated programme for each learner.
- 3.26 Where accredited training was offered, teaching and training was good and well planned, and health and safety was appropriately reinforced and assessed for risks. The standard of learners' practical work in vocational training areas, in the bicycle repair course and the main production kitchen were good. Prisoners in warehousing and storage were productive and worked competently. Facilities for vocational training were very good and outstanding for catering training. Learners' portfolios were detailed and thorough. Learning resources were of a high quality and included handouts with photographs and diagrams to aid learning. The use of individual learning plans was under-developed and target setting to guide learning was weak.
- 3.27 Progression opportunities had improved since the last inspection and level 2 qualifications were offered in most vocational training. Vocational training tutors were well qualified and highly experienced and most were qualified teachers or working towards training or teaching awards.
- 3.28 Regular and good quality literacy and numeracy support was available in workshops. Good use was made of suitably qualified prisoner mentors to support literacy and numeracy development at work.

Recommendations

- 3.29 Teachers should be supported to develop their teaching and planning skills to improve the delivery of literacy and numeracy classes and ensure that prisoners are motivated. The use of peer mentors should be included in lesson planning.

- 3.30 The setting of individual learning targets for prisoners should be improved in education, work and vocational training.
- 3.31 The class numbers in entry level classes should be reduced to allow teachers to provide appropriate time to each individual to help them improve their skills.

Education and vocational achievements

- 3.32 In education, achievement rates in business and IT were good. Similarly, in PSD, a good proportion of learners achieved qualifications. Learners interviewed said that the courses had helped raise their awareness of other people's perspectives and highlighted their own responsibilities. However, the level of the qualifications offered in PSD did not always reflect the high level of skills that learners had developed.
- 3.33 Not all learners in literacy and numeracy classes were working towards a level of qualification that was sufficiently challenging, and overall, learners' development was slow. Achievement rates were low on literacy courses at all levels and on numeracy at level 2.
- 3.34 Success rates on vocational training courses were good at between 75% and 85%, and exceptionally good for catering courses at approximately 90%. On accredited courses offered at work, achievements were good and particularly good in industrial cleaning and bicycle repair at over 90%. Learners made good progress on their vocational courses. Attendance and punctuality in workshops was reasonable although not all places were fully utilised.

Recommendation

- 3.35 The number of learners achieving qualifications in literacy and numeracy should be improved.

Library

- 3.36 The library, which was operated by Rutland County Council, provided a good service. It was staffed by a full-time qualified librarian, two library assistants and seven orderlies. Access was good and the library was open on every week day, three evenings and during the day at weekends. A wide range of events successfully promoted literacy among prisoners; this started when they arrived at the prison when a lively and interesting induction to the library facilities was provided.
- 3.37 The amount and range of stock met the prisoners' wide and diverse needs well. A variety of newspapers and magazines were available in different languages. Prisoners were able to order newspapers through the library. The orderlies developed good skills but these were not accredited. Prisoners in the segregation unit were supplied with books.
- 3.38 The 'Storybook Dads' scheme was well promoted and used, with an impressive 192 recordings made last year. The initiative was supported well by the excellent 'Dads aloud' project, developed by the library staff to provide prisoners with coaching to develop their oral skills and enhance their confidence so that they were able to complete a recording for their children. Library staff supported family days by providing story time readings for the children.

Recommendation

- 3.39 Library orderlies should have the opportunity to accredit the skills they develop at work.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

3.40 The physical education (PE) department was well managed and provided prisoners with a good service. Indoor and outdoor facilities were good but showers and toilet facilities remained inadequate for the number of prisoners who used them. The range of recreational PE was good but there were long waiting lists for more popular activities. Qualifications achievement was good, but too few prisoners accessed PE courses due to limited recruitment times. The health and wellbeing of prisoners was well promoted.

- 3.41 Gymnasium facilities were good and had been extended since the last inspection. Indoor facilities included a large sports hall, a cardiovascular fitness suite, a weights room and a classroom. Outdoor facilities included an all weather floodlit pitch and an area due to be grassed and used as rugby and football pitches. Access to recreational PE was good. It operated seven days a week, including on four week day evenings. The range of recreational activities was good, providing a balanced programme of team and racket sports and fitness activities. Prisoners with specific health needs had access to a separate gym session. Showers and toilet facilities remained inadequate for the size of the population.
- 3.42 The range of qualifications was good and included a level 1 award in healthy living and level 2 awards in free weights and resistance machines and first aid at work, as well as in training towards becoming a gym fitness instructor, circuit training instructor and community sports leader. Qualifications achievement was good. However, not enough prisoners had the opportunity to access the PE programme as it only recruited students once every six months. Most learners who completed their programmes were employed as PE orderlies, where they effectively applied their newly acquired skills to train and coach other prisoners.
- 3.43 Health and safety were appropriately monitored and promoted, and accidents and incidents recorded. A useful annual survey identified prisoners' requirements effectively and the PE department was responsive to altering the recreational PE programme to meet needs.
- 3.44 A well managed induction programme identified prisoners' health and fitness requirements and set them improvement targets. Good team work between PE staff and education and health care promoted and supported prisoners' health and wellbeing.

Recommendations

- 3.45 Prisoners should have the opportunity to join individual PE courses at various times throughout the year so that more prisoners have the opportunity to undertake accredited PE qualifications.

- 3.46 There should be sufficient toilets and showers for men using the gym facilities.
(Repeated recommendation 6.42)

Section 4: Resettlement

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Good planning ensures a seamless transition into the community.

- 4.1 The reducing reoffending strategy was descriptive and was not based on an assessment of prisoners' needs, and there was little evidence of pathway action planning. Progress had been made towards the case administration model of offender management, but resettlement was not yet the prison's main driver. The monthly reducing reoffending committee meeting was generally well attended and included third sector providers, but other meetings received too little management attention.
- 4.2 An up to date reducing reoffending (RR) strategy was descriptive and carefully explained offender management and the existing pathway provision. Services available for specific groups of prisoners, such as those on indeterminate sentences, were not identified. There was no evidence of formal action planning for any of the resettlement pathways.
- 4.3 We were told that a needs assessment had been conducted through a questionnaire, in partnership with the learning and skills team. Return rates had been low, analysis was incomplete, and the data had not been used to inform the strategy. Although key performance targets were rigorously monitored, there was little monitoring of outcomes for prisoners and there was a lack of prisoner consultation regarding resettlement issues.
- 4.4 There had been some creative efforts to explain the work of the RR function to other parts of the prison, but a 'whole prison' approach to resettlement had not yet been established. Some offender management staff felt that their roles were not sufficiently valued or understood either by their colleagues in other parts of the prison or by senior managers. The absence of managers above senior officer rank from key meetings, notably the interdepartmental risk management team (IRMT) meeting and the offender management team meetings, reinforced this perception.
- 4.5 The staff in the offender management unit were appropriately trained, but supervision of their work on higher risk cases needed to be more pro-active (see section on offender management and planning). Progress towards integrating case management work was evident, and the team was enthusiastic and confident. Prison and probation staff were well integrated.
- 4.6 Release on temporary licence (ROTL) was used increasingly well to support sentence planning, and there was a clear local ROTL protocol. However, it was restricted almost exclusively to category D prisoners, which limited its usefulness.

Recommendations

- 4.7 A needs-based reducing reoffending strategy that includes action planning and monitoring of service effectiveness should be developed.
- 4.8 Records on contact logs should indicate the active oversight of a manager in cases where there is a high risk of serious harm or where there are child safeguarding concerns. (Repeated recommendation 9.33)
- 4.9 The use of ROTL to support resettlement should be extended to include category C prisoners.

Housekeeping point

- 4.10 Reducing reoffending managers should regularly attend key meetings.

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on 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 in drawing up and reviewing plans.

- 4.11 The work of the offender management team was generally up to date. The quality of offender assessment system (OASys) documents was relatively good, but contact between prisoners and offender supervisors was not frequent enough. Caseloads were too high, and links between the offender management and resettlement units needed to be improved. Public protection arrangements and categorisation processes were sound, but waiting times for spaces in open prisons were too long. Prisoners serving indeterminate sentences were receiving a reasonable service.
- 4.12 All prisoners were allocated an offender supervisor, but fewer prisoners than in comparator prisons were aware of this or felt that their offender supervisor was working with them to achieve their sentence planning targets. The number of prisoners who knew that they had a sentence plan was similar to those in comparator prisons, and more than in similar institutions felt that they had been involved in its development and that it was based on their needs.
- 4.13 The majority of prisoners were subject to OASys, a tool to assess and manage risk of harm. Our sample of OASys documents revealed a mixed picture; some had been completed well, but there had been problems with others. For example, the offence analysis was over-reliant on information supplied by the prisoner at the time of the sentence; there was scope for improvement in risk of serious harm assessments and the quality of risk management plans was mixed, with some poor work marring some good practice. Sentence plans were generally focused on the outcome, but objectives were not always sequenced. In addition, education and training objectives from individual learning plans were rarely included. Self-assessment questionnaires had been completed in the majority of cases.

- 4.14 The backlog of work was small, and much of it could be attributed to prisoners arriving at the prison without a sentence plan. A quality assurance process was in place, but assessors had given over-generous marks in 70% of the cases we examined.
- 4.15 Only 20 prisoners were not subject to OASys, and they did not have a custody plan. However, there was an emerging process of custody planning, which assessed resettlement needs via the initial careers information and advisory service assessment and a self-assessment questionnaire. An opportunity to integrate this process with the work of the resettlement officers had not yet been exploited.
- 4.16 Despite the absence of formal supervision, offender supervisors said that it was easy to access informal support within the team. Complex cases were referred to the IRMT and there was evidence of case conferencing, which included community organisations as necessary.
- 4.17 Sentence plans were used to inform the activity allocation processes within the prison, and staff on longer stay wings were able to contribute well to sentence planning reviews and to a variety of risk assessment processes. Staff were less able to be responsive on some wings where prisoner turnover was higher.
- 4.18 Offender supervisors felt that their caseloads were too high; most exceeded 100, and one had 155 cases, which appeared far too many. Case administrators also felt over-stretched, with one being responsible for over 300 cases. Staff told us, and we could see from our analysis of case notes on the prison computer system P-Nomis, that offender supervisor contact with prisoners was often infrequent. This was particularly the case for short-term offenders, but even some high risk cases showed little evidence of contact. Some offender supervisors kept additional electronic case notes separately from P-Nomis. However, where offender supervisor entries were present in P-Nomis, they were informative and useful to staff elsewhere in the prison.
- 4.19 The home detention curfew (HDC) process was well managed; most boards were conducted before the HDC eligibility date and prisoners were released promptly thereafter.

Recommendation

- 4.20 Quality assessment processes for OASys should be developed so that they promote learning and drive up the quality of assessments.

Housekeeping point

- 4.21 Electronic case notes should be accessible to all offender supervisors.

Public protection

- 4.22 Public protection arrangements were good. Decisions on restrictions were communicated to prisoners in person. A monthly IRMT meeting was held to highlight all new cases and discuss any current issues. The meeting was chaired by the senior prison officer in charge of the offender management unit. It was inappropriate for such a junior manager to take on this responsibility.
- 4.23 Restrictions were reviewed on a monthly basis in consultation with security managers, and there was no evidence that prisoners had been monitored for excessive periods of time; of 54

cases, only two had been monitored for longer than three months. Staff in the office dealing with correspondence were clear about which prisoners were on restrictions and for what reasons. Child protection arrangements were effectively communicated to visits staff and used to inform seating arrangements in the visits room. Multi-agency public protection arrangements processes were up to date.

Recommendation

- 4.24 In order to provide sufficient reassurance around the robustness of public protection arrangements, the IRMT meeting should be chaired by a more senior manager.

Categorisation

- 4.25 Categorisation reviews were largely up to date. The process was thorough, and decisions were made following a board meeting, to which prisoners were invited to contribute. Replies were in writing, explained the reasons for the decision and detailed the appeals process. There was evidence of onward planning for some longer term prisoners, particularly sex offenders, and those who would benefit from a therapeutic community. Prisoners on determinate sentences who had been granted category D status often had significant waits for a place in an open prison; at the time of our visit, one man had been waiting four and a half months. There was no process in place to prepare men serving long sentences for the move to open conditions, for example, the opportunity to develop necessary life skills (see recommendation 4.29).

Indeterminate sentence prisoners

- 4.26 There were over 200 prisoners serving indeterminate sentences, many of whom were over their tariff. The parole process was up to date, but for a small minority, there were significant delays in obtaining specialist reports required by the Parole Board; one prisoner had been waiting over 18 months for a neuro-psychological assessment. There were two lifer days each year to help prisoners and their families understand risk reduction processes, but they were always over-subscribed and prisoners serving indeterminate sentences for public protection (IPPs) were not able to attend. Unfortunately, recent lifer days had not included representatives from open prisons. The only other activity to prepare prisoners for open conditions was accompanied day release, and the majority of eligible prisoners were able to benefit from this. However, security restrictions prevented them from being told when they were going out, or the date of their transfer, which was disproportionate.
- 4.27 Lifer forums were now held, but they were not regular, were not well promoted and the same issues were raised repeatedly.
- 4.28 Many indeterminate sentence prisoners were anxious about waiting times for both assessment for and treatment through the 'Healthy relationships' programme (HRP). Others had been waiting for category D places for many months, but were not prioritised because they were not 'post tariff'. Three men had been granted open conditions because they had made exceptional progress before their parole was due, but were then prevented from transferring because they were not over their tariff. The longest of these had been waiting since October 2011. A foreign national prisoner had been granted open conditions in October 2010, but no open prison would accept him.

Recommendation

- 4.29 The National Offender Management Service should ensure that all indeterminate sentence prisoners who have been judged suitable for category D conditions are transferred swiftly to an open prison, and there should be a process to prepare them for the transition to open conditions.

Housekeeping point

- 4.30 Indeterminate sentence prisoner forums should be actively promoted, be held regularly and seek to resolve issues of concern.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

- 4.31 Prisoners' needs were identified on induction and prior to release and used to drive resettlement activity. Services were provided for each of the pathways. In contrast to many other prisons, much of the work was led by prison officers rather than third sector providers. There was little evidence of formal action planning, service evaluation or prisoner consultation across any of the pathways.
- 4.32 All prisoners, supported by peer mentors, completed a resettlement needs questionnaire on induction, which led to referrals to different providers as appropriate. Twelve weeks before release a similar process took place to reassess needs and to encourage prisoners to take part in a variety of personal and social development courses aimed at helping prisoners gain skills to help them on release. A database of the needs assessment information was maintained, but not used to direct strategy. Prisoners were seen within seven to 10 days of referral and more promptly if the case was urgent.
- 4.33 The resettlement team was comprised of three officers, an administration officer and a senior officer. Together with a representative from Lincolnshire Action Trust, a voluntary group providing employment, training and education support, they led the work on accommodation, finance, benefit and debt, education, training and employment and children and families.
- 4.34 There was some 'through the gate' provision: mentors were available via Lincolnshire Action Trust; the Kainos project, a faith-based 'community style living' offending behaviour programme, could provide mentors and some accommodation placements and the 'Dig in, stay out' programme focused on training prisoners during their sentence, both inside the prison and on ROTL, and offering employment on release.

Accommodation

- 4.35 In our survey, 12% of prisoners reported that they had had housing problems on arrival at the prison. Data from the resettlement department suggested that around 38% of prisoners had requested help with accommodation on arrival, and about the same number eight weeks before release. All these prisoners were seen by a resettlement officer, usually within one week of referral. It was therefore surprising that in our survey, fewer prisoners than in comparator prisons knew who could help them with accommodation on release. The National Association for the Care and Resettlement of Offenders provided a monthly surgery for prisoners planning to settle in Derby on release.
- 4.36 The effectiveness of the accommodation service offered was not monitored. Although accommodation targets were generally met, it was not possible to identify what proportion of those who had received help with accommodation had found somewhere to stay in time for their release.

Recommendation

- 4.37 **Records should be kept of the outcomes of referrals and they should be regularly analysed to provide information for the improvement of services.** (Repeated recommendation 9.45)

Education, training and employment

- 4.38 Increased liaison between the National Careers Service, education and prison staff had led to better coordination of the resettlement programme to support prisoners' progression to employment, training and education on release. There were more referrals of prisoners between departments and external agencies to provide specialist guidance and support. Between August 2011 and July 2012, 13% of the 778 prisoners released progressed to education or training and 33% into employment. The system for referring prisoners for a guidance interview approximately three months before their estimated release date was effective; however, there was no system to allow guidance personnel, offender managers and resettlement staff to receive information on prisoners' achievements routinely. National Careers Service advisers were not sufficiently visible in the prison and had insufficient resources and capacity to meet the needs of the prisoners. The specific role of the National Careers Service was not sufficiently clear (see section on provision of activities, learning, skills and work).
- 4.39 The prison no longer provided a pre-release course. Although education, Lincolnshire Action Trust and other partners provided a good range of relevant short courses and individual support on job applications and personal finances, they were not available to enough prisoners. There was insufficient access to job search facilities. Although this was one of the aims of the prison's virtual campus programme, resources and promotion were in development. The prison had links with external agencies and had built on its community links to provide external placements, although only 12 prisoners had benefited from this.
- 4.40 The 'Bars in their eyes' intervention was a good initiative which provided advice on employment rights, how to write a CV and covering letter and on avenues of support in the community.

Recommendations

- 4.41 The role of the National Careers Service should be clearly defined and prisoners should have more access to pre-release guidance and support provided by National Careers Service advisers.
- 4.42 Pre-release activities, including job search facilities and the use of the virtual campus should be improved.

Health care

- 4.43 Discharge arrangements were effective and prisoners were given information about relevant health services. There were good links with community mental health services. Links with local palliative care services were available but had not been used.

Drugs and alcohol

- 4.44 An up to date drug and alcohol strategy was in place, informed by an updated needs analysis. Resettlement opportunities for prisoners from Leicester City, Leicestershire and Rutland were excellent. Local services funded by Leicestershire Primary Care Trust (PCT) offered a much wider range of community-based drug and alcohol services than we usually find. The service was holistic and provided a full range of resettlement options for prisoners with all types of drug and alcohol problems, and also included housing, debt and benefits assistance programmes. Resettlement services for prisoners from further afield were variable, although the drug and alcohol recovery team worked hard to secure services for prisoners on release.

Finance, benefit and debt

- 4.45 Nearly 20% of prisoners said that they needed help with financial matters on their arrival at the prison. In a six-month period, a further 116 prisoners referred themselves for help. All were seen by the resettlement officers, and a wide variety of issues were dealt with ranging from mobile telephone bills to rent arrears.
- 4.46 The Leicester Monday Advice service was no longer available, and the resettlement officers had not received any specialist financial training, so no independent financial advice was available for prisoners.
- 4.47 Ten prisoners a month had the opportunity to open a bank account, but this limited resource was already fully booked until the end of 2012 and was insufficient to meet the needs of the population.
- 4.48 Jobcentre Plus saw each prisoner one week before release for a 'Freshstart' interview to discuss benefits and to make applications.

Recommendation

- 4.49 A specialist financial advice service should be provided, and all prisoners should have the opportunity to open a bank account in time for their release.

Children, families and contact with the outside world

- 4.50 In our survey, prisoners reported comparatively negatively about support to maintain contact with family and friends, how easy it was for visitors to get to the prison and information relating to visiting entitlements. The prison did not keep data on how many prisoners had children, but our survey indicated that 48% of prisoners had children under the age of 18.
- 4.51 Provision had improved significantly since our last visit. There was now a part-time Children's Links family support worker, leading a team of volunteers. There was also a directly employed visitors' centre manager. More coordination of these two resource streams was required to ensure that they were deployed to optimum effect.
- 4.52 The family support worker was involved in delivering the 'Fathers inside' course, which aimed to help men and their families survive the challenges of a prison sentence. Six child-focused family days a year and an annual enhanced visit at Christmas (where a local charity provided presents for prisoners to give to their children) were heavily over-subscribed. Some good initiatives were run by the library (see section on library).
- 4.53 Family members were regularly invited to review meetings held at the conclusion of offending behaviour courses. It was regrettable that families were not also invited to sentence plan reviews, which could have happened simultaneously. General relationship counselling was available, but there was almost no use of ROTL for extended pre-release contact with children and families.
- 4.54 The physical environment for visits was slightly cramped, but clean, bright and comfortable. Visitors told us that staff were relaxed and respectful, and we observed good interactions. The visitors' centre was also reasonably good: appropriate information was on display, and some improvements had been made as a result of a visitors' survey. Children's link workers were not always on duty and we met several first time visitors who were confused about what was expected of them.
- 4.55 The visits booking line was often busy and it could be very difficult to get through, causing a number of official complaints. However, visits could be taken within a few days of booking. The visitor search process was respectful but slowed down entry to the prison so that some visitors, who had been in the visitors' centre in good time, did not actually start their visit until 30 minutes after the session had started.

Recommendations

- 4.56 A strategic plan should be developed for this pathway; it should be managed by a nominated pathway lead to ensure better coordination of activities and to maintain progress in the provision available.
- 4.57 All visitors should be able to access the visiting room in time for the start of the visits session.

Attitudes, thinking and behaviour

- 4.58 There was a good range of accredited offending behaviour programmes to address thinking skills, anger management and domestic violence. The local community support available for members of the Kainos programme was particularly encouraging. Waiting lists were well managed and generally not excessive. However, waiting times for places on the HRP were unacceptably long.
- 4.59 The psychology team was able to design and deliver individual programmes for prisoners who were not suitable for group work, such as men with learning disabilities.

Recommendation

- 4.60 Waiting times for treatment on the HRP should be reduced.

Additional resettlement services

- 4.61 A good range of quality counselling services were offered, including for bereavement and family issues (also see mental health section). Fifty-six prisoners in the previous six months had accessed these services, and 32 were still engaged with them. It was particularly positive that prisoners who had been on assessment, care in custody and teamwork documents were fast tracked to the services.

Section 5: Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points 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, or in the previous report where recommendations have been repeated.

Main recommendations

To the governor

-
- 5.1 The prison should explore the negative perceptions relating to staff and prisoner victimisation revealed in local survey results and where necessary take action to address problems and concerns. (HP51)
 - 5.2 The amount of purposeful activity should be increased to meet the population's needs. (HP52)
 - 5.3 Caseloads should be reduced to permit regular and proactive contact with offenders, and all prisoner contact should be recorded on P-Nomis, promoting the greater effectiveness of offender management and sentence planning. (HP53)

Recommendations

Courts, escort and transfers

- 5.4 Prisoners on journeys should be offered comfort breaks at least every two and a half hours. (1.6, repeated recommendation 1.8)
- 5.5 Prisoners should be held in cellular vehicles for the minimum period possible and should be disembarked immediately on arrival. (1.7, repeated recommendation 1.9)
- 5.6 Prisoners should only be handcuffed when leaving escort if an individual risk assessment finds this necessary. (1.8)

Early days in custody

- 5.7 Prisoners should have a structured reception or first night interview, incorporating appropriate risk assessments. This information should be made available to first night staff. (1.15, repeated recommendation 1.17)
- 5.8 The induction programme should cover all aspects of life at the prison and staff should actively oversee the process. (1.16)

Bullying and violence reduction

- 5.9 The identification of vulnerable prisoners should be improved and all prisoners should be kept safe from abuse and intimidation through individual support plans where necessary. (1.26)

Self-harm and suicide

- 5.10 All staff should be trained in ACCT and safer custody procedures and the care offered to prisoners in crisis and the quality of ACCT documents should be improved. (1.36)
- 5.11 Prisoners on ACCT documents should only be located in the segregation unit or have their clothing removed as a last resort and in exceptional circumstances, and when this happens it should be properly logged and authorised. (1.37)

Safeguarding

- 5.12 The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.41)

Security

- 5.13 Prisoners should not be routinely strip-searched unless an individual risk assessment deems it necessary. (1.54)

Incentives and earned privileges

- 5.14 The IEP scheme should be operated fairly and demotion to the basic level should not be as a result of petty infringements of rules. (1.64)

Discipline

- 5.15 All prisoners should be given the opportunity to explain fully their version of events relating to a charge. (1.68)
- 5.16 Multidisciplinary care planning should be developed for longer stay prisoners. (1.80)
- 5.17 The regime in the segregation unit should be improved and include more purposeful activity. (1.81)
- 5.18 Relationships between segregation unit officers and prisoners should be improved. (1.82)

Substance misuse

- 5.19 The integration of clinical and psychosocial drug and alcohol services should be implemented without delay. (1.90)
- 5.20 Drug and alcohol group work programmes should be re-introduced without delay. (1.91)
- 5.21 Additional specialist alcohol workers should be deployed to address the high level of need for such services. (1.92)

Residential units

- 5.22 Two prisoners should not share cells meant for one. (2.13, repeated recommendation 2.11)

- 5.23 Showers and in-cell toilets should be adequately screened to provide privacy and separation from the living area. (2.14)
- 5.24 Prisoners on the standard and enhanced levels of the incentives and earned privileges scheme should be allowed to wear their own clothes around the establishment. (2.15, repeated recommendation 2.20)

Equality and diversity

- 5.25 The single equality policy should be based on a needs analysis of the population and these and the diversity and equality action team (DEAT) meetings should reflect an equal focus on all aspects of diversity. (2.29, repeated recommendation 4.9)
- 5.26 Representatives from an external agency specialising in diversity and equality issues should be invited to attend DEAT meetings and quality assure DIRFs. (2.30)
- 5.27 Mutual support groups should be established for all protected groups, including Gypsy, Roma and Traveller groups and prisoners with disabilities. The reasons behind disabled prisoners' negative perceptions should also be explored with prisoners and any issues addressed. (2.44)
- 5.28 Services for foreign national prisoners should be developed to include independent immigration service advice and the prison should re-establish links with the UK Border Agency to assist foreign national prisoners with immigration matters. (2.45, repeated recommendation 4.34)
- 5.29 Foreign national prisoners should be able to make a free overseas telephone call, irrespective of whether or not they receive visits. (2.46, repeated recommendation 4.36)
- 5.30 Prisoners should have access to accredited translation and interpreting services wherever accuracy or confidentiality is important. (2.47)

Complaints

- 5.31 Complaints against staff should be fully investigated by staff at an appropriate level. (2.64)

Health services

- 5.32 There should be a full range of first aid equipment that is regularly checked and documented. There should be sufficient officers trained to use emergency equipment. (2.79)
- 5.33 Action should be taken to identify and address prisoner concerns about health care provision through the employing NHS organisation. (2.80)
- 5.34 Record keeping audits should be undertaken to ensure clinical decisions and plans for treatment and care are clearly explained. (2.87)
- 5.35 Action should be taken to improve health promotion activities across the prison. (2.88)
- 5.36 Prisoners should be informed when their application for health services has been received. (2.89)

- 5.37 There should be pharmacy-led clinics and medicine use reviews for the prison population. (2.98, repeated recommendation 5.38)
- 5.38 The in-possession policy should be updated to reflect the needs of prisoners. All in-possession risk assessments should be regularly reviewed and documented. (2.99)
- 5.39 The use of single tablets in possession over weekends needs to be risk assessed and documented. (2.100)
- 5.40 A full range of PGDs should be in place to enable the supply of a greater range of more potent medications by nursing staff so that unnecessary consultations with the doctor can be avoided. (2.101)

Catering

- 5.41 The prison should explore and address the reasons for prisoners' dissatisfaction with the food. (2.120)
- 5.42 Opportunities for prisoners to dine in association and cook for themselves should be improved. (2.121)

Purchases

- 5.43 Products on the shop list should reflect prices on the high street. (2.129)
- 5.44 Managers should investigate why some minority prisoner groups are less positive about the canteen list and take remedial action as necessary. (2.130)

Time out of cell

- 5.45 All prisoners should receive adequate time out of their cells. (3.5)

Learning and skills and work activities

- 5.46 Quality assurance procedures, including the collection and analysis of data, should accurately evaluate provision and set clear, precise and measurable targets in development plans to drive improvement in provision. (3.14)
- 5.47 Arrangements to cover classes when staff were absent should be put in place to minimise disruption to prisoners' learning. (3.15)
- 5.48 The level 2 certificate in practical skills and techniques to accredit prisoners' employability skills at work should be reinstated to help them develop a positive work ethic, particularly in the more mundane work areas. (3.21)
- 5.49 Teachers should be supported to develop their teaching and planning skills to improve the delivery of literacy and numeracy classes and ensure that prisoners are motivated. The use of peer mentors should be included in lesson planning. (3.29)
- 5.50 The setting of individual learning targets for prisoners should be improved in education, work and vocational training. (3.30)

- 5.51 The class numbers in entry level classes should be reduced to allow teachers to provide appropriate time to each individual to help them improve their skills. (3.31)
- 5.52 The number of learners achieving qualifications in literacy and numeracy should be improved. (3.35)
- 5.53 Library orderlies should have the opportunity to accredit the skills they develop at work. (3.39)

Physical education and healthy living

- 5.54 Prisoners should have the opportunity to join individual PE courses at various times throughout the year so that more prisoners have the opportunity to undertake accredited PE qualifications. (3.45)
- 5.55 There should be sufficient toilets and showers for men using the gym facilities. (3.46, repeated recommendation 6.42)

Strategic management of resettlement

- 5.56 A needs-based reducing reoffending strategy that includes action planning and monitoring of service effectiveness should be developed. (4.7)
- 5.57 Records on contact logs should indicate the active oversight of a manager in cases where there is a high risk of serious harm or where there are child safeguarding concerns. (4.8, repeated recommendation 9.33)
- 5.58 The use of ROTL to support resettlement should be extended to include category C prisoners. (4.9)

Offender management and planning

- 5.59 Quality assessment processes for OASys should be developed so that they promote learning and drive up the quality of assessments. (4.20)
- 5.60 In order to provide sufficient reassurance around the robustness of public protection arrangements, the IRMT meeting should be chaired by a more senior manager. (4.24)
- 5.61 The National Offender Management Service should ensure that all indeterminate sentence prisoners who have been judged suitable for category D conditions are transferred swiftly to an open prison, and there should be a process to prepare them for the transition to open conditions. (4.29)

Reintegration planning

- 5.62 Records should be kept of the outcomes of referrals and they should be regularly analysed to provide information for the improvement of services. (4.37, repeated recommendation 9.45)
- 5.63 The role of the National Careers Service should be clearly defined and prisoners should have more access to pre-release guidance and support provided by National Careers Service advisers. (4.41)

- 5.64 Pre-release activities, including job search facilities and the use of the virtual campus should be improved. (4.42)
- 5.65 A specialist financial advice service should be provided, and all prisoners should have the opportunity to open a bank account in time for their release. (4.49)
- 5.66 A strategic plan should be developed for this pathway; it should be managed by a nominated pathway lead to ensure better coordination of activities and to maintain progress in the provision available. (4.56)
- 5.67 All visitors should be able to access the visiting room in time for the start of the visits session. (4.57)
- 5.68 Waiting times for treatment on the HRP should be reduced. (4.60)

Housekeeping points

Early days in custody

- 5.69 All prisoners should be offered a free telephone call on arrival. (1.17, repeated housekeeping point 1.26)

Security

- 5.70 The MDT suite and holding cells should be kept clean, tidy and free from graffiti to ensure a suitably forensic and respectful testing environment. (1.55)

Equality and diversity

- 5.71 Prisoners over retirement age should not pay for their TV. (2.48)
- 5.72 The confidential diversity questionnaire should include all the protected groups. (2.49)

Faith and religious activity

- 5.73 Ablution facilities should be suitable for older and disabled prisoners. (2.58)

Complaints

- 5.74 Management checks should ensure that responses to complaints fully address the matters raised. (2.65)

Health services

- 5.75 Relevant stakeholders, including health care staff, pharmacy advisors, security staff and officers when needed, should attend the medicines and therapeutics committee meetings. (2.102)

- 5.76 The way buprenorphine prescriptions are written should follow Home Office guidance. (2.103)
- 5.77 Doctors should not sign blank prescriptions. (2.104)
- 5.78 Out of date reference books should be discarded. (2.105)
- 5.79 Access to the controlled drugs cabinets should be documented and there should be an audit of who has accessed them. (2.106)
- 5.80 The timings of medication rounds should be reviewed to provide the best clinical outcomes for patients rather than to be the most convenient fit for the prison regime. (2.107)

Catering

- 5.81 Breakfast packs should be issued on the day they are to be eaten. (2.122)
- 5.82 Arrangements for prisoners to comment on the food should be improved. (2.123)

Purchases

- 5.83 Prisoners should not be charged for making catalogue orders. (2.131)

Learning and skills and work activities

- 5.84 The prison should ensure that all prisoners arrive and leave activities at the allocated time. (3.22)

Strategic management of resettlement

- 5.85 Reducing reoffending managers should regularly attend key meetings. (4.10)

Offender management and planning

- 5.86 Electronic case notes should be accessible to all offender supervisors. (4.21)
- 5.87 Indeterminate sentence prisoner forums should be actively promoted, be held regularly and seek to resolve issues of concern. (4.30)

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Sean Sullivan	Team leader
Rosemarie Bugdale	Inspector
Jeanette Hall	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Gordon Riach	Inspector
Jessica Broughton	Researcher
Rachel Murray	Researcher

Specialist inspectors

Paul Roberts	Drugs inspector
Helen Carter	Health services inspector
Sue Melvin	Pharmacist
Matthew Tedstone	Care Quality Commission
Michele Hurst	Care Quality Commission
Sheila Willis	Ofsted team leader
Karen Adriaanse	Ofsted inspector
Neil Edwards	Ofsted inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is provided in the right-hand column.

Safety	
Prisoners, particularly the most vulnerable, are held safely.	
At the last inspection, in 2010, procedures for assessing vulnerability on reception were weak. First night cells were properly prepared and immediate peer support was good. Induction was valued but prisoners on the programme spent too much time locked up. Safer custody strategic arrangements were sound but the quality of documentation was mixed. Although more prisoners in our survey than at other category C prisons reported feeling unsafe at some time, levels of violence were low and the staff response proactive. Some security arrangements were disproportionate. Levels of use of force were low and governance arrangements reasonably thorough. Substance misuse services were reasonable. The prison was reasonably good against this healthy prison test.	
Recommendations	
Prisoners should be offered comfort breaks at least every two and a half hours. (1.8)	Not achieved (Repeated recommendation 1.6)
Prisoners should be held in cellular vehicles for the minimum period possible and should be disembarked immediately on arrival. (1.9)	Partially achieved (Repeated recommendation 1.7)
Prisoners should have a structured reception or first night interview in private, incorporating appropriate risk assessments. This information should be made available to first night staff. (1.17)	Not achieved (Repeated recommendation 1.15)
There should be published policies covering reception, first night and induction. (1.18)	Achieved
The ventilation in the reception holding rooms should be improved. (1.19)	Achieved
All prisoners should be offered a free telephone call on arrival. (1.26)	Not achieved (Repeated housekeeping 1.17)
All prisoners should be able to take a shower on their first night. (1.27)	Achieved
Prisoners should not spend long periods locked in their cell during induction. (1.31)	Achieved
The prison should develop and promote a range of support services for victims of bullying. (3.8)	Partially achieved
Entries in assessment, care in custody and teamwork (ACCT) documents should be according to identified need and demonstrate interaction with the individual. (3.16)	Not achieved
Listeners should have free movement around the prison during association periods. (3.17)	Achieved
The establishment should ensure that the mandatory drug testing programme	Achieved

undertakes the required level of weekend and target testing. (3.63)	
A mechanism to manage suspicion testing more effectively should be developed, to ensure that tests are undertaken within the required timeframe and without unnecessary administrative processes. (3.64)	Achieved
There should be analysis of intelligence streams to support suspicion drug testing. (7.12)	Achieved
Prisoners should not be routinely strip-searched. (7.13)	Not achieved
All adjudication paperwork should provide a qualitative record of disciplinary hearings. (7.20)	Achieved
There should be a control and restraint committee that regularly reviews all use of force documentation and videos to monitor trends and highlight areas for improvement, including recording the resolution of issues raised through evaluation of use of force paperwork. (7.26)	Achieved
Prisoners should not be handcuffed if compliant when being taken to the segregation unit. (7.27)	Achieved
There should be appropriate levels of regime and governance for prisoners under Rule 45 (segregation for own protection) and serving punishments on the wings. (7.43)	Not achieved
Staff working in the segregation unit should be trained appropriately. (7.44)	Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2010, the environment was well decorated and clean, particularly in communal areas. Clothing and laundry arrangements were poor. Most staff appeared to engage well with prisoners but prisoner perceptions of staff were poor. The personal officer scheme had improved. The incentives and earned privileges scheme was not used effectively as a behaviour management tool. Black and minority ethnic, Muslim and foreign national prisoners reported negatively on a number of issues. Some aspects of diversity provision were underdeveloped. Primary health care services were in crisis. The prison was not sufficiently good against this healthy prison test.

Main recommendations

Managers should explore the negative perceptions of prisoners and improve mechanisms for consultation and engagement. (HD49)	Achieved
Prisoners should have access to a full range of primary care health services. (HP50)	Achieved
Staff delivering the Steps To Achieving Recovery (STAR) programme should be given access to clinical supervision from suitably qualified and experienced, 12-step-based supervisors where such support is not available locally. (9.66) (To NOMS)	No longer relevant

Recommendations

Two prisoners should not share cells meant for one. (2.11)	Not achieved (Repeated recommendation 2.13)
In-cell toilets should be adequately screened to provide privacy and separation from the living area. (2.12)	Not achieved
Managers should monitor responses to cell call bells and ensure that they are responded to swiftly. (2.13)	Achieved

There should be a minimum of one telephone per 20 prisoners. (2.14)	No longer relevant
Prisoners should be encouraged to wear their own clothes by the provision of effective laundry facilities and the lifting of restrictions on access to clothing. (2.19)	Partially achieved
Prisoners on the standard and enhanced levels of the incentives and earned privileges scheme should be allowed to wear their own clothes around the establishment. (2.20)	Not achieved (Repeated recommendation 2.15)
Sufficient bedding should be available and prisoners able to exchange blankets when necessary. (2.24)	Achieved
The role of the personal officer should be extended to support prisoners in achieving targets set and reintegration back into the community. (2.44)	Achieved
A trained legal services officer should be appointed. (3.34)	Not achieved
Regime activities should be scheduled to enable prisoners to attend corporate worship. (3.43)	Achieved
The size of the chaplaincy team and the facilities provided should be reviewed before the opening of the new accommodation, and additional staff and facilities should be provided to meet the needs of an increased population. (3.44)	Achieved
A formal prison visitor scheme should be established. (3.45)	Achieved
Links should be developed with external faith and community groups. (3.46)	Achieved
The single equality policy and action plan should be based on a needs analysis of the population and these and the diversity and equality action team (DEAT) meetings should reflect an equal focus on all aspects of diversity. (4.9)	Not achieved (Repeated recommendation 2.29)
Links should be developed with external community agencies with an interest in diversity. (4.10)	Achieved
The system for submitting diversity incident report forms should include quality assurance of the investigation of, and responses to, the issues raised. (4.11)	Partially achieved
All aspects of diversity should be monitored by the DEAT meeting. (4.12)	Achieved
Black and minority ethnic and Muslim prisoner groups should be established and the reasons behind the disproportionate reporting of victimisation by staff and apparent lack of confidence in the racist incident report form (RIRF) system discussed and addressed. (4.21)	Partially achieved
Interventions for challenging racism should be established. (4.22)	Achieved
No prisoner should receive an incentives and earned privileges warning for expressing a perception of racist attitudes or behaviours. (4.23)	Achieved
The arrangements for quality assurance of RIRFs should be improved, to ensure that the person carrying out the assurance is aware of what to check and report on. (4.24)	No longer relevant
Services for foreign national prisoners should be developed to include independent immigration advice and the prison should re-establish links with the UK Border Agency to assist foreign national prisoners with immigration matters. (4.34)	Not achieved (Repeated recommendation 2.45)
Professional telephone interpreting services should be used in all cases where a prisoner does not speak sufficient English to understand what is happening. (4.35)	Not achieved
Foreign national prisoners should be able to make a free overseas telephone call, irrespective of whether or not they receive visits. (4.36)	Not achieved (Repeated recommendation 2.46)

Prisoners should be able to speak in the language of their choice during telephone calls. Any security matters should be fully investigated, including translating any calls which give cause for concern. (4.37)	Partially achieved
The disability liaison officer (DLO) should have sufficient time and training for the role and should have closer links with the education and health care departments. (4.49)	Partially achieved
Care and evacuation plans should be developed for all prisoners with disabilities and older prisoners requiring assistance. (4.50)	Achieved
Reasonable adjustments should be made to more cells on residential units to meet the needs of prisoners with disabilities and mobility problems. (4.51)	Achieved
Security reasons for withholding aids for prisoners with disabilities should be fully documented, justified and reasonable. (4.52)	Achieved
Groups should be established for prisoners with disabilities and the reasons behind their negative perceptions discussed and addressed. (4.53)	Not achieved
A formal carer scheme for older prisoners and those with disabilities should be developed and implemented. (4.54)	Not achieved
Older prisoners and those with disabilities who are unable to work should be unlocked during the core day. (4.55)	Achieved
Prisoners should have the opportunity to disclose their sexuality and ask for support in confidence. (4.60)	Partially achieved
All staff should have access to clinical supervision. (5.15)	Achieved
Emergency equipment should be easily accessible throughout the prison and records should be kept of weekly checks. There should be sufficient staff trained to use emergency equipment. (5.16)	Achieved
Health care complaints should be monitored for type and frequency, to identify and address emerging issues. (5.17)	Partially achieved
The health care department should monitor incidents, unexplained injuries and complaints, and the lessons learnt from these. (5.18)	Achieved
All prisoners should have the opportunity for secondary health care screening within 72 hours of reception screening. (5.25)	Achieved
The application and appointment system should be improved, to ensure that applications are dealt with on the day they are submitted and that appropriate appointments are offered expeditiously. (5.26)	Achieved
There should be greater access to nurse triage clinics and action should be taken to reduce waiting lists for all clinical services. (5.27)	Achieved
Out-of-hours services should be available to assess prisoners transferred to the segregation unit. (5.28)	Not achieved
There should be pharmacy-led clinics and medicine use reviews for the prison population. (5.38)	Not achieved (Repeated recommendation 2.98)
Medications should be administered at times that ensure maximum clinical effectiveness. (5.39)	Not achieved
The in-possession policy should be updated and implemented and risk assessments documented. All policies and procedures should be formally adopted via the medicines and therapeutics committee. (5.40)	Partially achieved
There should be regular audit of all medicines management systems; any discrepancies should be thoroughly investigated. (5.41)	Achieved
All dental equipment should be maintained regularly and documented evidence collated. (5.54)	Achieved

Dental waiting lists should be reduced and, in view of the proposed prison expansion, there should be a dental needs assessment and a revision of the dental contract, to ensure that there are sufficient dental sessions to meet the needs of the patients. (5.55)	Achieved
Dental triage algorithms should be in place. (5.56)	Partially achieved
There should be greater availability and ease of access to external appointments. (5.60)	Achieved
Access to the mental health services should be improved to ensure that all prisoners with mental health needs are offered mental health input in a timely manner. (5.66)	Achieved
Day care services should be available to patients with mental health problems having difficulty in coping on the wings. (5.67)	Partially achieved
A programme of mental health awareness training should be provided for all prison staff. (5.68)	Achieved
There should be a realistic range of privileges to encourage prisoners to achieve enhanced status. (7.53)	Achieved
More prisoners should achieve qualifications in catering work. (8.11)	Achieved
The evening meal should not be served before 5pm. (8.12)	Achieved
Breakfast should be served on the day it is to be eaten. (8.13)	Partially achieved
There should be provision to dine in association. (8.14)	Partially achieved
Prisoners should be able to receive shop goods within 24 hours of arrival. (8.24)	Achieved
The managers should formally investigate poor prisoner perceptions of shop provision and take appropriate remedial action. (8.25)	Achieved

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2010, there were activity places for around 90% of the population but attendance was poor and between a fifth and a quarter of prisoners were locked up at any one time. There were too many low-skilled places and little vocational training provision. The quality of education was good. Association and exercise were rarely cancelled. The library offered a good service. PE provision was good but struggling to meet the demands of the growing prisoner population. The prison was not sufficiently good against this healthy prison test.

Main recommendation

All prisoners should be fully occupied in either work, education or training activities. (HP51)

Not achieved

Recommendations

There should be a formalised plan for learning and skills provision which highlights the vision for all the learning and skills delivered in the prison, including detailed objectives, the model of delivery, priorities and desired outcomes. (6.9)

Achieved

The prison should increase the number of prisoners participating in education to maximise use of the existing capacity. (6.10)

Achieved

The prison should improve the management of health and safety issues in the contract workshops by finalising the outstanding health and safety risk assessment and increasing the monitoring procedures that ensure adherence to safe working practices. (6.11)	Achieved
The prison should embed fully the learning observations and analysis of learners' feedback systems, to assure the quality and continuous improvement of learning provision delivered by prison staff. (6.12)	Partially achieved
The prison should increase the amount and range of vocational courses, to provide higher progression opportunities and more accreditation of work skills in the prison's work areas. (6.18)	Achieved
The education facilities for prisoners at work should be improved including the introduction of appropriate classroom facilities for outreach education. (6.23)	Achieved
The prison should ensure that courses with low achievement rates are targeted for improvement. (6.24)	Not achieved
The prison should ensure that all prisoners arrive for teaching sessions on time. (6.25)	Partially achieved
The library should offer an appropriate range of reading materials and music to meet the needs of its Muslim and black and minority ethnic users. (6.31)	Achieved
The prison should ensure demonstrably fair allocations to PE activities from the wings. (6.40)	Achieved
The PE facilities should be improved to meet the needs of the increased prisoner population and a suitable outside PE activities area provided. (6.41)	Achieved
There should be sufficient toilets and showers for men using the gym facilities. (6.42)	Not achieved (Repeated recommendation 3.46)
Prisoners should be unlocked for an average of 10 hours on weekdays. (6.50)	Not achieved
Association, exercise and other out-of-cell activities should be offered at separate times of the day. (6.51)	Achieved
Staff should patrol all areas of their wings during association. (6.52)	Achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2010, resettlement governance arrangements were good. Offender management procedures were sound but had suffered through staff redeployment. Recategorisation reviews were overdue but transfers to open conditions swift. Support for life-sentenced prisoners was good. Resettlement pathway provision had improved, although alcohol services were inadequate and some offending behaviour provision was under threat through potential funding shortfalls. Family contact was too limited for many prisoners. The prison was reasonably good against this healthy prison test.

Main recommendation

The backlog in offender assessment system (OASys) assessments should be cleared. (HP52)

Achieved

Recommendations	
Offender supervisors should have regular contact with prisoners in scope of offender management. (9.15)	Not achieved
Assessments of risk of harm in offender management files should be improved and all sentence plans should contain objectives to reduce risk of harm. (9.16)	Achieved
Offender management unit files should contain an individual learning plan and skills assessment, and appropriate sentence plans. (9.17)	Not achieved
Foreign national prisoners should not be denied recategorisation to category D on the basis only of their nationality. (9.25)	Achieved
The backlog in recategorisation reviews should be cleared. (9.26)	Not achieved
Records on contact logs should indicate the active oversight of a manager in cases where there is a high risk of serious harm or where there are child safeguarding concerns. (9.33)	Not achieved (Repeated recommendation 4.8)
There should be regular lifer forums to discuss prisoners' concerns and agree action to be taken. (9.38)	Partially achieved
Records should be kept of the outcomes of referrals and they should be regularly analysed to provide information for the improvement of services. (9.45)	Not achieved (Repeated recommendation 4.37)
The drug survey data collected should be used to inform an updated substance use needs analysis. (9.65)	Achieved
The establishment should further develop its alcohol strategy and address the currently insufficient level of services for prisoners with primary alcohol problems. (9.67)	Achieved
An adequate number of visiting slots should be available for the population. (9.80)	Achieved
Evening visits sessions should be available. (9.81)	Not achieved
There should be provision for prisoners to book visits sessions themselves and for visitors to book a visit while at the prison. (9.82)	Partially achieved

Appendix III: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced		870	90.6
Recall		90	9.4
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees			
Total		960	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced		0	0
Less than 6 months		6	0
6 months to less than 12 months		24	2.6
12 months to less than 2 years		84	8.9
2 years to less than 4 years		275	28.8
4 years to less than 10 years		337	35.2
10 years and over (not life)		23	2.5
ISPP			
Life		211	22
Total		960	100

Age	Number of prisoners	%
Please state minimum age	21	
Under 21 years	0	0
21 years to 29 years	432	45
30 years to 39 years	274	28.5
40 years to 49 years	164	17.1
50 years to 59 years	74	7.7
60 years to 69 years	13	1.4
70 plus years	3	0.3
Please state maximum age		
Total	960	100

Nationality	18–20 yr olds	21 and over	%
British		927	96.6
Foreign nationals		18	1.9
Total		945	98.5

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced		0	
Uncategorised sentenced		0	
Cat A		0	
Cat B		0	
Cat C		902	94
Cat D		34	3.5

Other		24	2.5
Total		960	100

Ethnicity	18–20 yr olds	21 and over	%
<i>White</i>			
British		714	74.4
Irish		11	1.1
Other white		13	1.4
<i>Mixed</i>			
White and black Caribbean		27	2.8
White and black African		3	0.3
White and Asian		5	0.5
Other mixed		5	0.5
<i>Asian or Asian British</i>			
Indian		30	3.1
Pakistani		25	2.6
Bangladeshi		7	0.7
Other Asian		12	1.3
<i>Black or black British</i>			
Caribbean		69	7.2
African		12	1.3
Other black		19	2
<i>Chinese or other ethnic group</i>			
Chinese		2	0.2
Arab			
Other ethnic group		2	0.2
<i>Not stated</i>		4	0.4
Total		960	100

Religion	18–20 yr olds	21 and over	%
Baptist		1	0.1
Church of England		211	22
Roman Catholic		175	18.2
Other Christian denominations		90	9.4
Muslim		99	10.3
Sikh		9	0.9
Hindu		8	0.8
Buddhist		27	2.8
Jewish		6	0.6
Other		28	3
No religion		306	31.9
Total		960	100

Other demographics	18–20 yr olds	21 and over	%
Gypsy/Romany/Traveller		1	0.1
Total		1	0.1

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)		22	
Total		22	2.3

Sentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			74	7.7
1 month to 3 months			201	20.9
3 months to 6 months			229	23.9
6 months to 1 year			224	23.3
1 year to 2 years			155	16.1
2 years to 4 years			54	5.6
4 years or more			23	2.4
Total			960	100

Sentenced prisoners only

	18-20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry			
Public protection cases		Safeguarding children – 77 Harassment – 116	
Total			

Unsentenced prisoners only

Length of stay	18-20 yr 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				

Appendix IV: 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 16 July 2012 the prisoner population at HMP Stocken was 943. The sample size was 221. Overall, this represented 23% 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 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. Twelve respondents refused to complete a questionnaire.

Interviews were offered to any respondents with literacy difficulties, however no respondents were interviewed.

Methodology

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

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

- to have their questionnaire ready to hand back to a member of the research team at a specified time;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

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

Response rates

In total, 198 respondents completed and returned their questionnaires. This represented 21% of the prison population. The response rate was 90%. In addition to the 12 respondents who refused to complete a questionnaire, four questionnaires were not returned and seven were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2012 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 2012 against the responses of prisoners surveyed at HMP Stocken in 2010.
- A comparison within the 2012 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2012 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

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

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that 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 as well as examples of comments made by prisoners. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not

sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

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

Survey results

Section 1: About you

Q1.2	How old are you?		
	<i>Under 21</i>	1	(1%)
	<i>21 - 29</i>	76	(39%)
	<i>30 - 39</i>	64	(32%)
	<i>40 - 49</i>	40	(20%)
	<i>50 - 59</i>	14	(7%)
	<i>60 - 69</i>	1	(1%)
	<i>70 and over</i>	1	(1%)
Q1.3	Are you sentenced?		
	<i>Yes</i>	173	(88%)
	<i>Yes - on recall</i>	24	(12%)
	<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?		
	Not sentenced	0	(0%)
	<i>Less than 6 months</i>	2	(1%)
	<i>6 months to less than 1 year</i>	8	(4%)
	<i>1 year to less than 2 years</i>	26	(13%)
	<i>2 years to less than 4 years</i>	49	(25%)
	<i>4 years to less than 10 years</i>	60	(31%)
	<i>10 years or more</i>	5	(3%)
	<i>IPP (indeterminate sentence for public protection)</i>	26	(13%)
	<i>Life</i>	17	(9%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>	9	(5%)
	<i>No</i>	185	(95%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	196	(100%)
	<i>No</i>	0	(0%)
Q1.7	Do you understand written English?		
	<i>Yes</i>	195	(99%)
	<i>No</i>	1	(1%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/Welsh/Scottish/Northern Irish)</i>	139	(72%)
	<i>White - Irish</i>	3	(2%)
	<i>White - other</i>	8	(4%)
	<i>Black or black British - Caribbean</i> ..	11	(6%)
	<i>Black or black British - African</i>	4	(2%)
	<i>Black or black British - other</i>	1	(1%)
	<i>Asian or Asian British - Chinese</i>	0	(0%)
	<i>Asian or Asian British - other</i>	1	(1%)
	<i>Mixed race - white and black Caribbean</i>	12	(6%)
	<i>Mixed race - white and black African</i>	0	(0%)
	<i>Mixed race - white and Asian</i>	1	(1%)
	<i>Mixed race - other</i>	2	(1%)

Asian or Asian British - Indian.....	4 (2%)	Arab.....	0 (0%)
Asian or Asian British - Pakistani ...	5 (3%)	Other ethnic group.....	2 (1%)
Asian or Asian British - Bangladeshi.....	1 (1%)		

Q1.9 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes.....	8 (4%)
No.....	182 (96%)

Q1.10 What is your religion?

None.....	68 (36%)	Hindu.....	2 (1%)
Church of England.....	51 (27%)	Jewish.....	2 (1%)
Catholic.....	30 (16%)	Muslim.....	14 (7%)
Protestant.....	4 (2%)	Sikh.....	2 (1%)
Other Christian denomination.....	6 (3%)	Other.....	3 (2%)
Buddhist.....	7 (4%)		

Q1.11 How would you describe your sexual orientation?

Heterosexual/straight.....	195 (100%)
Homosexual/gay.....	0 (0%)
Bisexual.....	0 (0%)

Q1.12 Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?

Yes.....	27 (14%)
No.....	168 (86%)

Q1.13 Are you a veteran (ex-armed services)?

Yes.....	7 (4%)
No.....	187 (96%)

Q1.14 Is this your first time in prison?

Yes.....	45 (23%)
No.....	147 (77%)

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

Yes.....	93 (48%)
No.....	102 (52%)

Section 2: Courts, transfers and escorts

Q2.1 On your most recent journey here, how long did you spend in the van?

Less than 2 hours.....	103 (53%)
2 hours or longer.....	83 (42%)
Don't remember.....	10 (5%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

My journey was less than two hours.....	103 (53%)
Yes.....	71 (36%)
No.....	20 (10%)
Don't remember.....	2 (1%)

Q2.3 On your most recent journey here, were you offered a toilet break?

My journey was less than two hours.....	103 (53%)
--	-----------

Yes	6 (3%)
No.....	79 (41%)
Don't remember	6 (3%)

Q2.4 On your most recent journey here, was the van clean?

Yes	141 (72%)
No.....	46 (24%)
Don't remember	8 (4%)

Q2.5 On your most recent journey here, did you feel safe?

Yes	169 (87%)
No.....	23 (12%)
Don't remember	3 (2%)

Q2.6 On your most recent journey here, how were you treated by the escort staff?

Very well.....	49 (25%)
Well.....	104 (53%)
Neither.....	30 (15%)
Badly.....	5 (3%)
Very badly	2 (1%)
Don't remember	5 (3%)

**Q2.7 Before you arrived, were you given anything or told that you were coming here?
(Please tick all that apply to you.)**

Yes, someone told me	131 (67%)
Yes, I received written information.....	25 (13%)
No, I was not told anything.....	40 (20%)
Don't remember	2 (1%)

Q2.8 When you first arrived here did your property arrive at the same time as you?

Yes	182 (93%)
No.....	12 (6%)
Don't remember	2 (1%)

Section 3: Reception, first night and induction

Q3.1 How long were you in reception?

Less than 2 hours	121 (61%)
2 hours or longer.....	67 (34%)
Don't remember	9 (5%)

Q3.2 When you were searched, was this carried out in a respectful way?

Yes	161 (82%)
No	27 (14%)
Don't remember	9 (5%)

Q3.3 Overall, how were you treated in reception?

Very well.....	34 (17%)
Well.....	101 (52%)
Neither.....	32 (16%)
Badly.....	19 (10%)
Very badly	5 (3%)
Don't remember	5 (3%)

- Q3.4 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**
- | | | | |
|--|----------|--|----------|
| <i>Loss of property</i> | 33 (17%) | <i>Physical health</i> | 24 (13%) |
| <i>Housing problems</i> | 23 (12%) | <i>Mental health</i> | 22 (12%) |
| <i>Contacting employers</i> | 4 (2%) | <i>Needing protection from other prisoners</i> | 4 (2%) |
| <i>Contacting family</i> | 43 (23%) | <i>Getting phone numbers</i> | 29 (15%) |
| <i>Childcare</i> | 0 (0%) | <i>Other</i> | 8 (4%) |
| <i>Money worries</i> | 21 (11%) | Did not have any problems | 76 (40%) |
| <i>Feeling depressed or suicidal</i> | 15 (8%) | | |
- Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?**
- | | |
|--|----------|
| Yes | 37 (20%) |
| No..... | 70 (38%) |
| Did not have any problems | 76 (42%) |
- Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)**
- | | |
|---------------------------------------|-----------|
| <i>Tobacco</i> | 140 (71%) |
| <i>A shower</i> | 66 (34%) |
| <i>A free telephone call</i> | 45 (23%) |
| <i>Something to eat</i> | 101 (52%) |
| <i>PIN phone credit</i> | 90 (46%) |
| <i>Toiletries/basic items</i> | 94 (48%) |
| Did not receive anything | 22 (11%) |
- Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)**
- | | |
|--|-----------|
| <i>Chaplain</i> | 84 (44%) |
| <i>Someone from health services</i> | 128 (67%) |
| <i>A Listener/Samaritans</i> | 47 (24%) |
| <i>Prison shop/canteen</i> | 47 (24%) |
| Did not have access to any of these | 36 (19%) |
- Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)**
- | | |
|--|----------|
| <i>What was going to happen to you</i> | 98 (51%) |
| <i>What support was available for people feeling depressed or suicidal</i> | 68 (36%) |
| <i>How to make routine requests (applications)</i> | 82 (43%) |
| <i>Your entitlement to visits</i> | 73 (38%) |
| <i>Health services</i> | 93 (49%) |
| <i>Chaplaincy</i> | 81 (42%) |
| Not offered any information | 52 (27%) |
- Q3.9 Did you feel safe on your first night here?**
- | | |
|-----------------------------|-----------|
| Yes | 173 (88%) |
| No..... | 20 (10%) |
| <i>Don't remember</i> | 3 (2%) |
- Q3.10 How soon after you arrived here did you go on an induction course?**
- | | |
|---|-----------|
| Have not been on an induction course | 16 (8%) |
| <i>Within the first week</i> | 144 (74%) |
| <i>More than a week</i> | 27 (14%) |
| <i>Don't remember</i> | 7 (4%) |

Q3.11 Did the induction course cover everything you needed to know about the prison?
Have not been on an induction course..... 16 (8%)
 Yes 99 (52%)
 No 60 (32%)
 Don't remember 15 (8%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?
Did not receive an assessment..... 48 (25%)
 Within the first week 62 (32%)
 More than a week 48 (25%)
 Don't remember 34 (18%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is it to:

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
<i>Communicate with your solicitor / legal representative?</i>	24 (13%)	72 (38%)	19 (10%)	38 (20%)	8 (4%)	29 (15%)
<i>Attend legal visits?</i>	18 (10%)	66 (38%)	29 (16%)	9 (5%)	10 (6%)	44 (25%)
<i>Get bail information?</i>	3 (2%)	20 (13%)	22 (14%)	14 (9%)	9 (6%)	88 (56%)

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..... 32 (17%)
 Yes 68 (36%)
 No 91 (48%)

Q4.3 Can you get legal books in the library?
 Yes 110 (57%)
 No 10 (5%)
 Don't know 72 (38%)

Q4.4 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know
<i>Do you normally have enough clean, suitable clothes for the week?</i>	132 (68%)	62 (32%)	1 (1%)
<i>Are you normally able to have a shower every day?</i>	191 (98%)	4 (2%)	0 (0%)
<i>Do you normally receive clean sheets every week?</i>	156 (80%)	31 (16%)	7 (4%)
<i>Do you normally get cell cleaning materials every week?</i>	145 (75%)	45 (23%)	3 (2%)
<i>Is your cell call bell normally answered within five minutes?</i>	85 (45%)	69 (37%)	35 (19%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	135 (70%)	55 (29%)	2 (1%)
<i>If you need to, can you normally get your stored property?</i>	32 (17%)	83 (43%)	76 (40%)

Q4.5 What is the food like here?
 Very good 6 (3%)
 Good 52 (27%)

Neither.....	56 (29%)
Bad.....	55 (28%)
Very bad.....	26 (13%)

Q4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?

Have not bought anything yet/don't know	2 (1%)
Yes.....	93 (48%)
No.....	98 (51%)

Q4.7 Can you speak to a Listener at any time if you want to?

Yes.....	105 (54%)
No.....	10 (5%)
Don't know.....	80 (41%)

Q4.8 Are your religious beliefs respected?

Yes.....	91 (47%)
No.....	19 (10%)
Don't know/N/A.....	85 (44%)

Q4.9 Are you able to speak to a Chaplain of your faith in private if you want to?

Yes.....	96 (50%)
No.....	7 (4%)
Don't know/N/A.....	90 (47%)

Q4.10 How easy or difficult is it for you to attend religious services?

I don't want to attend	49 (25%)
Very easy.....	48 (25%)
Easy.....	36 (19%)
Neither.....	4 (2%)
Difficult.....	5 (3%)
Very difficult.....	3 (2%)
Don't know.....	48 (25%)

Section 5: Applications and complaints

Q5.1 Is it easy to make an application?

Yes.....	179 (94%)
No.....	9 (5%)
Don't know.....	3 (2%)

Q5.2 Please answer the following questions about applications:
(If you have not made an application please tick the 'not made one' option.)

	Not made one	Yes	No
Are applications dealt with fairly?	13 (7%)	126 (68%)	45 (24%)
Are applications dealt with quickly (within seven days)?	13 (8%)	112 (67%)	41 (25%)

Q5.3 Is it easy to make a complaint?

Yes.....	138 (73%)
No.....	16 (8%)
Don't know.....	36 (19%)

Q5.4	Please answer the following questions about complaints: (If you have not made a complaint please tick the 'not made one' option.)	Not made one	Yes	No
	Are complaints dealt with fairly?	66 (34%)	52 (27%)	77 (39%)
	Are complaints dealt with quickly (within seven days)?	66 (37%)	61 (34%)	53 (29%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes.....		37 (20%)	
	No.....		149 (80%)	
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?			
	<i>Don't know who they are</i>		56 (29%)	
	Very easy.....		18 (9%)	
	Easy.....		38 (20%)	
	Neither.....		50 (26%)	
	Difficult.....		25 (13%)	
	Very difficult.....		4 (2%)	

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)			
	<i>Don't know what the IEP scheme is</i>		9 (5%)	
	Yes.....		101 (52%)	
	No.....		66 (34%)	
	Don't know.....		20 (10%)	
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)			
	<i>Don't know what the IEP scheme is</i>		9 (5%)	
	Yes.....		100 (51%)	
	No.....		74 (38%)	
	Don't know.....		13 (7%)	
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?			
	Yes.....		18 (9%)	
	No.....		177 (91%)	
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?			
	<i>I have not been to segregation in the last 6 months</i>		164 (85%)	
	Very well.....		0 (0%)	
	Well.....		9 (5%)	
	Neither.....		7 (4%)	
	Badly.....		4 (2%)	
	Very badly.....		8 (4%)	

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?		
	Yes.....		146 (77%)
	No.....		43 (23%)

Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes.....	153 (80%)
	No.....	38 (20%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes.....	50 (26%)
	No.....	144 (74%)
Q7.4	How often do staff normally speak to you during association?	
	Do not go on association	11 (6%)
	Never	31 (16%)
	Rarely	57 (29%)
	Some of the time.....	51 (26%)
	Most of the time.....	31 (16%)
	All of the time.....	15 (8%)
Q7.5	When did you first meet your personal (named) officer?	
	I have not met him/her	37 (19%)
	In the first week.....	85 (45%)
	More than a week.....	45 (24%)
	Don't remember	24 (13%)
Q7.6	How helpful is your personal (named) officer?	
	Do not have a personal officer/I have not met him/her	37 (19%)
	Very helpful.....	48 (25%)
	Helpful.....	57 (30%)
	Neither.....	23 (12%)
	Not very helpful.....	13 (7%)
	Not at all helpful.....	12 (6%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes.....	53 (27%)
	No.....	144 (73%)
Q8.2	Do you feel unsafe now?	
	Yes.....	20 (10%)
	No.....	173 (90%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	Never felt unsafe	144 (75%)
	Everywhere.....	14 (7%)
	Segregation unit.....	9 (5%)
	Association areas	13 (7%)
	Reception area.....	7 (4%)
	At the gym.....	10 (5%)
	In an exercise yard.....	10 (5%)
	At work.....	13 (7%)
	During movement	23 (12%)
	At education.....	7 (4%)
	At mealtimes.....	5 (3%)
	At health services	12 (6%)
	Visits area	6 (3%)
	In wing showers	10 (5%)
	In gym showers.....	11 (6%)
	In corridors/stairwells	15 (8%)
	On your landing/wing	18 (9%)
	In your cell.....	11 (6%)
	At religious services	3 (2%)

Q8.4	Have you been victimised by other prisoners here?	
	Yes	52 (26%)
	No.....	145 (74%)
Q8.5	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 (11%)
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	14 (7%)
	<i>Sexual abuse.....</i>	1 (1%)
	<i>Feeling threatened or intimidated.....</i>	30 (15%)
	<i>Having your canteen/property taken.....</i>	15 (8%)
	<i>Medication.....</i>	16 (8%)
	<i>Debt.....</i>	7 (4%)
	<i>Drugs</i>	10 (5%)
	<i>Your race or ethnic origin</i>	7 (4%)
	<i>Your religion/religious beliefs.....</i>	5 (3%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others.....</i>	11 (6%)
	<i>You are from a traveller community</i>	4 (2%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age.....</i>	9 (5%)
	<i>You have a disability</i>	7 (4%)
	<i>You were new here.....</i>	11 (6%)
	<i>Your offence/crime</i>	4 (2%)
	<i>Gang related issues</i>	4 (2%)
Q8.6	Have you been victimised by staff here?	
	Yes	66 (34%)
	No.....	129 (66%)
Q8.7	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>	21 (11%)
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	5 (3%)
	<i>Sexual abuse.....</i>	0 (0%)
	<i>Feeling threatened or intimidated.....</i>	26 (13%)
	<i>Medication.....</i>	13 (7%)
	<i>Debt.....</i>	5 (3%)
	<i>Drugs</i>	7 (4%)
	<i>Your race or ethnic origin</i>	11 (6%)
	<i>Your religion/religious beliefs.....</i>	2 (1%)
	<i>Your nationality</i>	4 (2%)
	<i>You are from a different part of the country than others.....</i>	10 (5%)
	<i>You are from a traveller community</i>	3 (2%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age.....</i>	3 (2%)
	<i>You have a disability</i>	7 (4%)
	<i>You were new here.....</i>	11 (6%)
	<i>Your offence/crime</i>	5 (3%)
	<i>Gang related issues</i>	2 (1%)
Q8.8	If you have been victimised by prisoners or staff did you report it?	
	Not been victimised	114 (63%)
	Yes	24 (13%)
	No.....	43 (24%)

Section 9: Health services

- Q9.1 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 | 23 (12%) | 6 (3%) | 37 (19%) | 20 (10%) | 65 (34%) | 41 (21%) |
| The nurse | 19 (10%) | 14 (7%) | 71 (38%) | 22 (12%) | 52 (28%) | 9 (5%) |
| The dentist | 30 (16%) | 3 (2%) | 20 (11%) | 11 (6%) | 60 (32%) | 66 (35%) |
- Q9.2 What do you think of the quality of the health service from the following people?**
- | | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|-------------|-----------------|------------------|-------------|----------------|------------|-----------------|
| The doctor | 31 (16%) | 26 (13%) | 55 (28%) | 24 (12%) | 27 (14%) | 31 (16%) |
| The nurse | 19 (10%) | 20 (11%) | 67 (35%) | 28 (15%) | 36 (19%) | 20 (11%) |
| The dentist | 50 (27%) | 8 (4%) | 40 (21%) | 24 (13%) | 35 (19%) | 31 (16%) |
- Q9.3 What do you think of the overall quality of the health services here?**
- | | |
|------------------------|----------|
| <i>Not been</i> | 18 (9%) |
| <i>Very good</i> | 14 (7%) |
| <i>Good</i> | 58 (31%) |
| <i>Neither</i> | 24 (13%) |
| <i>Bad</i> | 45 (24%) |
| <i>Very bad</i> | 31 (16%) |
- Q9.4 Are you currently taking medication?**
- | | |
|-----------|-----------|
| Yes | 90 (46%) |
| No..... | 105 (54%) |
- Q9.5 If you are taking medication, are you allowed to keep some/all of it in your own cell?**
- | | |
|------------------------------------|-----------|
| <i>Not taking medication</i> | 105 (54%) |
| <i>Yes, all my meds</i> | 69 (36%) |
| <i>Yes, some of my meds</i> | 11 (6%) |
| <i>No</i> | 8 (4%) |
- Q9.6 Do you have any emotional or mental health problems?**
- | | |
|-----------|-----------|
| Yes | 51 (26%) |
| No..... | 144 (74%) |
- Q9.7 Are you being helped/supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?**
- | | |
|--|-----------|
| <i>Do not have any emotional or mental health problems</i> | 144 (75%) |
| Yes | 24 (13%) |
| No..... | 23 (12%) |

Section 10: Drugs and alcohol

- Q10.1 Did you have a problem with drugs when you came into this prison?**
- | | |
|-----------|-----------|
| Yes | 41 (21%) |
| No..... | 153 (79%) |
- Q10.2 Did you have a problem with alcohol when you came into this prison?**
- | | |
|-----------|-----------|
| Yes | 43 (22%) |
| No..... | 151 (78%) |

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	26 (13%)
	<i>Easy</i>	21 (11%)
	<i>Neither</i>	10 (5%)
	<i>Difficult</i>	22 (11%)
	<i>Very difficult</i>	20 (10%)
	<i>Don't know</i>	95 (49%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	18 (9%)
	<i>Easy</i>	13 (7%)
	<i>Neither</i>	20 (10%)
	<i>Difficult</i>	15 (8%)
	<i>Very difficult</i>	21 (11%)
	<i>Don't know</i>	108 (55%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	11 (6%)
	<i>No</i>	184 (94%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	16 (8%)
	<i>No</i>	177 (92%)
Q10.7	Have you received any support or help (e.g. substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not/do not have a drug problem</i>	144 (76%)
	<i>Yes</i>	26 (14%)
	<i>No</i>	19 (10%)
Q10.8	Have you received any support or help (e.g. substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not/do not have an alcohol problem</i>	151 (79%)
	<i>Yes</i>	22 (11%)
	<i>No</i>	19 (10%)
Q10.9	Was the support or help you received while in this prison helpful?	
	<i>Did not have a problem/did not receive help</i>	156 (81%)
	<i>Yes</i>	29 (15%)
	<i>No</i>	7 (4%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?					
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>
						<i>Very difficult</i>
	Prison job	10 (5%)	31 (16%)	76 (40%)	22 (12%)	41 (22%)
	Vocational or skills training	40 (22%)	21 (12%)	60 (33%)	23 (13%)	28 (15%)
	Education (including basic skills)	33 (18%)	33 (18%)	77 (42%)	22 (12%)	14 (8%)
						6 (3%)

Offending behaviour programmes	44 (24%)	7 (4%)	33 (18%)	12 (7%)	39 (21%)	48 (26%)
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Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

Not involved in any of these	17 (9%)
Prison job	137 (72%)
Vocational or skills training.....	32 (17%)
Education (including basic skills).....	43 (23%)
Offending behaviour programmes.....	20 (10%)

Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	25 (15%)	49 (30%)	81 (49%)	9 (5%)
Vocational or skills training	38 (26%)	56 (38%)	42 (29%)	11 (7%)
Education (including basic skills)	38 (26%)	51 (34%)	50 (34%)	10 (7%)
Offending behaviour programmes	40 (28%)	50 (35%)	39 (27%)	14 (10%)

Q11.4 How often do you usually go to the library?

Don't want to go	21 (11%)
Never.....	12 (6%)
Less than once a week.....	58 (30%)
About once a week.....	72 (37%)
More than once a week.....	32 (16%)

Q11.5 Does the library have a wide enough range of materials to meet your needs?

Don't use it	26 (14%)
Yes.....	138 (72%)
No.....	28 (15%)

Q11.6 How many times do you usually go to the gym each week?

Don't want to go	34 (18%)
0.....	40 (21%)
1 to 2.....	44 (23%)
3 to 5.....	51 (26%)
More than 5.....	25 (13%)

Q11.7 How many times do you usually go outside for exercise each week?

Don't want to go	26 (13%)
0.....	23 (12%)
1 to 2.....	62 (32%)
3 to 5.....	54 (28%)
More than 5.....	30 (15%)

Q11.8 How many times do you usually have association each week?

Don't want to go	9 (5%)
0.....	2 (1%)
1 to 2.....	11 (6%)
3 to 5.....	15 (8%)
More than 5.....	158 (81%)

Q11.9 How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)

Less than 2 hours	11 (6%)
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2 to less than 4 hours.....	30 (16%)
4 to less than 6 hours.....	30 (16%)
6 to less than 8 hours.....	52 (27%)
8 to less than 10 hours.....	30 (16%)
10 hours or more.....	27 (14%)
Don't know	13 (7%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	52 (27%)
	No.....	140 (73%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	81 (42%)
	No.....	113 (58%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	46 (24%)
	No.....	148 (76%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	24 (12%)
	Very easy	14 (7%)
	Easy.....	19 (10%)
	Neither.....	18 (9%)
	Difficult.....	40 (21%)
	Very difficult.....	76 (39%)
	Don't know	3 (2%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	Not sentenced	0 (0%)
	Yes	153 (79%)
	No.....	40 (21%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	Not sentenced/NA	40 (21%)
	No contact.....	57 (30%)
	Letter.....	56 (29%)
	Phone	37 (19%)
	Visit	48 (25%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	115 (61%)
	No.....	74 (39%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	0 (0%)
	Yes.....	137 (71%)

No..... 57 (29%)

Q13.5 How involved were you in the development of your sentence plan?
Do not have a sentence plan/not sentenced..... 57 (29%)
 Very involved..... 34 (18%)
 Involved..... 51 (26%)
 Neither..... 13 (7%)
 Not very involved..... 22 (11%)
 Not at all involved..... 17 (9%)

Q13.6 Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)
Do not have a sentence plan/not sentenced..... 57 (30%)
 Nobody..... 62 (32%)
 Offender supervisor..... 41 (21%)
 Offender manager..... 32 (17%)
 Named/ personal officer..... 16 (8%)
 Staff from other departments..... 28 (15%)

Q13.7 Can you achieve any of your sentence plan targets in this prison?
Do not have a sentence plan/not sentenced..... 57 (30%)
 Yes..... 90 (47%)
 No..... 25 (13%)
 Don't know..... 18 (9%)

Q13.8 Are there plans for you to achieve any of your sentence plan targets in another prison?
Do not have a sentence plan/not sentenced..... 57 (30%)
 Yes..... 30 (16%)
 No..... 78 (40%)
 Don't know..... 28 (15%)

Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?
Do not have a sentence plan/not sentenced..... 57 (30%)
 Yes..... 34 (18%)
 No..... 59 (31%)
 Don't know..... 40 (21%)

Q13.10 Do you have a needs based custody plan?
 Yes..... 23 (12%)
 No..... 86 (45%)
 Don't know..... 84 (44%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?
 Yes..... 30 (15%)
 No..... 165 (85%)

Q13.12 Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)

	<i>Do not need help</i>	Yes	No
Employment	43 (23%)	53 (29%)	87 (48%)
Accommodation	43 (24%)	49 (28%)	85 (48%)
Benefits	39 (21%)	61 (34%)	82 (45%)
Finances	43 (25%)	39 (23%)	89 (52%)
Education	48 (27%)	53 (30%)	74 (42%)

Drugs and alcohol	52 (31%)	52 (31%)	64 (38%)
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Q13.13 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%)
Yes	106 (56%)
No	84 (44%)

Main comparator and comparator to last time



Prisoner survey responses HMP Stocken 2012

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 Stocken 2012	Category C training prisons comparator	HMP Stocken 2012	HMP Stocken 2010
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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		198	5637	198	186
SECTION 1: General information					
1.2	Are you under 21 years of age?	1%	2%	1%	2%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	12%	9%	12%	11%
1.4	Is your sentence less than 12 months?	5%	6%	5%	3%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	14%	9%	14%	17%
1.5	Are you a foreign national?	5%	11%	5%	11%
1.6	Do you understand spoken English?	100%	99%	100%	
1.7	Do you understand written English?	100%	99%	100%	
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	23%	25%	23%	29%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	4%	4%	3%
1.1	Are you Muslim?	7%	11%	7%	10%
1.11	Are you homosexual/gay or bisexual?	0%	3%	0%	0%
1.12	Do you consider yourself to have a disability?	14%	16%	14%	15%
1.13	Are you a veteran (ex-armed services)?	4%	6%	4%	
1.14	Is this your first time in prison?	23%	36%	23%	24%
1.15	Do you have any children under the age of 18?	48%	51%	48%	57%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	42%	43%	42%	41%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	76%	65%	76%	
2.3	Were you offered a toilet break?	7%	10%	7%	
2.4	Was the van clean?	72%	67%	72%	
2.5	Did you feel safe?	87%	82%	87%	
2.6	Were you treated well/very well by the escort staff?	78%	67%	78%	64%
2.7	Before you arrived here were you told that you were coming here?	67%	62%	67%	
2.7	Before you arrived here did you receive any written information about coming here?	13%	15%	13%	
2.8	When you first arrived here did your property arrive at the same time as you?	93%	89%	93%	86%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction				
3.1 Were you in reception for less than 2 hours?	61%	50%	61%	
3.2 When you were searched in reception, was this carried out in a respectful way?	82%	81%	82%	83%
3.3 Were you treated well/very well in reception?	69%	71%	69%	62%
When you first arrived:				
3.4 Did you have any problems?	60%	61%	60%	68%
3.4 Did you have any problems with loss of property?	17%	16%	17%	17%
3.4 Did you have any housing problems?	12%	16%	12%	18%
3.4 Did you have any problems contacting employers?	2%	3%	2%	5%
3.4 Did you have any problems contacting family?	23%	22%	23%	37%
3.4 Did you have any problems ensuring dependants were being looked after?	0%	4%	0%	4%
3.4 Did you have any money worries?	11%	15%	11%	16%
3.4 Did you have any problems with feeling depressed or suicidal?	8%	13%	8%	17%
3.4 Did you have any physical health problems?	13%	10%	13%	
3.4 Did you have any mental health problems?	12%	11%	12%	
3.4 Did you have any problems with needing protection from other prisoners?	2%	4%	2%	6%
3.4 Did you have problems accessing phone numbers?	15%	20%	15%	27%
For those with problems:				
3.5 Did you receive any help/support from staff in dealing with these problems?	35%	40%	35%	
When you first arrived here, were you offered any of the following:				
3.6 Tobacco?	71%	82%	71%	88%
3.6 A shower?	34%	34%	34%	47%
3.6 A free telephone call?	23%	45%	23%	31%
3.6 Something to eat?	52%	72%	52%	70%
3.6 PIN phone credit?	46%	55%	46%	
3.6 Toiletries/basic items?	48%	39%	48%	

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	44%	55%	44%	
3.7	Someone from health services?	67%	75%	67%	
3.7	A Listener/Samaritans?	25%	37%	25%	
3.7	Prison shop/canteen?	25%	18%	25%	16%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	51%	52%	51%	44%
3.8	Support was available for people feeling depressed or suicidal?	36%	46%	36%	38%
3.8	How to make routine requests?	43%	44%	43%	41%
3.8	Your entitlement to visits?	38%	46%	38%	46%
3.8	Health services?	49%	58%	49%	55%
3.8	The chaplaincy?	42%	51%	42%	48%
3.9	Did you feel safe on your first night here?	88%	83%	88%	83%
3.10	Have you been on an induction course?	92%	93%	92%	94%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	57%	65%	57%	61%
3.12	Did you receive an education (skills for life) assessment?	75%	86%	75%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	51%	48%	51%	43%
4.1	Attend legal visits?	48%	54%	48%	44%
4.1	Get bail information?	15%	16%	15%	14%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	36%	41%	36%	46%
4.3	Can you get legal books in the library?	57%	43%	57%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	68%	63%	68%	63%
4.4	Are you normally able to have a shower every day?	98%	91%	98%	96%
4.4	Do you normally receive clean sheets every week?	80%	81%	80%	79%
4.4	Do you normally get cell cleaning materials every week?	75%	73%	75%	81%
4.4	Is your cell call bell normally answered within five minutes?	45%	41%	45%	38%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	70%	70%	70%	69%
4.4	Can you normally get your stored property if you need to?	17%	31%	17%	12%
4.5	Is the food in this prison good/very good?	30%	29%	30%	24%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	45%	48%	41%
4.7	Are you able to speak to a Listener at any time if you want to?	54%	59%	54%	55%
4.8	Are your religious beliefs are respected?	47%	54%	47%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	50%	59%	50%	60%
4.10	Is it easy/very easy to attend religious services?	44%	52%	44%	

Main comparator and comparator to last time

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	94%	84%	94%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	74%	62%	74%	57%
5.2	Do you feel applications are dealt with quickly (within seven days)?	73%	51%	73%	57%
5.3	Is it easy to make a complaint?	73%	64%	73%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	40%	35%	40%	32%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	54%	40%	54%	47%
5.5	Have you ever been prevented from making a complaint when you wanted to?	20%	16%	20%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	29%	32%	29%	26%
SECTION 6: Incentive and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	55%	52%	53%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%	47%	51%	49%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	5%	9%	6%
6.4	In the last six months, if you have spent a night in the segregation/care and separation unit, were you treated very well/well by staff?	32%	45%	32%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	77%	77%	77%	62%
7.2	Is there a member of staff in this prison that you can turn to for help if you have a problem?	80%	75%	80%	66%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	26%	32%	26%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	24%	20%	24%	15%
7.5	Do you have a personal officer?	81%	75%	81%	79%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	69%	63%	69%	54%

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	27%	30%	27%	35%
8.2	Do you feel unsafe now?	10%	13%	10%	14%
8.4	Have you been victimised by other prisoners here?	26%	19%	26%	18%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	11%	9%	11%	7%
8.5	Hit, kicked or assaulted you?	7%	5%	7%	5%
8.5	Sexually abused you?	1%	1%	1%	1%
8.5	Threatened or intimidated you?	15%	12%	15%	
8.5	Taken your canteen/property?	8%	4%	8%	6%
8.5	Victimised you because of medication?	8%	3%	8%	
8.5	Victimised you because of debt?	4%	3%	4%	
8.5	Victimised you because of drugs?	5%	2%	5%	2%
8.5	Victimised you because of your race or ethnic origin?	4%	3%	4%	4%
8.5	Victimised you because of your religion/religious beliefs?	3%	2%	3%	2%
8.5	Victimised you because of your nationality?	2%	2%	2%	
8.5	Victimised you because you were from a different part of the country?	6%	4%	6%	3%
8.5	Victimised you because you are from a traveller community?	2%	1%	2%	
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.5	Victimised you because of your age?	5%	2%	5%	1%
8.5	Victimised you because you have a disability?	4%	2%	4%	2%
8.5	Victimised you because you were new here?	6%	4%	6%	3%
8.5	Victimised you because of your offence/crime?	2%	4%	2%	2%
8.5	Victimised you because of gang related issues?	2%	3%	2%	2%

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	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	34%	23%	34%	28%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	11%	10%	11%	13%
8.7	Hit, kicked or assaulted you?	3%	2%	3%	3%
8.7	Sexually abused you?	0%	1%	0%	1%
8.7	Threatened or intimidated you?	13%	11%	13%	
8.7	Victimised you because of medication?	6%	3%	6%	
8.7	Victimised you because of debt?	3%	1%	3%	
8.7	Victimised you because of drugs?	3%	3%	3%	4%
8.7	Victimised you because of your race or ethnic origin?	6%	5%	6%	7%
8.7	Victimised you because of your religion/religious beliefs?	1%	3%	1%	5%
8.7	Victimised you because of your nationality?	2%	3%	2%	
8.7	Victimised you because you were from a different part of the country?	5%	4%	5%	8%
8.7	Victimised you because you are from a traveller community?	2%	0%	2%	
8.7	Victimised you because of your sexual orientation?	0%	1%	0%	0%
8.7	Victimised you because of your age?	2%	2%	2%	2%
8.7	Victimised you because you have a disability?	3%	2%	3%	2%
8.7	Victimised you because you were new here?	6%	4%	6%	5%
8.7	Victimised you because of your offence/crime?	3%	4%	3%	3%
8.7	Victimised you because of gang related issues?	1%	2%	1%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	36%	39%	36%	42%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	22%	37%	22%	23%
9.1	Is it easy/very easy to see the nurse?	46%	59%	46%	47%
9.1	Is it easy/very easy to see the dentist?	12%	14%	12%	7%
	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:				
9.2	The doctor?	50%	51%	50%	38%
9.2	The nurse?	51%	64%	51%	52%
9.2	The dentist?	35%	45%	35%	28%
9.3	The overall quality of health services?	42%	46%	42%	25%
9.4	Are you currently taking medication?	46%	45%	46%	41%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	91%	85%	91%	
9.6	Do you have any emotional well being or mental health problems?	26%	25%	26%	22%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	51%	51%	51%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	21%	22%	21%	23%
10.2	Did you have a problem with alcohol when you came into this prison?	22%	16%	22%	20%
10.3	Is it easy/very easy to get illegal drugs in this prison?	24%	30%	24%	27%
10.4	Is it easy/very easy to get alcohol in this prison?	16%	18%	16%	
10.5	Have you developed a problem with drugs since you have been in this prison?	6%	7%	6%	7%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	8%	6%	8%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	58%	63%	58%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	54%	65%	54%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	81%	81%	81%	70%

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SECTION 11: Activities				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	56%	45%	56%	
11.1 Vocational or skills training?	45%	39%	45%	
11.1 Education (including basic skills)?	60%	51%	60%	
11.1 Offending behaviour programmes?	22%	19%	22%	
Are you currently involved in any of the following activities:				
11.2 A prison job?	72%	62%	72%	57%
11.2 Vocational or skills training?	17%	19%	17%	16%
11.2 Education (including basic skills)?	23%	29%	23%	35%
11.2 Offending behaviour programmes?	11%	16%	11%	15%
11.3 Have you had a job while in this prison?	85%	86%	85%	85%
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	35%	46%	35%	37%
11.3 Have you been involved in vocational or skills training while in this prison?	74%	78%	74%	74%
For those who have had vocational or skills training while in this prison:				
11.3 Do you feel the vocational or skills training will help you on release?	51%	64%	51%	67%
11.3 Have you been involved in education while in this prison?	75%	83%	75%	82%
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	46%	66%	46%	65%
11.3 Have you been involved in offending behaviour programmes while in this prison?	72%	76%	72%	77%
For those who have been involved in offending behaviour programmes while in this prison:				
11.3 Do you feel the offending behaviour programme(s) will help you on release?	49%	57%	49%	56%
11.4 Do you go to the library at least once a week?	53%	48%	53%	44%
11.5 Does the library have a wide enough range of materials to meet your needs?	72%	46%	72%	
11.6 Do you go to the gym three or more times a week?	39%	36%	39%	45%
11.7 Do you go outside for exercise three or more times a week?	43%	48%	43%	39%
11.8 Do you go on association more than five times each week?	81%	78%	81%	88%
11.9 Do you spend ten or more hours out of your cell on a weekday?	14%	15%	14%	12%
SECTION 12: Friends and family				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	27%	37%	27%	31%
12.2 Have you had any problems with sending or receiving mail?	42%	43%	42%	41%
12.3 Have you had any problems getting access to the telephones?	24%	26%	24%	40%
12.4 Is it easy/ very easy for your friends and family to get here?	17%	29%	17%	

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Stocken 2012	Category C training prisons comparator	HMP Stocken 2012	HMP Stocken 2010
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 13: Preparation for release				
For those who are sentenced:				
13.1 Do you have a named offender manager (home probation officer) in the probation service?	79%	85%	79%	
For those who are sentenced what type of contact have you had with your offender manager:				
13.2 No contact?	38%	31%	38%	
13.2 Contact by letter?	37%	39%	37%	
13.2 Contact by phone?	24%	24%	24%	
13.2 Contact by visit?	31%	38%	31%	
13.3 Do you have a named offender supervisor in this prison?	61%	70%	61%	
For those who are sentenced:				
13.4 Do you have a sentence plan?	71%	72%	71%	69%
For those with a sentence plan:				
13.5 Were you involved/very involved in the development of your plan?	62%	56%	62%	44%
Who is working with you to achieve your sentence plan targets:				
13.6 Nobody?	46%	43%	46%	
13.6 Offender supervisor?	31%	36%	31%	
13.6 Offender manager?	24%	30%	24%	
13.6 Named/personal officer?	12%	15%	12%	
13.6 Staff from other departments?	21%	18%	21%	
For those with a sentence plan:				
13.7 Can you achieve any of your sentence plan targets in this prison?	68%	68%	68%	75%
13.8 Are there plans for you to achieve any of your targets in another prison?	22%	20%	22%	
13.9 Are there plans for you to achieve any of your targets in the community?	26%	28%	26%	
13.10 Do you have a needs based custody plan?	12%	6%	12%	
13.11 Do you feel that any member of staff has helped you to prepare for release?	15%	18%	15%	17%
For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12 Employment?	38%	39%	38%	
13.12 Accommodation?	37%	43%	37%	
13.12 Benefits?	43%	44%	43%	
13.12 Finances?	31%	34%	31%	
13.12 Education?	42%	41%	42%	
13.12 Drugs and alcohol?	45%	49%	45%	
For those who are sentenced:				
13.13 Have you done anything, or has anything happened to you here to make you less likely to offend in future?	56%	56%	56%	55%

Diversity Analysis



Key question responses (ethnicity) HMP Stocken 2012

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
	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		44	150
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	9%	3%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?		
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	5%
1.1	Are you Muslim?	27%	2%
1.12	Do you consider yourself to have a disability?	5%	16%
1.13	Are you a veteran (ex-armed services)?	0%	5%
1.14	Is this your first time in prison?	23%	24%
2.6	Were you treated well/very well by the escort staff?	79%	79%
2.7	Before you arrived here were you told that you were coming here?	68%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	81%
3.3	Were you treated well/very well in reception?	73%	68%
3.4	Did you have any problems when you first arrived?	59%	60%
3.7	Did you have access to someone from health care when you first arrived here?	72%	66%
3.9	Did you feel safe on your first night here?	86%	90%
3.10	Have you been on an induction course?	89%	93%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	51%	51%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White 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		
4.4	Are you normally offered enough clean, suitable clothes for the week?	64%	69%
4.4	Are you normally able to have a shower every day?	98%	98%
4.4	Is your cell call bell normally answered within five minutes?	51%	43%
4.5	Is the food in this prison good/very good?	23%	32%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	36%	52%
4.7	Are you able to speak to a Listener at any time if you want to?	46%	57%
4.8	Do you feel your religious beliefs are respected?	59%	44%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	50%	50%
5.1	Is it easy to make an application?	91%	95%
5.3	Is it easy to make a complaint?	74%	72%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	55%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	51%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	10%
7.1	Do most staff, in this prison, treat you with respect?	74%	78%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	85%	79%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	23%	24%
7.4	Do you have a personal officer?	86%	79%
8.1	Have you ever felt unsafe here?	25%	27%
8.2	Do you feel unsafe now?	5%	12%
8.3	Have you been victimised by other prisoners?	23%	27%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	7%	17%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	2%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	4%

Diversity Analysis

Key to tables

		Black and minority ethnic prisoners	White 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		
8.6	Have you been victimised by a member of staff?	36%	33%
8.7	Have you ever felt threatened or intimidated by staff here?	9%	13%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	0%	4%
9.1	Is it easy/very easy to see the doctor?	21%	24%
9.1	Is it easy/ very easy to see the nurse?	46%	46%
9.4	Are you currently taking medication?	27%	51%
9.6	Do you feel you have any emotional well being/mental health issues?	9%	31%
10.3	Is it easy/very easy to get illegal drugs in this prison?	11%	28%
11.2	Are you currently working in the prison?	77%	70%
11.2	Are you currently undertaking vocational or skills training?	21%	15%
11.2	Are you currently in education (including basic skills)?	26%	22%
11.2	Are you currently taking part in an offending behaviour programme?	5%	12%
11.4	Do you go to the library at least once a week?	57%	53%
11.6	Do you go to the gym three or more times a week?	66%	32%
11.7	Do you go outside for exercise three or more times a week?	41%	44%
11.8	On average, do you go on association more than five times each week?	71%	84%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	16%	14%
12.2	Have you had any problems sending or receiving mail?	46%	40%
12.3	Have you had any problems getting access to the telephones?	21%	24%

Diversity Analysis



Key question responses (disability) HMP Stocken 2012

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

Key to tables

	Any 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		27	168
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	4%	5%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	96%	100%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	8%	25%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	4%
1.1	Are you Muslim?	4%	8%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	0%	4%
1.14	Is this your first time in prison?	23%	24%
2.6	Were you treated well/very well by the escort staff?	70%	80%
2.7	Before you arrived here were you told that you were coming here?	56%	68%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	81%
3.3	Were you treated well/very well in reception?	59%	70%
3.4	Did you have any problems when you first arrived?	80%	57%
3.7	Did you have access to someone from health care when you first arrived here?	54%	69%
3.9	Did you feel safe on your first night here?	81%	90%
3.10	Have you been on an induction course?	81%	93%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	52%	51%

Diversity Analysis

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		
4.4	Are you normally offered enough clean, suitable clothes for the week?	64%	69%
4.4	Are you normally able to have a shower every day?	96%	98%
4.4	Is your cell call bell normally answered within five minutes?	33%	47%
4.5	Is the food in this prison good/very good?	50%	27%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	49%
4.7	Are you able to speak to a Listener at any time if you want to?	58%	54%
4.8	Do you feel your religious beliefs are respected?	42%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	48%	50%
5.1	Is it easy to make an application?	96%	93%
5.3	Is it easy to make a complaint?	79%	72%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	39%	53%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	65%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	8%
7.1	Do most staff in this prison treat you with respect?	60%	80%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	81%	80%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	31%	23%
7.4	Do you have a personal officer?	68%	83%
8.1	Have you ever felt unsafe here?	39%	24%
8.2	Do you feel unsafe now?	20%	9%
8.3	Have you been victimised by other prisoners?	46%	23%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	23%	13%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	2%
8.5	Have you been victimised because of your age? (By prisoners)	8%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	19%	1%

Diversity Analysis

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		
8.6	Have you been victimised by a member of staff?	46%	31%
8.7	Have you ever felt threatened or intimidated by staff here?	23%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	0%	2%
8.7	Have you been victimised because of your age? (By staff)	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	23%	0%
9.1	Is it easy/very easy to see the doctor?	29%	22%
9.1	Is it easy/very easy to see the nurse?	44%	46%
9.4	Are you currently taking medication?	77%	41%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	58%	21%
10.3	Is it easy/very easy to get illegal drugs in this prison?	42%	21%
11.2	Are you currently working in the prison?	60%	73%
11.2	Are you currently undertaking vocational or skills training?	8%	18%
11.2	Are you currently in education (including basic skills)?	36%	20%
11.2	Are you currently taking part in an offending behaviour programme?	4%	12%
11.4	Do you go to the library at least once a week?	58%	53%
11.6	Do you go to the gym three or more times a week?	20%	43%
11.7	Do you go outside for exercise three or more times a week?	44%	43%
11.8	On average, do you go on association more than five times each week?	80%	81%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	9%	15%
12.2	Have you had any problems sending or receiving mail?	40%	42%
12.3	Have you had any problems getting access to the telephones?	8%	25%