

Report on an announced inspection of

# **HMP Wandsworth**

by HM Chief Inspector of Prisons

**13-17 May, 10-14 June 2013**

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# Introduction

Wandsworth, a large and overcrowded institution dating mostly from the 19th century, is one of the most famous prisons in the country. Its principal function remains a local prison serving the London area, although parts were closed during this inspection because of refurbishment. At our last inspection, just under two years ago, we criticised the prison severely, and I decided that it was right to re-inspect the prison sooner than we might otherwise have done. I also thought it right to take the unusual step of announcing the inspection in advance, in the hope that it would encourage rapid improvement. The governor suggested to us that this had, in fact, been helpful to him and his management team. It was pleasing to find at this inspection a prison that had made impressive progress in a relatively short period. Against all four of our healthy prison tests, outcomes for prisoners were now reasonably good.

Safety at Wandsworth had improved significantly. Arrangements to receive and induct new prisoners were satisfactory. Violence reduction protocols were better than we often see, levels of violence had reduced and staff supervision was improved. Support for those in danger of self-harm was also much improved, with evidence of better outcomes and fewer incidents. Security was applied proportionately, use of force was reducing and disciplinary arrangements were generally well managed. The prison's drug strategy was beginning to have an impact, although levels of illicit drug use remained too high. Support for drug misusers was good.

The Victorian environment at Wandsworth was a challenge to maintain, but despite this, environmental standards were reasonably good. Too many prisoners were required to share a cell designed for one, and prisoners had some negative perceptions about access to basic amenities, such as showers, and retrieving their stored property and using telephones could also be problematic.

The culture in the prison had markedly improved. Staff-prisoner relationships were much better and, for example, nearly three-quarters of prisoners, compared with just over half at our last inspection, now thought staff treated them with respect. Better prisoner consultation and the introduction of some peer support were also useful initiatives.

There was evidence that the promotion of diversity was a developing priority, although much more still needed to be done. Perceptions among minorities across a range of indicators were often worse than their counterparts, although well over a third of prisoners were from a black or minority ethnic background. Over 40% of prisoners were foreign nationals, 69 of whom were held beyond the end of their sentence and should have been moved to the immigration estate. There was a range of services for foreign nationals, although the prison needed a more considered and strategic approach to this significant number of prisoners. Discrimination complaints were dealt with poorly and the general complaints system also needed to be addressed to build prisoner confidence in it. Other services, such as faith provision, legal services, health and catering, generally provided good outcomes.

Time out of cell had improved but remained limited, as did prisoner access to association. We found just over a quarter of prisoners locked up during the working day, which was too high, but a significant improvement since our last visit. There was now sufficient activity for the majority of prisoners, and the quality of the learning and skills provision, particularly vocational training, was good. However, there was too much menial wing cleaner work that did not provide enough to do. Punctuality and some attendance could also improve, although those who did attend classes made progress. The use of PE to support the work of the prison was both productive and innovative.

The prison's strategy to reduce reoffending was, as we found at our last visit, reasonably good and grounded in a useful analysis of need. Most medium- to longer-term prisoners received some enthusiastic offender supervision but support for shorter-term prisoners, while addressing resettlement need, was less structured. The prison was developing links to support integrated offender management in to the community, and there had been a useful increase in release on

temporary licence to support resettlement. Resettlement services generally were effective in supporting meaningful outcomes, and the prison was developing new plans to reopen accommodation currently being refurbished as a hub to its resettlement function.

This is a good report that records significant improvement. The prison is well led by the governor and his management team, and it is to their credit that they have created a sense of optimism and energy in the prison. One inspection report does not of itself mean that the deep-set negative culture, built up over decades, that we witnessed at our last visit is eradicated. The challenge will be to embed these recent improvements. However, at our previous inspection Wandsworth was being run in the interests of the staff; at this inspection we found a prison that was working toward becoming an accountable public service. The governor and his staff should be congratulated and encouraged following this fresh start.

**Nick Hardwick**

HM Chief Inspector of Prisons

October 2013

# Fact page

**Task of the establishment**

Category B local male prison

**Prison status**

Public

**Region**

Greater London

**Number held**

1,223

**Certified normal accommodation**

712

**Operational capacity**

1,284

**Date of last full inspection**

28 February – 4 March 2011

**Brief history**

HMP Wandsworth is a large, Victorian, category B prison serving the courts of South London. Almost half the population are foreign national prisoners, and a large number of prisoners are only held in the prison for a short time. The prison has undergone significant staffing changes at all levels, in accordance with the implementation of the fair and sustainable structure, including the appointment of a new governor.

A number of new projects include the development of D wing as a drug recovery unit as part of a larger re-drawing of the prison's drug strategy. In March 2012, G, H and K wings, formerly the Onslow unit, were closed, its vulnerable prisoners were transferred around the estate, and the wings were due to reopen in late 2013 as a designated category C unit.

**Short description of residential units**

A wing – general population

B wing – general population

C wing – some general population and vulnerable prisoners

D wing – drug recovery unit

E wing – first night wing

G, H, K wings – under refurbishment and will reopen as a category C unit.

**Name of governor**

Kenny Brown

**Escort contractors**

Serco, Tascor

**Health service providers**

St George's Healthcare NHS Trust

South West London and St George's Mental Health NHS Trust

**Learning and skills providers**

A4e, National Career Commission

**Independent Monitoring Board chair**

David Deaton

# About this inspection and report

- A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.
- A2 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.
- A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests 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 effectively helped to reduce the likelihood of reoffending.
- A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: 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.**  
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
  - **outcomes for prisoners are reasonably good.**  
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.**  
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.**  
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.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
  - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: 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 and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.

## This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. 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. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>1</sup>

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<sup>1</sup> 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.

# Summary

## Safety

S1 *Wandsworth was a much safer prison than at our previous inspection. There were very good early days' arrangements and the induction process had improved to become a positive experience. Levels of violence, bullying and self-harm had reduced and were low. Security arrangements were broadly proportionate and the use of all disciplinary procedures had reduced. The incentives policy was generally well managed. Access to drugs was a concern but there was a sound drug reduction strategy and psychosocial and clinical interventions were good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S2 *At the last inspection in 2011 we found that outcomes for prisoners in Wandsworth were poor against this healthy prison test. We made 52 recommendations about safety. At this follow-up inspection we found that 42 of the recommendations had been achieved, eight had been partially achieved, and two had not been achieved.*

S3 Journey times to the prison were short for most prisoners, but disembarkation from the escort vans once at the prison sometimes took too long. The reception area was tired-looking and the holding rooms were stark, but the process for most new arrivals was swift. Although not discourteous, the reception of prisoners was process-driven and lacked meaningful engagement.

S4 In our survey, fewer prisoners than the comparator said they felt safe on their first night. Although we found little evidence to support this, many prisoners had negative perceptions of the prison before they arrived, which might explain some of their anxiety. All new arrivals received a good quality first night risk interview. The first night landing and cells were clean and welcoming, and peer supporters were well used. Staff handover arrangements and care during the first night were good. Induction arrangements were much improved, and included an impressive amount of translated information.

S5 Formal arrangements to deal with violence had improved, as had the collection of data, which was better than we usually see. The published violence reduction policy document was relevant and based on a proper analysis of the pattern of violence in the prison, but consultation with prisoners about their perceptions of safety was underdeveloped. Monitoring of the implementation of the policy at safer custody committee meetings had also improved and was very good. There were fewer victims of violence as the number of fights and assaults had reduced notably, and significantly fewer prisoners than at the previous inspection said that they felt unsafe. Bullying remained evident but incidents had reduced, and the quality of investigation into them had improved and was usually very good. Staff supervision of prisoners had also improved and was helped by the installation of CCTV cameras on all residential landings.

S6 The analysis of data to provide information about patterns and trends of self-harming behaviour had improved since the last inspection. The number of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had halved and initial screening arrangements were good. The incidence of actual self-harm had also reduced significantly, and case management through the safer custody team, residential officers and health care staff was generally very good. Management checks had improved the quality of staff entries in ACCT documents, which showed that staff knew and cared about the personal circumstances of individual prisoners. The daily complex case

review meeting addressed the needs of prisoners in crisis. The Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was well supported and properly advertised, and prisoners had good access to them.

- S7 Security arrangements were broadly proportionate and did not unnecessarily restrict prisoner access to the regime. Intelligence was processed efficiently and the security committee set and monitored appropriate objectives to maintain a safe environment.
- S8 Drug availability inside the prison was concerning and some drug testing arrangements required attention, but Wandsworth's comprehensive drug reduction strategy was starting to have a positive impact. Use of closed visits had significantly reduced and was now low and for appropriate reasons.
- S9 There was evidence that the incentives and earned privileges (IEP) scheme was used strategically to encourage responsible behaviour. There was a reasonable difference between the levels, and the regime for prisoners on basic included some association every day. However, prisoners could be demoted to basic following an alleged single incident of poor behaviour without a thorough investigation of the facts.
- S10 The number of adjudications had reduced since the last inspection and records of hearings were mostly of a good standard. Recorded use of force had also reduced and was now lower than in similar prisons. The planned intervention films and CCTV footage that we watched showed that incidents were handled well. Throughput of the care and separation unit had reduced considerably, and the average stay was short. All prisoners in the unit had consistent access to facilities and longer-term occupants were encouraged to take part in a constructive regime. Care and reintegration planning was new but developing. Staff engaged well with residents, who were complimentary about the relationships.
- S11 First night prescribing for prisoners with substance misuse problems and the level of support they received during stabilisation were good, but less so for vulnerable prisoners who were moved off the unit quickly. Prescribing was flexible, with regular reviews, but the proportion of those reducing their opiate-substitution dosage was low. Clinical and psychosocial services were integrated. The dedicated substance misuse gym was an excellent initiative. Dual diagnosis services were well developed.

## Respect

- S12 *The Victorian residential environment was difficult to maintain and accommodation was worn and overcrowding was still an issue, but most areas were clean and had improved since our last inspection. Interactions between most staff and prisoners had greatly improved. Formal arrangements to promote equality and diversity were well developed but the prison lacked a strategy to manage its substantial foreign national population, and the large number of detainees held in prison was inappropriate. Responses to most complaints were satisfactory, but prisoners had little confidence in the process. Legal services were adequate, and faith provision was good. Overall, the health care provision was good. Most prisoners were complimentary about the food but Muslim and black and minority ethnic prisoners were notably negative. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S13 *At the last inspection in 2011 we found that outcomes for prisoners in Wandsworth were poor against this healthy prison test. We made 68 recommendations about respect. At this follow-up inspection we found that 38 of the recommendations had been achieved, nine had been partially achieved, 19 had not been achieved and two were no longer relevant.*

- S14 Communal areas had improved since our last inspection, but some of the fabric was old, damaged and difficult to maintain. The prison had a long history of overcrowding and whilst the recent refurbishment may ease this, it remained an issue. Prisoner access to cell cleaning materials was inadequate and yet most cells were clean and well maintained, and there was little evidence of graffiti or offensive displays. Not all prisoners could shower daily and many showers were not sufficiently private. Applications were not answered quickly, although some staff dealt with requests informally. Prisoners had problems accessing the insufficient number of telephones during the relatively short association period.
- S15 Staff relationships with and supervision of prisoners had improved significantly, and in our survey most prisoners said that they had a member of staff they could turn to for help. The relationships we observed were positive and staff addressed prisoners by their preferred names, but many prisoners told us of a few belligerent staff. The quality and timeliness of staff entries in prisoner case history notes was mixed. Prisoner consultation arrangements were also mixed but the use of peer supporters was good.
- S16 The equality strategy was specific to Wandsworth. Identification of prisoners from most protected characteristics was good and promotion of diversity was developing. Monitoring data indicated that several important areas had been out of range for black and minority ethnic prisoners over a long period, and while there had been some work to understand this, the prison needed to address these findings. Many discrimination complaints were not investigated sufficiently and were returned late. Trained prisoner equality representatives provided a good service and promoted diversity. Consultation arrangements were mixed across the range of protected characteristics.
- S17 Too many foreign nationals were held inappropriately beyond the end of their sentence on a more restrictive regime than they would experience at an immigration removal centre, some for a significant time. Many foreign national prisoners had negative perceptions of their treatment and, although there was little evidence to support this, the prison needed to do more to understand their concerns. Treatment of prisoners with disabilities was improving and we found evidence that reasonable adjustments had been made. Prisoners of all sexual orientations were treated fairly, and the support offered to gay and bisexual prisoners was better than we normally see.
- S18 Our observations indicated that that the needs of different faith groups were met. The faith environments were suitable and religious festivals were celebrated appropriately. The chaplaincy also offered a good range of classes, including a mentoring scheme.
- S19 The number of formal complaints was much lower than in similar prisons but many prisoners had little confidence in the system. Responses to complaints were mixed and quality assurance was ineffective. Some complaints were not properly investigated. Legal services were good and prisoners had ready access to trained staff.
- S20 All health services had improved since the last inspection and, while there were still areas for development, we were encouraged by the significant changes. Survey results indicated that prisoners felt that the quality of health services was better than at the previous inspection, and there was a positive response to health care complaints, which were generally low. Primary care services were developing well, and the advanced nurse practitioner role was very impressive. Dental services had improved, but the waiting list needed reducing. Inpatient and mental health services were good.
- S21 Although prisoners surveyed were generally more positive than the comparators about the quality of the food, responses from Muslim and black and minority ethnic prisoners were negative. Menus were varied and balanced and prisoners were broadly satisfied with the meals. Some new arrivals had to wait too long to order from the prison shop, and black and

minority ethnic and Muslim prisoners were more negative about the choice of goods available from the shop.

## Purposeful activity

S22 *Time out of cell had improved but there was limited association. Management of learning and skills was effective and now more strategic. There were insufficient activity places and too much wing work. Punctuality and attendance required more rigorous management. Labour allocation was fair and the overall quality and range of activities were good. Educational and vocational achievements were good but quality assurance was not used to evaluate and improve the quality of provision. PE and health promotion met the needs of the population well. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S23 *At the last inspection in 2011 we found that outcomes for prisoners in Wandsworth were not sufficiently good against this healthy prison test. We made 25 recommendations about purposeful activity. At this follow-up inspection we found that 12 of the recommendations had been achieved, five had been partially achieved, six had not been achieved and two were no longer relevant.*

S24 On average, prisoners received about five to six hours a day out of cell on weekdays and three to four hours at weekends. An unemployed prisoner could expect a minimum of three hours' association, which included a domestic period, in addition to daily exercise. At roll checks we found about 27% the population locked in their cells, which was better than at the last inspection. Only prisoners in full-time employment were offered evening association and this was often cancelled due to staff shortages.

S25 The prison worked well with the education provider, A4e, to offer a good range of vocational training, education courses and work. Recent changes had been based on a thorough analysis of prisoner needs and focused well on supporting their resettlement. The quality improvement group focused on improving the provision, but did not use data on take-up of places and achievement of qualifications well enough to evaluate the full impact of the provision on meeting all prisoners' needs.

S26 There were only enough activity places for about 72% of the population. Vocational training and work were generally well attended, but attendance in the education classes was low. Prisoners' appointments clashed with their attendance in education, training or work. Punctuality was often poor, which disrupted learning and sometimes slowed prisoners' progress. The allocation process was generally fair and equitable, and waiting lists were managed well. However, there was insufficient work to occupy the high number of wing workers, and the deployment of domestic wing workers, which equated to little more than 'tea orderlies' (making tea and handing out menus), was inappropriate.

S27 The prison and A4e had extended provision in English for speakers of other languages (ESOL) in response to the high number of foreign nationals, and provided good language and literacy support in most of the vocational workshops.

S28 The induction into education and training was innovative and very well planned. Coaching and training on the vocational courses were good and the prisoners had access to good training resources, especially in motorbike maintenance, where the range and quality of resources were outstanding. Prisoners in workshops were attentive and there was a real energy about delivery, which kept them enthused. Prisoners made good progress on education courses and participated well in a wide variety of well-designed projects and learning activities, but not all received sufficiently constructive feedback on the quality of

their work in learning sessions. The prison had good arrangements for identifying and supporting prisoners with additional needs, and peer support was well received by prisoners in many vocational areas.

- S29 Achievement rates were good in vocational training and on many education courses, and prisoners' standards of work were generally high. Many prisoners progressed well to higher level courses, especially in ESOL, PE, Prisons Information Communication Technology Academy (PICTA) and motorbike maintenance.
- S30 The library was a good environment and was well managed and well used, with adequate access for all prisoners, including those working full time. It was well stocked and offered a good range of books, including in foreign languages.
- S31 PE was particularly well managed and staff were highly qualified and experienced. There was a wide choice of well-promoted recreational PE, including for the over-50s. There was high achievement in a particularly wide range of relevant vocational qualifications. Healthy living was promoted well, with good use of well-trained orderlies. PE had very productive links with the health care department.

## Resettlement

S32 *Strategic management of resettlement was appropriate. Offender management work met the needs of most prisoners but we identified shortcomings, particularly for low risk prisoners; these were, however, being addressed. Offender supervisors were working well. Public protection arrangements were good. Categorisation was effective, and temporary release and home detention curfew arrangements had improved. Resettlement pathway support had also improved, and work relating to children and families was now good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S33 *At the last inspection in 2011 we found that outcomes for prisoners in Wandsworth were reasonably good against this healthy prison test. We made 35 recommendations about resettlement. At this follow-up inspection we found that 25 of the recommendations had been achieved, two had been partially achieved, four had not been achieved and four were no longer relevant.*

- S34 A realistic needs analysis based on a prisoner survey and other relevant data had provided the basis for the reducing reoffending strategy. The strategy set out aims for reducing reoffending and for resettlement and was supported by an action plan covering all pathways.
- S35 Prisoners serving under 12 months had an initial assessment of resettlement needs but there was still a backlog of offender assessment system (OASys) assessments and a delay in the allocation of offender supervisors to some low risk prisoners, which directly affected sentence planning and other outcomes, such as recategorisation, for a few prisoners. Offender supervisors generally had regular planned contact with prisoners to direct and monitor achievement of their sentence plans. The quality of assessments overall was reasonable with very good examples of work to manage some complex prisoners.
- S36 The introduction of integrated offender management with some local boroughs was a good example of multi-agency working to tackle local offending. The use of release on temporary licence (ROTL) had increased considerably, providing more opportunities for resettlement and improving family ties. More prisoners were now released under home detention curfew (HDC).

- S37 Public protection arrangements were good and prisoners presenting a risk to the public were identified promptly. There were appropriate measures for prisoners requiring monitoring, and links with external statutory bodies were good. Categorisation processes were timely and decisions were justifiable. Prisoners were given at least 24 hours notice of transfer, which was good. Indeterminate-sentenced prisoners were well managed and appreciated the regular forums and contact with their offender supervisors.
- S38 Initial assessment of resettlement needs took place during induction for all prisoners. Accommodation arrangements were comprehensive with good support from external agencies and few prisoners were discharged without an address. There were good links with local further education colleges and the council to promote training and work to prisoners on release, but links with employers were underdeveloped. Finance, benefit and debt provision was good and prisoners had access to money management courses.
- S39 Pre-discharge arrangements for health care were adequate and for those with substance misuse needs were very good, supported by excellent links with community drug services.
- S40 Children and families provision was comprehensive, including valuable services for prisoners and visitors provided by the integrated family support worker from PACT (Prison Advice and Care Trust, a not for profit organisation). The visitors' centre was a well-used, welcoming resource, and visits booking facilities had improved. The visits area had some good facilities and staff were courteous. Induction visits ensured that new arrivals had early contact with their families during their first six days in custody.
- S41 There were sufficient places on the thinking skills programme to meet demand but the possible loss of the Sycamore Tree victim awareness course would leave a gap in provision.

## Main concerns and recommendations

- S42 **Concern:** There were insufficient activity places for the population and a substantial number of prisoners remained locked up during the core day. Too many were being allocated to wing duties. Attendance was not well managed and punctuality was often poor. We were concerned that the activity currently available was not being fully utilised and that more would be required with the reopening of the closed wings currently undergoing refurbishment.

**Recommendation: Senior managers should swiftly implement their plans to improve aspects of the prison regime to increase participation, attendance and punctuality in all activities to ensure that working time is fully productive.**

- S43 **Concern:** Both A and D wings were old and shabby and needed substantial refurbishment. The fabric was in poor condition and toilets were inadequately screened, normally just with a flimsy shower curtain which offered little privacy. The showers also had little privacy and were poorly ventilated.

**Recommendation: A and D wings should be completely refurbished.**

- S44 **Concern:** The prison was designated a main centre for holding foreign national prisoners and around half of the population were foreign nationals at the time of our inspection. However, the quality of communication with this group was mixed, and many foreign national prisoners said they felt isolated. Foreign national prisoners were not always informed at least three months before the end of their sentence of the intention to deport them. Progress reports were not always provided in prisoners' own language for those who did not have a good understanding of written English.

**Recommendation: Prisoners should be informed of the intention to deport them at least three months before the end of their sentence and progress reports should be provided in prisoners' own language for those who do not have a good understanding of written English. Communication with foreign national prisoners should be improved.**



# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

- 1.1** *Journey times were short, but the cleanliness of the vans was mixed. Some prisoners spent too long on vehicles waiting to disembark. Some escort staff did not interact with prisoners. Handcuffs were not used when moving prisoners in and out of reception.*
- 1.2** For most prisoners journey times were relatively short. Prisoners were offered refreshments and toilet breaks during longer journeys. In our survey, 67% of respondents said that vans were clean, against the comparator of 64%. In the vans we inspected we found that cleanliness did vary. While 61% of respondents, against the comparator of 68%, said that escort staff treated them well, we observed some who made little effort to engage positively with prisoners.
- 1.3** Disembarkation for most prisoners was swift but some were kept on vans for too long outside reception if too many escort vans arrived at the same time. Handcuffs were not used to move prisoners between reception and escort vehicles, which was proportionate to the risk.

## 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.**

- 1.4** *Facilities in reception were old and tired but most prisoners were there for less than an hour. First night arrangements were sound, although some prisoners said they felt unsafe. Induction was good with an impressive array of translated material.*
- 1.5** The number of receptions was high with over 11,000 arrivals in the previous 12 months. Facilities in reception were old and tired. The holding rooms were clean but stark, with hard benches and little to occupy prisoners. A separate prisoner toilet area was clean and well maintained.
- 1.6** In our survey, 64% of respondents, against the comparator of 48%, said that they spent less than two hours in reception. For most prisoners the reception process was swift and under one hour. In our survey, only 59% of respondents said that reception staff treated them well. We observed staff who were respectful with prisoners; one prisoner said to us that staff were 'businesslike but didn't talk down to us'.

- I.7** Prisoners were interviewed at the front desk in a separate area away from the sight and sound of other prisoners. Health care staff had a separate and confidential room to see all new arrivals. All prisoners were strip searched when they went into or out of reception, without any risk assessment (see recommendation I.44). A Listener (Samaritans-trained prisoner helping those in crisis) worked in reception and a specific Listener room was available.
- I.8** E wing was the first night induction wing and it was clean and welcoming. Prisoner Insiders met all new arrivals and gave them information about the prison. First night cells were clean and well prepared. In our survey, only 65% of respondents, against the comparator of 75%, said that they felt safe on their first night. Many we spoke to said they had felt anxious rather than unsafe about coming to the prison, some acknowledging a preconceived negative view of Wandsworth, which had compounded their views on first night safety. The prison's management team acknowledged these negative perceptions, and were making efforts to address the establishment's poor reputation.
- I.9** All new arrivals were seen by health care staff, given a comprehensive first night risk interview by prison officers and were unlocked until 10pm. In our survey, only 23% of respondents said they could have a shower when they arrived and 43% said they could have a free telephone call. Although most arrivals seemingly had ample time to access these entitlements, there were other competing activities, especially first night interviews and kit issue. This was more of a problem for those arriving later in the evening when there was less time to deal with individual needs.
- I.10** Monitoring arrangements for new arrivals undergoing detoxification on E wing were good, but were inadequate for vulnerable prisoners in detoxification on C wing (see paragraph I.68).
- I.11** Handover arrangements between day and night staff on the induction wing were sound and worked well.
- I.12** The five-day induction programme was well structured with induction modules each morning and a period of social and domestic time in the afternoon. The modules covered all aspects of life at the prison and included good support from the resettlement team. The presentation was well delivered, and use of an interactive computer software programme was a good initiative. This programme was available in 14 languages as well as an audio version. Translated information was available in several languages throughout the first night and induction process and was among the best we have seen.

## Recommendations

- I.13** Reception should be refurbished to provide an appropriate environment.
- I.14** All new arrivals should be able to make a telephone call and have the opportunity to have a shower.

## 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.**

**I.15** *Formal arrangements to deal with violence had improved and the collection of data on incidents was better than we usually see. The violence reduction policy was relevant but consultation with prisoners was underdeveloped. The number of fights and assaults had reduced notably and fewer prisoners than previously said that they felt unsafe. Although bullying remained evident the number of incidents had reduced and the quality of investigation had improved and was usually very good, but victims were offered little support.*

- I.16** A new violence reduction policy document had been published in 2013 following a full review of the strategy. Its content was relevant and based on a detailed analysis of the patterns of violence in the prison. It was further supported by other policies and procedures, such as the incentives and earned privileges (IEP) scheme and new security reporting systems. However, we were not assured that it had been adequately informed by consistent consultation with prisoners. Apart from early days in custody surveys of prisoners who had just finished induction, there was no wider consultation through safety focus groups or wider ranging safety surveys.
- I.17** A monthly safer custody committee meeting monitored overall progress of the violence reduction and suicide prevention strategies. Meetings were usually well attended and minutes indicated properly focused discussions about all forms of violence. Although security department staff did not always attend the meetings, links with the security department and safer custody were good, and there was an unrestricted flow of relevant information, such as security reports, to the full-time violence reduction coordinator.
- I.18** Information provided by the violence reduction coordinator about the amount, type and location of violent incidents each month was comprehensive, and analysis of information to identify trends, patterns and problem areas was better than we usually see.
- I.19** Formal arrangements to deal with bullying and other antisocial behaviour had also been revised into a simple single-stage system to identify, monitor and change antisocial behaviour, based chiefly on IEP sanctions supported by regular reviews to monitor behavioural changes. Prisoners found to be involved in violent incidents as a result of proven adjudication or following a formal investigation of bullying were immediately placed on the basic level of the IEP scheme.
- I.20** We found that allegations of violence, particularly bullying, were usually treated consistently, and investigated promptly by wing managers, but formal support for victims had not been fully developed.
- I.21** Staff supervision had also improved, helped by the installation of CCTV cameras on all residential wings. Prison officers regularly patrolled landings and had a high level of engagement with their prisoners.
- I.22** Opportunities for bullying remained evident but robust use of formal measures had reduced incidents – the number of violent incidents had halved since the previous inspection and use of formal antisocial behaviour procedures had doubled. In the previous six months, about 48 violent incidents a month had been recorded compared with about 100 at the last inspection.
- I.23** In our survey, fewer prisoners overall than at the previous inspection said that they felt unsafe at the moment (19% compared with 24%), although significantly more foreign national than British respondents (23% against 16%) said that they felt unsafe.

## Recommendations

- I.24** The prison should consult prisoners about their safety more regularly and systematically, and should fully explore and address foreign national prisoners' perceptions of their safety.
- I.25** Victim support should be further developed.

## 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.**

**I.26** *The incidence of self-harm had reduced significantly and the number of ACCT case management documents had halved. The documents indicated good standards of day-to-day staff engagement with and care of prisoners in crisis and knowledge of their personal circumstances, and a daily case review meeting helped to ensure that their needs were addressed. The Listener scheme was well supported, properly advertised and accessible to prisoners.*

- I.27** A full-time coordinating officer managed the strategic protocols to prevent self-harm and suicide, supported by nominated full-time staff and managers. The team was jointly responsible for ensuring that procedures to manage prisoners at risk from self-harm were properly implemented, and was also a central point of advice and guidance for staff.
- I.28** The safer custody committee monitored the overall implementation of the strategy at well-attended monthly meetings. It used a wide range of information to identify trends and patterns of behaviour by location, type, timing and peripheral circumstances of individual incidents. This was used to develop the strategy and update the continuous improvement action plans.
- I.29** There had been significant improvements in the attention given to prisoners in crisis. A daily complex case review meeting between the suicide prevention coordinator, a senior residential governor, residential managers and the mental health in-reach team identified all new assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm and discussed the progress of the more complicated cases. The meeting was an excellent tool in helping to ensure that the needs of prisoners considered to be particularly vulnerable were addressed.
- I.30** We found that staff were better engaged with prisoners as a result of better management, and no longer just relied on the safer custody team to identify potential prisoners at risk on the wings. It was clear that residential staff knew and cared about the personal circumstances of individual prisoners. For example, in our survey, 80% of respondents said that they had a member of staff that they could turn to with a problem, compared with only 58% at the previous inspection and the comparator of 74%.
- I.31** There had been a significant reduction in the number of self-harming incidents since the previous inspection. We calculated from data supplied by the prison that there were about 18 incidents a month, mostly minor and usually during the prisoner's first few days at the prison. This compared with about 32 a month during a corresponding period before the

previous inspection and was a rate of about 9.7 incidents per 100 prisoners, compared with 20.7 per 100 in similar prisons.

- I.32** The number of ACCT case management documents had reduced by about a half since the previous inspection – from about 60 new ACCTs a month in 2011 to about 35 a month. The quality of ACCT documents had also improved. Detailed support plans, prepared through consultation with the prisoner, identified specific needs and apportioned responsibilities to a nominated key worker. The progress of plans was reviewed at set times in agreement with the prisoner.
- I.33** The Listener scheme was well established and prisoners had 24-hour access to them. The scheme was explained during the induction programme and was also publicised around the prison. At the time of this inspection, there were 10 active Listeners and a further 12 receiving their initial training. Along with a Samaritans representative, they attended all safer custody meetings and gave a report of their work. There was also a free direct line number for prisoners to telephone the Samaritans during the day.
- I.34** There had been three deaths in custody since the previous inspection, including a self-inflicted death in March 2011. A senior manager reviewed all death in custody action plans each month. Important items from the plans were always included in the prison's continuous improvement plan, which was monitored by the safer custody committee each month.

## 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.<sup>2</sup>**

**I.35** *There was no formal safeguarding policy to deal with adults at risk and no contact with local social services.*

- I.36** There was no formal safeguarding policy to deal with adults at risk and there had been no contact with local social services about developing a policy. However, there were vulnerability screening procedures covering disability and age, as well as vulnerable prisoners, and very good assessments of risk during prisoners' first few days. These included initial identification of disability and health care interviews. Prisoners with vulnerabilities were discussed at the daily complex case meeting (see paragraph I.29).
- I.37** Staff were not clear of the action to be taken if there was information that an adult at risk may have been abused or injured while in custody. Staff we spoke to said that there were no formal protocols, but appeared focused on relevant issues and generally aware of their personal responsibility to protect those at risk. Awareness training for staff had not been planned. The prison had no formal links with the local safeguarding adults board to review current practices and identify the threshold of the numbers involved or seriousness of abuse at which formal adult protection protocols would be brought in.

<sup>2</sup> 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).

## Recommendation

- I.38 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.**

- I.39** *Security was well managed and broadly proportionate, although some strip searching was not based on supporting intelligence. Drug availability was too high and arrangements for suspicion drug testing were inadequate, but support services were good. Use of closed visits had reduced.*

- I.40** Security arrangements were well managed and we found no evidence that security procedures unnecessarily restricted prisoner access to a full regime. The security committee set and monitored appropriate objectives.
- I.41** In the previous six months, 1,741 security information reports (SIRs) had been submitted and were processed efficiently. Intelligence-led searches were completed within reasonable timeframes and often yielded good results. Information was shared appropriately with other departments, including the safer custody team, and relationships with the police were good.
- I.42** The prison's response to security concerns was mostly proportionate and based on a reasoned approach to risk management. For example, the number of closed visits had significantly reduced and they were now used sparingly, appropriately and for the shortest possible time. However, all prisoners were strip searched on reception and before mandatory drug testing (MDT), most on entry to the care and separation unit (CSU) and around 8% after visits, mostly in the absence of intelligence to support this.
- I.43** There was a comprehensive drug supply reduction strategy and supporting action plan. In our survey, fewer respondents than the comparator said it was easy to get illegal drugs or alcohol in the prison. The positive random MDT rate for the five months to May 2013 was high at 13%, but was below the target of 13.5% and the recent trend was downwards. Almost two-thirds of suspicion drug tests in the same period were not completed due to insufficient staff. Cannabis and benzodiazepines were the most frequent positive results. All prisoners testing positive were promptly referred to substance misuse services. The MDT facilities were good.

## Recommendations

- I.44 Prisoners should only be strip searched on the basis of intelligence or specific suspicion.**
- I.45 The mandatory drug testing programme should be sufficiently resourced to undertake suspicion testing within the required time.**

## Incentives and earned privileges<sup>3</sup>

### 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.**

- I.46** *The incentives and earned privileges (IEP) scheme was used strategically to encourage responsible behaviour. There was a reasonable difference between the levels, and the regime for prisoners on basic included some association every day. However, prisoners could be demoted to basic following an alleged single incident of poor behaviour without a thorough investigation of the facts.*
- I.47** The IEP policy document had been reviewed and published in early 2013. It described how the system worked, how prisoners could progress through the levels, and the standards of expected behaviour. The document described the usual three incentive levels (basic, standard and enhanced). The scheme was used strategically to support what the prison described as zero tolerance to violence, and there was some evidence that it had an impact on encouraging responsible behaviour (see also section on violence reduction).
- I.48** All prisoners had signed compacts. New arrivals were placed on standard level unless they had earned enhanced status at a previous establishment. At the time of inspection, 25% of prisoners were on the enhanced level and about 3% on basic. The scheme offered the standard differentials in access to private cash, computer games, visits and time out of cell.
- I.49** Although the basic regime was initially austere, all prisoners could attend work activities and had at least one period of evening association, as well as daily access to showers and telephones.
- I.50** We saw examples where decisions to demote prisoners was not fully justified. In a few cases, prisoners had been put on to basic due to an allegation of a single incident of poor behaviour (usually an allegation of fighting) without an investigation of the facts and before a formal adjudication.

### Recommendation

- I.51 Decisions to demote prisoners to basic should be fully justified and always following investigation.**

## Discipline

### Expected outcomes:

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

<sup>3</sup> In the previous 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.

**I.52** *The application of all disciplinary measures had reduced since the last inspection and were now lower than in many similar prisons. Most adjudication records were completed to a good standard. Incidents where force was used were handled well and de-escalation techniques were used properly. The environment in the care and separation unit (CSU) was good but many cells had too little furniture. The regime was reasonable, especially for many longer term residents, and staff-prisoner engagement was very good.*

## Disciplinary procedures

- I.53** The number of formal adjudications had reduced and at 792 in the previous six months was now lower than in many similar prisons. The records of hearings we sampled showed that proceedings were mostly conducted fairly but we found a few where there was insufficient exploration before a finding of guilt – and one case where the prisoner was found guilty in his absence with no record of efforts to engage him. Newly introduced quality assurance procedures were focused appropriately. Disciplinary measures were fair overall and there were examples where adjudicators dismissed charges due to a lack of evidence or anomalies in the process.
- I.54** Adjudication standardisation meetings had been reintroduced and minutes showed appropriate discussions and evidence that data were beginning to be used to identify trends and patterns.

## Housekeeping point

- I.55** Adjudications should explore charges thoroughly before a finding of guilt, and this should be recorded.

## The use of force

- I.56** Incidents requiring the use of force had reduced and were now lower than in many similar prisons. Of the 144 recorded incidents in the previous six months, around half required only low level physical coercion. The remainder were properly de-escalated and very few required sustained use of control and restraint techniques. Use of handcuffs had reduced, and was not routine when prisoners were relocated to the CSU.
- I.57** There were fewer incidents involving the drawing of batons, with only five in 2013 to date (drawn but not used). Although not all were reviewed by the prison, its scrutiny of recent incidents had highlighted some learning points and actions for staff involved.
- I.58** Planned interventions were generally filmed but not always reviewed, and CCTV footage was not always watched following incidents. In addition to the incidents we observed, the planned intervention films and CCTV footage that we looked at showed that incidents were handled well.
- I.59** Use of special accommodation was low for the type of prison, with only four cases in 2013 to date. Authorising documentation was not always completed well, but through discussions with staff and managers we established that use of the accommodation was a reasonable response in three of the cases. Records did show that the prisoners remained there for too long when they were calm. The fourth case involved an actively self-harming prisoner and was an inappropriate response to dealing with a prisoner in acute distress. He was eventually

looked after in a much more considered way through constant staff supervision and intervention until a subsequent transfer to a secure hospital. The body belt was used once in the same period, and for justifiable reasons to prevent self-harm by a prisoner banging his head. However, it was inappropriate that the prisoner was also placed into strip clothing without good reason or assessment, something we were told was routine.

## Recommendation

- I.60 There should be improved oversight on the use of special accommodation, body belt and strip clothing, which should only be used for prisoners at risk of suicide or self-harm in exceptional circumstances.**

## Segregation

- I.61** There were 14 cells, including two special cells, in the CSU. Communal areas were clean and bright. Living conditions were mostly reasonable but half of the cells did not have enough furniture.
- I.62** Throughput of the unit had been 167 in the previous six months, which represented a significant reduction of about 100 since a similar period at the last inspection. About 18% of prisoners served a punishment of cellular confinement and the average stay was short at just under six days. A few prisoners were segregated for much longer, sometimes for up to 70 days. However, staff were focused on returning prisoners to normal location quickly.
- I.63** Oversight of the unit was good and a published strategy set out management arrangements and expected working practices, including the staff selection policy. Relationships between staff and prisoners were relaxed and friendly, staff were knowledgeable about the personal circumstances of residents, and prisoners we spoke to were complimentary about staff. The daily regime included access to showers, exercise and telephones. Many prisoners were allowed a television and could exercise with other prisoners. There was evidence that longer stay residents were encouraged to take part in a constructive regime, including attendance at the gym, off-unit association, religious services, education and work.
- I.64** Segregation reviews were timely and multidisciplinary. Formal reintegration plans were developing well but were not linked to good order reviews, which set perfunctory targets.

## Recommendation

- I.65 All cells in the care and separation unit should be adequately furnished.**

## Housekeeping point

- I.66** Good order reviews should include meaningful targets in line with care and reintegration plans.

## 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.**

**I.67** *Well-integrated substance misuse services offered good support. Monitoring during stabilisation was good, except for vulnerable prisoners who were moved off the unit quickly. The dedicated substance misuse gym and family support worker were excellent initiatives. Peer support and strategic management were good, but service user consultation was underdeveloped.*

- I.68** St George's Healthcare NHS Trust provided clinical services, and first night prescribing had commenced since our last inspection. The stabilisation unit offered good monitoring and support for prisoners with substance misuse problems, but those who were vulnerable were moved to the vulnerable prisoner unit on day two and monitoring stopped, which was unsafe. Prescribing was flexible and individualised. Medication administration procedures were safe, although administration of buprenorphine (a heroin substitute) offered opportunities for diversion. All clinical staff had the level one Royal College of General Practitioners (RCGP) certificate in substance misuse, one GP had level two and there was a vacant addiction consultant post.
- I.69** Few prisoners on opiate substitution treatment were reducing their dosage, which was partly attributed to delays in filling the consultant vacancy. All required reviews were conducted jointly by a GP, nurse and psychosocial worker, and prisoners were fully involved.
- I.70** The specialist dual diagnosis team supported prisoners with severe mental illness and addiction issues; those with lower needs saw the primary mental health team. The dual diagnosis team also ran a valuable six-week dual diagnosis group.
- I.71** Most prisoners moved from the stabilisation unit to D wing, where clinical, psychosocial, discipline and gym staff provided a recovery focus. The facilities had improved since our last inspection with the installation of a gym, which helped prisoners incorporate exercise into their recovery, and refurbishment of the health care facilities. A weekly meeting in the gym led by the peer workers was a useful discussion forum.
- I.72** Psychosocial services were in transition following a change of provider to RAPt (Rehabilitation for Addicted Prisoners Trust), but there was good support available and planned developments included an alcohol programme. In our survey, more prisoners than the comparator said the support they received was helpful. Interventions included a range of low intensity groups, one-to-one and a six-week abstinence-based drug programme (Bridge Programme). The Alcoholics Anonymous and Cocaine Anonymous groups were well attended. Well-trained peer workers provided good support to fellow prisoners. Smoking cessation support was accessible. Service user consultation was underdeveloped, but monthly forums were planned. Compact-based drug testing was available on the Bridge Programme.
- I.73** Strategic management of substance misuse services was good. A comprehensive needs assessment informed the substance misuse strategy and action plans, and monthly drug strategy meetings were well attended.

## Recommendations

- I.74** **All new arrivals who require substance misuse support should have five days stabilisation and monitoring in an appropriate environment.**
- I.75** **Medication administration procedures should be reviewed to ensure prisoner safety and to minimise the risk of diversion of medication.** (Repeated recommendation 3.84)

## Good practice

- 1.76** *The dedicated substance misuse gym facilities on D wing helped prisoners incorporate exercise into their recovery, and the weekly meeting led by the peer workers was a useful discussion forum.*



## Section 2. Respect

### 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** *Communal areas had improved since the last inspection but some areas needed repair. Cells were free from graffiti and adequately furnished. Prisoner access to cleaning materials and time to clean cells was poor. Not every prisoner could shower daily and most showers were inadequately screened. Clothing and bedding were easily accessed and in reasonable condition but not all prisoners could wear their own clothes. Applications were not responded to quickly, but staff dealt with some issues informally. Access to telephones was a problem. Three wings were closed for refurbishment.*
- 2.2** The communal areas and the external grounds of the prison were generally clean but the fabric of A and D wings was old and shabby. Association equipment was available and in good condition throughout the residential units. Wings G, H and K (also known as Trinity) were closed for refurbishment.
- 2.3** The cleanliness of cells varied across the prison. In our survey, only 44% of respondents, against the comparator of 62%, said they could normally get cell cleaning materials every week and we found, during inspection, that access to cell cleaning materials was a problem. Prisoners could clean their cells during the social and domestic period but this was a relatively short period of unlock for prisoner association, showering and access to telephone calls.
- 2.4** The prison was overcrowded and some cells were designed to hold one prisoner but were inappropriately holding two, cells were small, narrow and afforded little space for occupants. Most cells had adequate furniture, although some double cells did not have lockable cupboards. With the exception of C wing, which had a separate toilet area in the cell, toilets were inadequately screened, normally just with a flimsy shower curtain. Cells were free from graffiti and the offensive display policy was generally adhered to. Cell call bells were usually answered quickly.
- 2.5** In our survey, fewer prisoners than the comparator said they were able to shower daily. Prisoners could only shower during the social and domestic period, which clashed with several other domestic priorities (see above). Showers were clean but, with the exception of C wing, did not have sufficient privacy. Ventilation in the showers was poor.
- 2.6** Only prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme and those on remand could wear their own clothes, and these were laundered on the wings. In our survey, prisoners responded positively about access to clean and suitable clothing and bedding. External laundry services were used and often poor clothing and bedding was returned, but staff removed any damaged clothing and bedding before it was issued.
- 2.7** Applications were not responded to quickly and many prisoners felt that responses were not fair. The prison had recently introduced a tracking system for applications but this had yet to make an impact. Prisoners told us that staff would deal with issues informally. Rules and routines were explained on induction and displayed on wing notice boards, and staff

enforced the rules fairly. Access to stored property had been a problem, but a new system was beginning to work well and there was no backlog of applications to access property.

- 2.8** There were not enough telephones on each wing for the number of prisoners and some had no privacy hoods. In our survey, nearly half of respondents said they had problems accessing the telephone, which was only available during the social and domestic period. Domestic mail was managed effectively and without delays, but around 40 items of legal correspondence a month were opened without the prisoner present, which was unacceptable.

## Recommendations

- 2.9** Cells designed to hold one prisoner should not be used to hold two.
- 2.10** Damaged wing fabric should be replaced and in-cell toilets appropriately screened.
- 2.11** All prisoners should be able to have a shower every day in clean and well maintained facilities with adequate privacy. (Repeated recommendation 2.13)
- 2.12** Prisoners should be given sufficient time to make daily telephone calls and at times appropriate for those they are calling, from an adequate number of working telephones with suitable privacy. (Repeated recommendation 2.16)
- 2.13** All legal mail should be opened in accordance with Prison Service policy.

## Housekeeping point

- 2.14** All prisoners should be clearly informed of the availability of cell cleaning materials and these should be of adequate quality. (Recommendation 2.23 repeated as housekeeping point)

## 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.**

- 2.15** *Staff-prisoner relationships had improved considerably since the last inspection and most staff were courteous but a few were less helpful. The personal officer scheme had improved. Prisoner consultation arrangements gave opportunity for meaningful discussion.*

- 2.16** Staff-prisoner relationships had improved considerably since our last inspection. In our survey, 74% of respondents, compared with only 56% at the last inspection, said that staff treated them with respect, and 80% said there was a member of staff they could turn to if they had a problem, which was better than the comparator and the last inspection.
- 2.17** All staff had been trained in pro-social modelling (promoting pro-social and challenging antisocial attitudes and behaviour). Prisoners we spoke to said that most staff were helpful. Some staff, although not all, addressed prisoners by their preferred names, which were always used in written documentation. We found a few staff who were less positive with

prisoners, and in some cases belligerent. Managers were aware of these staff and actively working with them to challenge their behaviour.

- 2.18** The personal officer scheme had been reviewed and most prisoners knew who their personal officer was. In our survey, 57% of respondents said they had a personal officer, against the comparator of 44% and 29% at the last inspection, although only 59%, against the comparator of 65%, said they were helpful. The quality of case history notes was mixed, with some good quality and regular entries by staff and some that were irregular and mechanistic. Partnerships between personal officers and offender supervisors to support prisoner sentence plans were embryonic.
- 2.19** There was well-attended monthly consultation with prisoners, and the minutes indicated meaningful discussion. Prisoners appreciated the use of prisoner peer supporters.

## Recommendation

- 2.20** **Personal officers should be actively engaged with offender supervisors to support prisoners in achieving sentence planning or resettlement targets where appropriate.** (Repeated recommendation 2.37)

## 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 characteristic<sup>4</sup> 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** *Formal arrangements to promote equality and diversity were developing, but consultation with some groups required improvement. Equality monitoring was good but more needed to be done to address unequal outcomes. Discrimination reports were not thoroughly investigated. Muslim and black and minority ethnic prisoners were less positive than non-Muslim and white prisoners about their experience of safety and respect. Strategic management of foreign national prisoners required improving. Support for prisoners with disabilities as well as gay prisoners was improving.*

## Strategic management

- 2.22** Equality work was prioritised and reasonably well promoted throughout the establishment. An overarching policy covered each protected characteristic. A separate foreign national policy included information on the facilities available to this group. The equality committee met monthly, it was chaired by the governor and analysed statistics and drew up an action plan.

<sup>4</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.23** A large equality team was supported by trained prisoner equality representatives. Equality staff met all new arrivals, and one of the representatives attended the induction wing to provide information about equality. Many representatives told us that they were often not unlocked to perform their role, and the equality team agreed that this had had an effect on the delivery of equality work. Consultation with minority groups was mixed, but information promoting diversity was displayed throughout the establishment.
- 2.24** When monitoring of outcomes for black and minority ethnic prisoners had identified inequalities these were investigated. This had resulted in inequalities being addressed and equality impact assessments being revisited. However, monitoring results had been out of range for black and minority ethnic prisoners in some important areas, including complaints and release on temporary licence (ROTL), over a significant period and the prison required more focus to address these issues.
- 2.25** There had been 97 discrimination incident reporting forms (DIRFs) submitted in the previous six months, which was much higher than in similar prisons. Many we examined were not related to discrimination and could have been submitted through the formal complaint system. Responses to DIRFs were generally late, poorly investigated and had poor internal quality assurance. An independent charity, the Zahid Mubarek Trust, had recently started to scrutinise the investigations separately, which was positive.

## Recommendations

- 2.26** **Consultation arrangements with prisoners covered by all protected characteristics should be regular and address the issues raised.**
- 2.27** **All staff should be aware of how to use discrimination incident report forms appropriately, reports should be investigated thoroughly and without delay, and quality control of investigations should include external scrutiny, complainant feedback and monitoring by managers.**

## Housekeeping point

- 2.28** Prisoner equality representatives should be unlocked in order to carry out their role.

## Protected characteristics

- 2.29** Black and minority ethnic prisoners accounted for around 40% of the population and a significant number felt unsafe: in our survey, 48% said they had felt unsafe at Wandsworth compared with 35% of white prisoners. We found little evidence to explain why prisoners should have felt this, although consultation arrangements were limited and provided too little opportunity for prisoners to voice any frustrations.
- 2.30** In our survey, 5% of respondents considered themselves as a Gypsy, Romany or Traveller, which equated to around 60 prisoners, although the prison had identified only one. There were no consultation arrangements for this group (see recommendation 2.26).
- 2.31** The prison was designated a main centre for holding foreign national prisoners and at the time of the inspection around half the population were foreign nationals. The equality team met all new foreign national prisoners and held consultation meetings with various nationalities each month. There was good use of professional interpreting services when needed. Much information in key areas had been translated, including induction material and

formal complaint forms. Staff who spoke foreign languages could be called upon to interpret. However, many foreign nationals we spoke to said that communication with wing staff was problematic and this led to feelings of isolation. In our survey and groups, foreign national prisoners were negative about their treatment. Although there was little evidence to support this, the prison needed to understand their concerns.

- 2.32** Foreign national prisoners included 69 held administratively beyond the end of their sentence, the longest for over two years. This was poor practice and these detainees did not have access at Wandsworth to the facilities available at an immigration removal centre – such as the internet, fax machines and a less restrictive regime. Immigration enforcement was based on site and surgeries were held daily. Immigration enforcement staff were required to interview all prisoners potentially subject to deportation within their first week of arrival from court to establish their nationality, but this did not happen in every case. The daily surgeries were used as an opportunity to issue progress reports to prisoners about their cases, but these reports were only provided in English and some prisoners said they had difficulty in understanding them. Immigration enforcement staff were required to inform prisoners that they were subject to deportation at least three months before their sentence expired, but this did not happen in every case.
- 2.33** The detention advice service (DAS) provided independent immigration advice fortnightly and was extremely busy; we found some detainees unable to access DAS when they had requested to. The prison offered foreign national prisoners a free monthly five-minute phone call, but they had to apply for this and many told us they found the system complicated. There was good provision of English for speakers of other languages (ESOL) in education.
- 2.34** A fifth of the population were Muslim, and in our survey Muslim respondents were less positive than non-Muslim prisoners on several indicators of respect and safety. The chaplaincy held regular consultation meetings with Muslim prisoners but the equality team was not involved in them, and the prison was unaware of many of the issues raised in this forum.
- 2.35** Over 200 prisoners had identified themselves as disabled at the time of the inspection, with over 60 recorded as having reduced mobility. There was good identification of prisoners with disabilities by the induction team and information passed to the equality team. Most physically disabled prisoners were located on CI, where there had been adjustments to some cells and purposeful activity was facilitated in a classroom. There was a paid 'buddy' scheme to care for those prisoners with disabilities who required it. Multidisciplinary care plans were underused and only one prisoner at the time of the inspection had one. Personal emergency evacuation plans (PEEPs) for prisoners with disabilities were comprehensive and in place for all prisoners who required one. Staff were aware of all prisoners with a PEEP and knew who to evacuate first in case of an emergency. In our survey, prisoners who considered themselves to have a disability were more positive than those who did not about being treated with respect by staff. There were good consultation arrangements for disabled and older prisoners.
- 2.36** There were 17 prisoners aged 65 or over at the time of the inspection. Most were located on CI, where they received a reasonable level of care, but there were no multidisciplinary care plans. Those aged 65 or over did not have to pay for their television.
- 2.37** Nineteen prisoners had identified themselves as gay or bisexual to the equality team. Gay prisoners said that they felt safe and were supported by staff, and there were some connections to external support agencies. There was no transgender policy but we saw evidence of a good care plan for the last transgender prisoner who had been at the prison.

## Recommendations

- 2.38** Immigration detainees should not be held in prison unless there are exceptional reasons to do so following risk assessment.
- 2.39** The prison should consult foreign national prisoners to understand and address their negative perceptions.
- 2.40** Key staff should undertake language awareness training to improve communication with foreign national prisoners.
- 2.41** All prisoners of potential interest to the Home Office should be interviewed within the first week of their arrival at the establishment, to identify their nationality. (Repeated recommendation 4.51)

## Housekeeping points

- 2.42** Identification of prisoners who are a Gypsy, Romany or Traveller should be improved, and the equality action plan should address their needs.
- 2.43** Provision for independent immigration advice should be extended.
- 2.44** There should be care plans for all older prisoners and those with disabilities who require them and these should be reviewed regularly. (Recommendation 4.64 repeated as housekeeping point)

## 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.**

**2.45** *Faith provision was good and prisoners were positive about the support offered by the chaplaincy.*

- 2.46** The chaplaincy included chaplains from all faiths, was well integrated into all aspects of prison life and contributed to several key meetings. Faith facilities were very good with large dedicated areas for Christian and Muslim worship and a separate area for multi-faith activity. A diverse range of religious festivals were promoted. In our survey, prisoners were positive about the faith provision and access to it. Corporate worship was well attended, although a regime clash meant some prisoners had to choose between attending worship and exercise. A range of classes and groups included an external mentoring scheme, which the resettlement chaplain facilitated.

## 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.**

**2.47** *Prisoners were negative about the formal complaints system, and the number of complaints had significantly reduced. Most responses were adequate but some were poor.*

**2.48** In our survey, fewer prisoners than the comparator said it was easy to make a complaint or that they were dealt with quickly, and many prisoners told us they had no confidence in the formal system. There had been 990 complaints in the previous six months, which was less than half the level for similar prisons and also half that at our last inspection.

**2.49** Complaint forms were freely available in several languages and most complaints were answered quickly. We saw evidence that some had been translated. The standard of responses varied; some addressed the complainant politely and answered the issue raised, but others did not address the complainant personally and showed insufficient investigation of the issue. Some matters submitted as complaints were in fact applications. A random 10% were quality assured and this had addressed some issues but more checks were required to ensure further improvement. Senior managers analysed complaint trends at the monthly performance meeting.

### Recommendation

**2.50 Responses to complaints should be personally addressed and answer the issue raised, which should be investigated sufficiently, and quality assurance should lead to further improvement.**

### Housekeeping point

**2.51** The prison should explore prisoners' limited confidence in the complaints process and take action to address this.

## 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.**

**2.52** *Legal services provision was good and access to legal visits was adequate.*

**2.53** Two trained legal services officers provided advice on criminal court and extradition appeals and accessing a legal adviser, and assisted with complaints to the legal ombudsman. A legal services officer saw all new arrivals during their induction, and services were widely

publicised throughout the prison. There was good access to 'access to justice' laptops (provided by the prison to assist some prisoners in the preparation of defence, appeal or related legal work). Bail information advice was offered by a probation officer and over 200 prisoners had gained bail in the previous six months. There was a good selection of legal material in the library.

- 2.54** In our survey, only 46% of respondents said they had good access to legal visits, against the comparator of 58%. Legal visits were held Monday to Thursday and, although busy, we found access was reasonable.

## 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.**

- 2.55** *All health services had improved since the last inspection, survey results were more positive, and there was a good response to complaints, which were well managed. Primary care services were developing well, and the advanced nurse practitioner role was very impressive. Dental services had improved, although there was still a long waiting list. Inpatient and mental health services were good.*

## Governance arrangements

- 2.56** Primary health services, including the pharmacy, were provided by St George's Healthcare NHS Trust. Mental health services were provided by South West London and St George's Mental Health NHS Trust. Medical services were provided by six GPs, two of whom were employed by St George's NHS Trust and also worked at a local practice. Other GPs were sessional or locum staff. Governance arrangements for all health services were very good. There was reporting through health care governance meetings and the offender health care partnership board. There had been a full health needs assessment in 2011. There was an excellent and comprehensive clinical strategy, which was being implemented.
- 2.57** There were relevant policies and procedures, although no system for staff to sign that they had read and understood them. We observed good leadership as well as improving relationships and skill development among the clinical staff following the recent changes in nursing structures. New staff were being appointed following a successful recruitment campaign. Clinical and managerial supervision was available, as was a very good programme of training provided within a training strategy. There was also a good management on-call system out of hours.
- 2.58** The health care rooms were generally adequate, but not all were sufficiently clean or complied with infection control guidance – for example, there were inadequate floor seals and non-compliant sink splash backs. The waiting area had been refurbished well, although the soft seating had been removed and the carpets required cleaning. The Heathfield centre, a newly adapted walk-in health care centre, was cramped but modern, well equipped and complied with infection control guidelines.
- 2.59** Emergency arrangements had been strengthened following two deaths in custody in 2011. Emergency response training for clinical staff was impressive and there was good support

from the NHS resuscitation team at St George's Hospital. The prison monitored ambulance response times, and we were assured that ambulances arrived in time to attend emergencies. During April and May 2013 there had been 51 ambulance calls, although 26 had been cancelled following an assessment of the emergency, reflecting the health care department's new protocols on immediately calling for an ambulance, then cancelling it if clinically indicated. This followed the up-to-date Prison Service guidance in light of recommendations from the Prisons and Probation Ombudsman.

- 2.60** Emergency resuscitation equipment, including oxygen and automated external defibrillators (AEDs), were available. All registered nurses were up to date with biennial mandatory intermediate life support training, and other clinical staff received annual basic life support training.
- 2.61** Not all uniformed officers used the radio health emergency codes correctly, nor did they all know where their nearest defibrillator or emergency equipment was situated. There were plans to ensure that sufficient officers were up to date with their first aid training, although not all areas in the prison had an up-to-date list of first aiders.
- 2.62** We observed health care staff interacting with prisoners courteously. Prisoner feedback about health services was mixed; alongside some positive comments we received a number of complaints about long waits for appointments and medications that did not arrive on time. This was particularly highlighted by less able (older or disabled) prisoners.
- 2.63** There had been 40 health complainants in the last financial year, some of who had submitted multiple complaints. There was positive action to address complainants' concerns and reduce the likelihood of repetition. Prisoners had good access to PALS (patient advice and liaison service). A patient satisfaction survey in December 2012 had produced a mix of complaints and compliments. In our survey, 39% of respondents said that health services were good, which was better than the 24% response at the previous inspection.
- 2.64** Prisoners were given good information about access to prison health services, although this was only available in English. Health promotion initiatives were in place and planned, although there was little information about them around the prison. The health care department had good links with the gym, which organised health fairs for prisoners. Although health care representatives' roles were being developed, the prisoner health care trainers were not used to full effect, and health promotion overall was weak.

## Recommendations

- 2.65** All clinical areas should be clean and comply with infection control standards.
- 2.66** All officers should know how to access and use emergency equipment in a timely manner, and should use the designated code system for medical emergencies.
- 2.67** The health promotion initiatives for all health services, including the pharmacy and dentist, should be developed, include the provision of information in foreign languages, and involve development of the roles of health care representatives and/or wing health trainers.

## Housekeeping point

- 2.68** There should be a process for staff to sign that they have read and understood relevant policies and procedures.

## Good practice

- 2.69** *There was an impressive mix of robust leadership and a clear strategic direction for health services, supported by clinical and training strategies.*
- 2.70** *Health complaints were managed well, supported by a robust and well-run system.*

## Delivery of care (physical health)

- 2.71** SystemOne, the electronic clinical record system, was used. Record keeping was good although the use of care planning was limited. A SystemOne reception screening tool was used to identify and document the needs of new arrivals. There was a very robust health screening process, and all prisoners were offered screening for sexually transmitted diseases.
- 2.72** There was good access to medical services. Although in our survey only 22% of respondents said that it was easy to see the doctor, this was significantly better than the 12% response at the previous inspection. There was no access to an out-of-hours GP service; however there was 24 hour access to the nursing service who had good links with St Georges Hospital.
- 2.73** In our survey, only 36% of respondents said that it was easy to see a nurse, which was worse than the 49% at the previous inspection and the comparator of 51%. Recent changes to the nursing team structure might have affected prisoners' perceptions, but should provide more consistency in patient care once fully embedded. Advanced nurse practitioners were used well to offer a range of long-term care clinics and prescribing services. There was a diabetic nurse specialist and diabetic retinopathy screening was available.
- 2.74** Other services included a weekly genitourinary specialist team, weekly podiatrist, three-weekly optician and monthly dietician sessions. Although health services were accessible, prisoners could wait up to 16 weeks to see the optician.
- 2.75** There was an adequate six-bedded inpatient facility for prisoners with physical health problems. At the time of the inspection there were four inpatients, of whom one had been admitted to hospital. The regime met the medical needs of the inpatients, but they said that they were bored and had long periods when they did not discuss their health and well-being.
- 2.76** Health and social care services for older and disabled prisoners were new but developing. A health care assistant had been appointed to support prisoners with social care needs, although this was a temporary solution. A clinic was being developed for prisoners with disabilities, and their medications were administered from a suitably adapted room.
- 2.77** The health administrators managed outside hospital appointments. The health department had good working relationships with the prison to ensure prisoners had access to external appointments without undue delay, and there were systems to check that planned escorts had taken place. However, changes to the discipline staff rota had resulted in a reduction in the number of appointments and bed watches that could be facilitated, which was a problem. The number of available appointments had also reduced because one prisoner was having dialysis on alternate days. Since January 2013, 20 escorts had been cancelled due to lack of staff. The prison and health care department were aware of the problem and seeking a solution. We noted some prisoners transferring in from other prisons with outstanding appointments who needed to obtain hospital appointments.

## Recommendation

- 2.78 Prisoners should be escorted to external hospital appointments in a timely manner.**

## Pharmacy

- 2.79** Prisoners had access to a pharmacist and pharmacy technician, and pharmacy services were well used. There was a good poly-pharmacy clinic and the pharmacist ran smoking cessation services and was closely involved in other clinics.
- 2.80** The pharmacy in the health care department was not fit for purpose and there was an unacceptable amount of medicine waiting to be disposed.
- 2.81** The pharmacy had standard operating procedures but these had not been agreed by the medicines and therapeutics committee. There were policies covering medications held in possession, which included 'special sick' (the provision of immediate health treatment without an appointment), out of hours supply, and several patient group directions (enabling nurses and others to supply and administer prescription-only medicine). There was no documented evidence that the policies had been read by the appropriate personnel and some required updating. The prescribing formulary (list of medications used to inform prescribing) had not been reviewed since 2009. The medicines and therapeutics committee met bimonthly.
- 2.82** SystmOne was used for prescribing of medicines and risk assessments but not for administration. Signed compacts were scanned on to SystmOne. About 70% of patients received their medicines in possession but they had no lockable cupboards to store these and most cells were shared. The in-possession policy included abusable medication and tradable painkillers, such as gabapentin, with caution, for supply in possession. Thirteen patients were prescribed gabapentin in possession for up to 14 days. Nineteen patients were prescribed the anti-depressant mirtazepine in possession for up to seven days, and we were told that this was often used as a sedative. Conventional sedative medication was administered at 6–7pm and only taken later than this to the prisoner in his cell in exceptional circumstances. Administration of special sick and out-of-hours medication was not consistently recorded. Special sick medicines and medicines available under patient group directions were not separated or clearly labelled as such.
- 2.83** There was no audit trail for the controlled drug cabinet keys, and the controlled drug requisition book in central pharmacy was not locked away. All controlled drug cabinets appeared to be screwed and not bolted, as required by the regulations, and the cabinet on the Jones Unit was not locked.

## Recommendations

- 2.84 The pharmacy room in the health care department should be refurbished, and waste medicines should be removed speedily.**
- 2.85 The medicines allowed in-possession should be reviewed after consultation of the *Safer Prescribing in Prisons* guidance document.**
- 2.86 Patients should be provided with a facility to store their medication securely.**  
(Repeated recommendation 5.46)

**2.87 Controlled drug procedures should ensure compliance with the legal requirements and established good practice.**

### Housekeeping points

- 2.88** There should be documented evidence that all standard operating procedures and policies have been read by the appropriate personnel.
- 2.89** The prescribing formulary should be reviewed.
- 2.90** The administration of all medications should be documented.

### Good practice

- 2.91** *Prisoners were able to consult the pharmacist or pharmacy technician. In collaboration with other healthcare professionals, the pharmacist ran a poly-pharmacy clinic and smoking cessation clinic and undertook medicine use reviews, and there was pharmacy input into all other clinics.*

### Dentistry

- 2.92** Prisoners had access to a dentist and dental nurse four days a week. A full range of NHS treatment was offered. There was a separate dentist application form.
- 2.93** There had been a significant drop in the number of prisoners waiting for treatment since our last inspection, although the waiting list remained too long. In our survey, only 8% of respondents said that it was easy to see the dentist, which was worse than the comparator of 11%, although better than the 6% at the last inspection. The six-monthly internal patient surveys were very positive about the dental services.
- 2.94** Clinical governance arrangements were very good and there was a six-monthly cycle of clinical audit. The dental room complied with infection control requirements and all equipment was in good working order, but some clinical records were not stored appropriately. Oral health promotion was offered individually, and the dental nurse was undertaking further training in health promotion.

### Recommendation

- 2.95** **The reasons for the long waiting list for the dentist should be explored and steps taken to reduce it to an acceptable time frame.**

### Delivery of care (mental health)

- 2.96** The primary mental health service saw approximately 130 people a month. Prisoners could be offered support for stress, depression, bereavement and anxiety. Emergency requests were seen immediately and the maximum wait was three weeks to initial assessment. Prisoners could access weekly voluntary counselling services. There were no group work or day care services. There was a mental health inpatient facility for up to 12 prisoners, with nine inpatients at the time of the inspection. The beds were still part of the prison's certified normal accommodation (CNA) which meant that prisoners without health care needs could

be located in the inpatient unit, which was not ideal. We received positive feedback from prisoners and noted good working relationships between health and discipline staff.

- 2.97** There were reasonably good links with the secondary mental health team, which consisted of a modern matron for secondary care mental health, three community psychiatric nurses, three dual diagnosis nurses and recovery workers. The caseload was very high with 61 patients at the time of the inspection. There had been 57 patients on the care plan programme (CPA) in the previous three months. Prisoners had daily access to medical advice and input. There were good links with Mind in Camden, which was working in partnership to implement a London prisons project. The team delivered mental health awareness training for officers, including information on personality disorders and learning disabilities.
- 2.98** We observed good communication in the daily referral and complex case reviews. The in-reach team (and a member of the primary health care team) attended the daily meeting, which discussed all prisoners with complex needs and had good representation from the rest of the prison.
- 2.99** Fifteen prisoners had been transferred to hospital under the Mental Health Act in the previous three months, of whom six were within the 14-day target for transfer. This number of transfers indicated the high turnover of patients through the prison. There were good links with officers from the care and separation unit for the few times that patients needed to be managed before release to a secure mental health setting. The prison transfer nurse undertook a valuable project monitoring transfers to secure mental health settings.

## Recommendations

- 2.100 Day care services should be provided for patients having difficulties coping on the wings.** (Repeated recommendation 5.62)
- 2.101 All inpatient beds should be removed from the prison list of certified normal accommodation.** (Repeated recommendation 5.60)

## 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.**

**2.102** *Catering arrangements were well managed. Meals were of a good quality, varied and balanced. Most prisoners were positive about the food but Muslim and black and minority ethnic prisoners were more negative.*

- 2.103** A published five-week menu cycle catered for different dietary needs and preferences. Two hot meals were provided daily with up to seven choices at both lunch and dinner, and included fresh fruit and vegetables.
- 2.104** Breakfast packs were issued the evening before they were to be consumed, and lunch and evening meals were served too early at approximately 11.45am and 4.30pm. With the exception of E wing, there were no facilities for communal dining. Serveries were managed

well and we observed good portions and meals that were hot at the end of the service. The food we sampled was tasty.

- 2.105** In our survey and structured groups, prisoners were much more positive than the comparator about the food and most were very complimentary about it, but responses from Muslim and black and minority ethnic prisoners were worse; only 39% of black and minority ethnic respondents, against 46% of white respondents, and 24% of Muslims against 45% of non-Muslims said the food was good. Prisoners from these groups who we spoke to said there was too little variety, but there was limited evidence to support these views.
- 2.106** The kitchen was large, clean and well equipped. Prisoners who worked there could achieve a range of qualifications. Prisoners were consulted about the food through a twice yearly survey, the prisoner consultation meeting and the use of food comments books, which received good responses.

## Recommendations

- 2.107 Breakfast should be served in the mornings, rather than being issued in packs the previous night.** (Repeated recommendation 8.1)
- 2.108 Lunch should be served between noon and 1.30pm and dinner between 5pm and 6.30pm.** (Repeated recommendation 8.9)
- 2.109 The prison should explore and address the reasons for the negative perceptions of Muslim and black and minority ethnic prisoners about the food.**

## Purchases

### Expected outcomes:

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

**2.110** *Some new arrivals waited too long to receive their first shop order. Muslim and black and minority ethnic prisoners were negative about the range of items available in the prison shop.*

- 2.111** New arrivals received a reception pack but some had to wait up to 11 days before they could receive their first order from the prison shop, although they could buy extra reception packs if they had funds. In our survey, responses about the variety of items sold by the prison shop were worse than at the last inspection, and Muslim and black and minority ethnic prisoners were generally more negative; only 35% of black and minority ethnic respondents, against 54% of white respondents, and 36% of Muslims against 48% of non-Muslims said it sold enough goods to meet their needs. The shop list was available in a variety of languages and was reviewed quarterly, but consultation about changes involved only a few prisoners and changes were not widely publicised.
- 2.112** There were few catalogues available for prisoners to order from, but they were not required to pay an administration or delivery fee on these orders.

## Recommendation

- 2.113 Prisoners should be able to place a full shop order within 24 hours of arrival.**  
(Repeated recommendation 8.22)

## Housekeeping point

- 2.114** Consultation about the items available through the prison shop should be improved, particularly with black and minority ethnic and Muslim prisoners, and changes to the shop list should be more widely publicised.



## Section 3. Purposeful activity

### 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.<sup>5</sup>**

**3.1** *Time out of cell for most prisoners had improved since the last inspection but many prisoners were unable to have association in the evening, and exercise was restricted to 30 minutes a day.*

**3.2** The daily activity schedule (the core day) indicated that a fully employed prisoner could achieve about 8.5 hours a day out of cell on Monday to Thursday and about 6.5 hours on Fridays, Saturday and Sunday. We calculated that, in reality, prisoners received, on average, about five to six hours out of cell on weekdays and three to four hours at weekends. An unemployed prisoner could expect a minimum of three hours' association a day, which included a domestic period, in addition to daily exercise.

**3.3** At roll checks during the morning and afternoons of the core day, we found about 27% of the population locked in their cells, compared with between a third and just under half at a similar check during the previous inspection

**3.4** Only prisoners in full-time employment were offered association in the evening, and it was not unusual for this to be cancelled due to staff shortages. Exercise was limited to 30 minutes a day. Some periods of association coincided with corporate worship.

#### Recommendations

**3.5** **All prisoners should receive some association in the evening, and association should not be cancelled.**

**3.6** **All prisoners should be able to have an hour's exercise in the open air every day.**

### 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.**

**3.7** *The range of learning and skills activities was good and had increased since the previous inspection, although there were insufficient places for all prisoners. The short vocational and educational courses were particularly suited to a large local prison and the prison had responded well to the increased*

<sup>5</sup> 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.

*need for provision in English for speakers of other languages (ESOL). Provision of work was generally good, but too many prisoners allocated to wing duties were underemployed. Teaching and training were particularly motivating. Most prisoners achieved well and developed good standards of skills, especially in the vocational areas. Attendance was not managed well and punctuality was often poor. Arrangements to quality assure and evaluate the provision were not fully effective. The library was well managed, had a good range of stock and was well used.*

**3.8** Ofsted<sup>6</sup> made the following assessments about the learning and skills and work provision:

Achievements of prisoners engaged in learning and skills and work:	Good
Quality of learning and skills and work provision:	Good
Leadership and management of learning and skills and work:	Requires improvement

## Management of learning and skills and work

- 3.9** Strategic planning for learning and skills and work was very effective. The prison worked well with A4e, the education provider, to adapt the provision in response to an analysis of prisoners' needs and local employment information in the main resettlement areas. The good range of vocational and educational short courses met the needs of a large local prison well. The provision was generally well managed and staff had good expertise in their specialist areas. Overall, the offender learning and skills service (OLASS) provision was good.
- 3.10** Although many individual members of the quality improvement group were new to their roles in learning and skills, the group had developed a good range of quality assurance procedures. However, these were not fully effective in driving improvement across the provision. Managers did not use data sufficiently to evaluate the full impact of the provision on meeting all prisoners' needs, especially those with low levels of literacy and numeracy.
- 3.11** Prisoner pay rates were too complex and did not always reflect the demands of their activities. However, there was no evidence that this was a disincentive to participation in activities. The prison had reviewed and simplified the pay rates, which were due to be implemented in July 2013.

## Recommendation

- 3.12** **The prison should make better use of data analysis to evaluate the impact of the provision for all learners.**

## Provision of activities

- 3.13** The prison had sufficient activity places to occupy only approximately 72% of the prison population. The textiles and recycling workshops and the prison radio (Radio Wannu) provided purposeful work and good opportunities for the prisoners to work towards appropriate qualifications. However, too many prisoners were allocated to work on the

<sup>6</sup> Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

wings, especially cleaning jobs, with not enough to occupy them fully during the core day. The poor practice of employing 'tea orderlies' (who did little more than make tea and hand out menus), identified at the previous inspection, continued. In contrast, other places for orderlies offered interesting work in a wide range of areas, including the chaplaincy, gym, gardens, library and health care.

- 3.14** The very good range of vocational training, such as motorbike maintenance and repair, multi-skill construction, embroidery and the Prisons Information Communication Technology Academy (PICTA), were based on units of qualifications that prisoners could achieve in just a few months. Similarly, prisoners on education courses that included creative arts, information technology, business start-up, drama, and customer services were able to complete short accredited courses and progress to higher level provision.
- 3.15** The prison had been quick to respond to the significant increase in foreign national prisoners through the provision of more ESOL courses. In addition to classroom provision, there was good language, literacy and numeracy support in most of the vocational workshops.
- 3.16** The allocation of prisoners to activity places was fair, equitable and informed appropriately by sentence planning and induction assessment results, including the standard of prisoners' literacy, numeracy and language ability. There were waiting lists for just a few courses and these were managed well to ensure that prisoners were allocated to the most appropriate course to meet their needs.

## Recommendations

- 3.17** **The prison should ensure that there is enough purposeful activity to occupy all prisoners, and maximise the use of available places.**
- 3.18** **The prison should ensure that prisoners are only allocated to work on the wings when there is enough purposeful work to employ them throughout the core day.**
- 3.19** **Prisoners should not be employed as 'tea orderlies'.** (Repeated recommendation 6.22)

## Quality of provision

- 3.20** The week-long induction into education was innovative as it allowed prisoners to reflect on their personal development needs and set meaningful individual learning targets. Prisoners could then try out the different education and training courses before selecting the most suitable ones to help them achieve their goals.
- 3.21** The quality of teaching and individual coaching in vocational areas was mostly good. There was a real energy about delivery, which kept prisoners enthused. The better sessions presented prisoners with appropriate challenge to which they responded well, producing work of a high standard. In many sessions, prisoners received good support from trained peer support workers. Vocational training resources and facilities were good, and outstanding for motorcycle maintenance and repair, where the prisoners had access to a wide choice of motorbikes and state-of-the-art equipment.
- 3.22** In education, prisoners participated in a good range of well-designed projects and stimulating learning activities. The courses for peer support workers run by St Giles Trust and the personal effectiveness courses were particularly motivating. A4e staff had very good expertise in providing individual support for prisoners with specific learning difficulties or

disabilities. However, not all prisoners received sufficiently constructive feedback on their performance in learning sessions, especially in ESOL and literacy, and on employability in the workshops.

## Housekeeping point

- 3.23** All tutors should give prisoners constructive feedback in learning sessions to help them understand their progress and needs for improvement.

## Education and vocational achievements

- 3.24** Qualification pass rates for accredited vocational courses and in education were generally high. Many prisoners who completed their courses were successful, apart from in literacy and numeracy. There were good standards of work and high skill levels in most vocational areas, and standards were particularly good in bicycle repair, motorcycle maintenance, catering and embroidery work. Prisoners used safe working practices in their work areas and on vocational courses.
- 3.25** Prisoners on most programmes were well motivated and enjoyed their courses, and many on the educational courses made good progress in developing their creative and communication skills. Many prisoners progressed well to higher level courses, especially in ESOL, PE, PICTA, motorbike maintenance and multi-skills construction. Behaviour was good and there was mutual respect between staff and prisoners in all learning environments.
- 3.26** Prisoners' attendance in education and some vocational training courses was often low as they participated in alternative regime activities or had other appointments. Punctuality was often poor, with some significant delays that disrupted learning and sometimes slowed prisoners' progress.

## Library

- 3.27** The library, provided by Greenwich Leisure, was very well managed by two full-time staff, with support from four orderlies. The orderlies had received good training but did not have opportunities to gain relevant qualifications.
- 3.28** The library was a welcoming environment with good facilities for prisoners to work individually or in groups, and access was appropriate. Membership was high at 70% of the population, with at least half the members using the library more than twice a week. There was also a good library service for prisoners in the segregation unit and those unable to attend the library on medical or physical mobility grounds.
- 3.29** The library was well stocked with an appropriate range of fiction and non-fiction, based on an analysis of prisoner interests and needs. Resources for foreign nationals were particularly good, and the staff used information about current prisoner languages to ensure that the books, dictionaries and reference section were in languages aligned to the population. There was also a good range of easy-read books, DVDs and CDs, and a separate well-planned section on vocational training linked to the provision in the prison. The book displays were referenced effectively to make it easy to identify those relevant to minority or diverse interest groups. Computing facilities for prisoners were very good, but they had very little access to the virtual campus (internet material on community education, training and employment opportunities) in the library.

- 3.30** The library managed the Storybook Dads scheme, recording prisoners reading stories to their children (jointly with Radio Wanno), and Toe-by-Toe reading mentoring well. The 17 prisoners pursuing Open University and other distance learning courses were well supported in accessing the research materials needed for their studies.

## Recommendation

- 3.31** **Library assistants should be provided with accredited training which leads to a qualification.** (Repeated recommendation 6.42)

## Housekeeping point

- 3.32** The library should provide access to the virtual campus.

## 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.**

**3.33** *Physical education (PE) provision was particularly well managed and staff were highly motivated, well qualified and experienced. They offered a wide choice of well-promoted recreational PE, and there was a very good range of vocational courses with high achievements. Promotion of healthy living was good, there were strong links with health care for prisoners who required remedial PE, and PE provision on the substance recovery wing was excellent.*

- 3.34** PE and recreational activities were exceptionally well managed and promoted effectively through Radio Wanno and on the wings. There were strong and productive links with local professional football and rugby clubs, which provided prisoners with well-received specialised coaching. Links with local gym and health centre companies provided good opportunities for future employment.
- 3.35** A good range of recreational PE included team sports, circuit training and sessions for older prisoners. Provision for prisoners who worked full-time had recently been improved. Approximately 60% of prisoners attended PE at least twice a week. All prisoners received a thorough induction to PE, which included good promotion of healthy living and the importance of exercise. Well-trained prisoner orderlies provided good health and well-being support for other prisoners.
- 3.36** The prison offered a wide variety of vocational PE courses and achievement rates were high. The initial assessment of learners' literacy and numeracy support needs was robust and prisoners received excellent individual learning support.
- 3.37** PE staff were highly qualified, experienced and enthusiastic. Most had full teaching qualifications. Some staff provided good individual remedial support for prisoners referred from health care. PE provision on the substance recovery wing was unique, and staff and qualified peer support health workers provided an excellent and well-coordinated service.
- 3.38** The sports hall and gyms were very well equipped with a balanced ratio of high quality modular and free weight training equipment, which was well maintained. Shower facilities

were adequate, although there were no modesty screens, and prisoners were able to shower back on their wing. The small, floodlit all-weather outside pitch was well used for team games and sports.

### Housekeeping point

**3.39** Modesty screens should be provided in PE shower areas. (Repeated recommendation 6.46)

## Section 4. Resettlement

### 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 informed by a needs analysis based on a prisoner survey and other relevant data. It set out the prison's aims for reducing reoffending and was supported by an action plan covering all resettlement pathways. The range of resettlement services was well developed. Offender management arrangements were changing but offender supervisors were enthusiastic and the profile of the offender management unit was improving.*

**4.2** Formal strategic management arrangements for resettlement were well developed with a monthly meeting for reducing reoffending that covered all the resettlement pathways. A quarterly strategic meeting had just been introduced. The pathways were supported by specific action plans and each was allocated to a lead officer from a mix of disciplines across the prison and external agencies.

**4.3** The reducing reoffending strategy was sufficiently detailed. It outlined a close working relationship between resettlement staff and the offender management unit (OMU), set out a vision, and had been informed by a local needs analysis to shape the provision of resettlement services. The needs analysis had been based on a prisoner questionnaire and other relevant data taken from sentence plans and London initial screening and referral (LISAR) reports. The provision of resettlement services was well developed. There were good links with community agencies, and many came into the prison to provide services.

**4.4** Offender supervisors were clear and enthusiastic about their role in the OMU. Some were still undertaking training and work was allocated to take account of differing skills and experience. A 'whole prison' approach to offender management and resettlement was developing, and offender supervisors reported increasing links with wing staff. There was a communications strategy to widen knowledge of the reducing reoffending strategy.

### 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.**

**4.5** *Some lower risk prisoners in scope for offender management were yet to be allocated, which meant that some could leave Wandsworth without any formal assessment or offender supervisor contact, but the prison had plans to resolve this. Similarly there was still a backlog of offender assessment*

*system (OASys) assessments, which had affected outcomes for some prisoners. The quality of assessments was mixed, but there were good examples of work to manage some complex prisoners. Remand prisoners and those serving less than 12 months had no custody plan although they, along with all other prisoners, had their resettlement pathway needs accessed via LISAR. Integrated offender management had introduced multi-agency working with local boroughs to tackle offending. The use of temporary release had increased considerably and more prisoners were released under home detention curfew. Public protection arrangements were good and prisoners presenting a risk to the public were identified promptly. Categorisation processes were timely and decisions were justifiable. Indeterminate-sentenced prisoners were well managed and received good support.*

- 4.6** All prisoners serving over 12 months came in scope for *Managing the Custodial Sentence* (in which their sentence is managed seamlessly from conviction through to release, including during the licence period post-release), which had been implemented at Wandsworth. These prisoners were allocated to an offender supervisor and had OASys assessments and sentence plans completed. Offender supervisors generally had regular planned contact with prisoners to direct and monitor achievement of their sentence plans. Although 61 cases had yet to be allocated an offender supervisor, we were assured that these cases were all low risk, and there was a plan to clear the backlog. However, there was a risk that some prisoners serving short sentences could leave Wandsworth without a formal assessment or offender supervisor contact. There was also a backlog of just under 100 OASys assessments, and we found evidence that this backlog of OASys assessments and the lack of allocation of cases had delayed some prisoners' recategorisation. All prisoners, including those on remand or serving less than 12 months, were assessed using LISAR and referrals made to resettlement services, but remand and short-term prisoners had no formal custody plans.
- 4.7** Caseloads were acceptable with offender supervisors managing up to 40 prisoners each. The files we looked at showed that their contacts with their prisoners were consistent and regular, and there was evidence of some very good work to manage some complex prisoners. There were no evident links between offender supervisors or sentence plans and education staff and prisoners' learning plans. In the OASys assessments we looked at, we found some very late completions by offender managers in the community that had not been challenged sufficiently by the prison. Quality of assessments was mixed overall. Risk management plans were also of mixed quality, with some inadequately completed.
- 4.8** Sentence plans showed good evidence of preparation for release, with good links with drug intervention programme (DIP) teams, accommodation providers and relationship counselling services. There were some problems with information sharing with other departments but this was improving. There was no evidence of management oversight of sentence plans or quality assurance checks. In our survey, more respondents than the comparator, 44% against 39%, said that they had a sentence plan and that offender supervisors were working with them to achieve their sentence plan targets (42% against 31%).
- 4.9** The introduction of integrated offender management with the London boroughs had resulted in some good work, with about 50 prisoners managed through local agencies working together to tackle reoffending.
- 4.10** The use of release on temporary licence (ROTL) had increased considerably since our last inspection. More prisoners were released for a variety of reasons, including external work placements, resettlement reasons and family ties. More prisoners were also released under home detention curfew than at our last inspection, but many assessments were completed late and prisoners were released after their eligibility date due to reasons often beyond the control of the prison.

## Recommendations

- 4.11 All prisoners in scope for offender management should be allocated an offender supervisor, in line with the minimum national standards.**
- 4.12 The backlog of offender assessment system (OASys) assessments should be cleared, including those completed by external offender managers.** (Repeated recommendation 9.18)

## Housekeeping point

- 4.13** Managers should carry out quality assurance checks of sentence plans and assessments.

## Public protection

- 4.14** Public protection arrangements were well developed and sound. The identification of prisoners who posed risks and the assessment of risk of harm to children and others were thorough. The restrictions applied were appropriate, and prisoners were told about them, and how to appeal. An interdepartmental risk management meeting met monthly to discuss prisoners before release, identify issues and make plans. This was supported by a group that met regularly to review prisoners whose cases were more complex.
- 4.15** Contributions were made to multi-agency public protection arrangements (MAPPA) meetings. The violent and sexual offenders register was used well to support offender management.

## Categorisation

- 4.16** Categorisation processes were carried out promptly with all assessments up to date. Transfer arrangements for the few prisoners going to category D prisons were generally speedy.
- 4.17** The categorisation documentation we reviewed was of a consistent and adequate quality, although we found one case where the prisoner had been given insufficient details of the reasons for refusal of his recategorisation. All prisoners were given reasons for the decision in writing and informed of the process for appealing. There was no limit on the number of category D prisoners who could be held at Wandsworth, but the number was not excessive. Those held were undertaking community work placements or courses or had plans to transfer in the near future. Prisoners were given at least 24 hours notice of transfers and this was recorded but not monitored.

## Indeterminate sentence prisoners

- 4.18** There were 43 indeterminate-sentenced prisoners (ISPs) at the time of the inspection. Two offender supervisors who were appropriately trained identified those who could receive life sentences while they were on remand, and met them to discuss the implications. These staff managed sentenced ISPs, and ISPs were very complimentary about the support they received. ISPs could access some one-to-one offending behaviour work and there was a support forum for these prisoners. The prison gave considerable thought to the sequencing of offending behaviour work and motivating ISPs to take up employment, education and training.

## 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.**

**4.19** *All new arrivals were assessed for resettlement needs. Good resettlement services provided specialist advice and support, and there was discharge planning, although not all prisoners took part. Resettlement pathways work was well developed. Visits arrangements were good. Provision for the thinking skills programme was sufficient but the potential loss of a victim awareness course would leave a gap.*

**4.20** New arrivals serving less than 12 months or on remand were assessed using the LISAR assessment tool and signposted to appropriate resettlement services.

**4.21** There were good resettlement services and appropriate contact with prisoners allocated to offender supervisors. A discharge board took place six weeks before release but prisoners could choose whether they attended. The board considered whether the prisoner's needs had been met under all the resettlement pathways and offered appropriate help where needed.

**4.22** Some through-the-gate support was offered to prisoners managed under the integrated offender management process, and the chaplaincy offered mentoring support to some prisoners (see paragraph 2.46).

### Housekeeping point

**4.23** The prison should monitor attendance at the discharge board to ensure as many prisoners as possible attend.

### Accommodation

**4.24** St Giles Trust offered a comprehensive accommodation service, and prisoners requiring support with accommodation before release could access the service at any time. St Giles had good links with local authorities and, more recently, had developed links with the private rental sector. It also helped with maintaining or ending tenancies and dealt with rent arrears. St Giles assisted approximately two-thirds of prisoners released from Wandsworth.

**4.25** The number of prisoners released without accommodation had reduced since our last inspection following improved data collection and monitoring. In the previous six months, only 40 prisoners had been released with no fixed accommodation, a considerable improvement on the 110 in the three months before our last inspection. Staff followed up 10% of released prisoners every quarter and monitored how many turned up at arranged accommodation. This had led to a meet-at-the-gate service to encourage more prisoners to take up offers of accommodation.

**4.26** Eight prisoner peer advisers were receiving training in advice and guidance, leading to a formal qualification that could result in permanent employment with St Giles on release.

## Education, training and employment

- 4.27** Staff from a wide range of specialist support agencies worked effectively to support prisoners' plans for employment, training or education on release. Personal advisers carried out well-structured interviews with all prisoners during induction to support their choices for purposeful activities. However, the National Careers Service's links with the education induction and A4e's job club (which helped prisoners improve their job seeking skills) were not sufficiently clear. The service did not effectively promote the availability of further careers information and advice.
- 4.28** The prison used good links with local further education colleges and the council to promote further training and work to prisoners on release, such as further training in motorbike maintenance. However, there were insufficient links with employers and voluntary organisations. On average, 24% of prisoners entered into a job on release and 17% went into training or education, meeting the key performance indicators.

## Recommendations

- 4.29** **The role of the National Careers Service in the prison should be clarified, and the service should be promoted more widely and be better linked to the job club.**
- 4.30** **The prison should increase its links with employers so that it can provide further opportunities for prisoners to gain vocational and employability skills to support their progression into employment on release.**

## Health care

- 4.31** The prison was developing good links with community health and hospital services, including the local hospice, for prisoners with physical and/or mental health needs. Discharge arrangements were well organised and prisoners were given relevant information to find a GP if required. All prisoners on medication were discharged with 14 days' supply, although there were no arrangements for prisoners being deported to their country of origin (such as malaria medication).

## Recommendation

- 4.32** **Foreign national prisoners being deported directly back to their country of origin should receive relevant medication.**

## Drugs and alcohol

- 4.33** Pre-discharge planning for prisoners with substance misuse needs was effective. Community links were excellent, supported by well-attended monthly meetings with community agencies to discuss prisoners due for release. Several community agencies provided weekly clinics in the prison. The Bridge programme family support worker held individual prisoner and family sessions that helped them understand the family's role in the prisoner's recovery, which increased the likelihood of success. The family celebration days at the end of the course also helped this process.

## Good practice

- 4.34** *Participants in the Bridge programme received excellent family support in promoting recovery from substance misuse.*

## Finance, benefit and debt

- 4.35** Work on the finance, benefit and debt pathway was well developed. The chaplaincy provided a money management course in conjunction with the faith group Christians against Poverty. An in-cell pack on financial matters was available from education, and a self-help debt pack from the library. The integrated family support worker from PACT could offer referral to debt counselling for prisoners' families (see below), and Jobcentre Plus offered tax and debt advice and worked with prisoners to arrange fresh claims. All prisoners could open a bank account before release through Working Links, an independent organisation delivering the government's work programme.

## Children, families and contact with the outside world

- 4.36** Family support work was good. Provision included Storybook Dads (see paragraph 3.30) and an integrated family support worker provided by PACT. The support worker worked with prisoners and their families and could refer them to local family and child services. The education department ran a parenting course. A homework club, involving prisoners and their school age children, had been discontinued.
- 4.37** Family visits were available regularly and were run in conjunction with Spurgeons, a national children's charity. Because of the demand for places, prisoners had to be recommended for a visit and could not apply themselves, which could preclude some prisoners. Family events took place in addition to family visits to celebrate prisoners' success on courses. Those without relatives able to attend could nominate friends to join their celebration.
- 4.38** The prison facilitated prisoners' contact with their children when social services or the family court were involved, and we saw evidence of some good work with individual prisoners to promote and preserve family ties. The prison also organised visits from external agencies, such as social services and other community workers, to go through the visitor experience and visit the first night centre so that they could explain the processes to prisoners' families with whom they worked.
- 4.39** Visits were available Monday to Thursday and at weekends, and prisoners could book them directly giving a choice of suitable dates. Visitors could now book by telephone and email. Prisoners and visitors told us that the system worked well. Induction visits were available to all new arrivals during their first six days in custody to assist in maintaining family ties. Visiting orders were not required and we saw that these visits were well attended.
- 4.40** The visitors' centre outside the prison was run by Spurgeons. It was well equipped and provided a range of information about family support. It opened before the first visit and closed after the last one. Visitors' identity was checked in the centre before they went into the prison.
- 4.41** Visitors were searched respectfully, and religious or ethnic dress was handled sensitively. Entry procedures were efficient and staff were helpful and approachable. Visits generally started on time. Visitors indicated by the drug dog would be offered a one-off closed visit without any check on other supporting intelligences.

- 4.42** The visits hall was large and bright, with a cafeteria serving hot food and a large children's play area. The play area was not always supervised but Spurgeons staffed it when demand was at its highest. Staff were friendly and helpful during visits and unobtrusively monitored any prisoners who might present a risk to children. Information for visitors was displayed around the hall, including how to report any concerns about prisoners. Prisoners were required to wear high-visibility vests during visits, which was disproportionate as male visitors were given a brightly coloured wristband and ultra violet stamp on their hand.
- 4.43** There were regular surveys with visitors about their experience, visitors' centre facilities and visits booking. Changes had been made to improve the booking of visits and the entry process, and an action plan developed to cover all the issues raised.

## Recommendations

- 4.44** **The prison should deliver a sufficient number of family days to meet demand and all prisoners should be able to apply to attend.** (Repeated recommendation 9.88)
- 4.45** **Closed visits should not be imposed after a positive drug dog indication unless supported by additional intelligence.** (Repeated recommendation 9.77)

## Housekeeping point

- 4.46** Prisoners should not have to wear vests during visits. (Recommendation 9.87 repeated as housekeeping point).

## Attitudes, thinking and behaviour

- 4.47** There were sufficient places on the thinking skills programme (TSP) to meet demand and prisoners requiring other offending behaviour programmes could be transferred to other establishments to undertake them. The Sycamore Tree victim awareness course was under threat due to lack of funds, which would leave a gap in provision. Programmes staff and offender supervisors had identified a need for anger management and domestic violence work. A new and comprehensive needs analysis was due in September 2013.

## Recommendation

- 4.48** **There should be a needs analysis to inform provision of offending behaviour programmes.**



## 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, and in the previous report where recommendations have been repeated.

### Main recommendation

To Home Office

- 5.1** Prisoners should be informed of the intention to deport them at least three months before the end of their sentence and progress reports should be provided in prisoners' own language for those who do not have a good understanding of written English. Communication with foreign national prisoners should be improved. (S44)

### Main recommendations

To the governor

- 5.2** Senior managers should implement swiftly their plans to improve aspects of the prison regime to increase participation, attendance and punctuality in all activities to ensure that working time is fully productive. (S42)
- 5.3** A and D wings should be completely refurbished. (S43)

### Recommendation

To NOMS

- 5.4** Immigration detainees should not be held in prison unless there are exceptional reasons to do so following risk assessment. (2.38)

### Recommendation

To Home Office

- 5.5** All prisoners of potential interest to the Home Office should be interviewed within the first week of their arrival at the establishment, to identify their nationality. (2.41, repeated recommendation 4.51)

### Recommendations

To the governor

#### Early days in custody

- 5.6** Reception should be refurbished to provide an appropriate environment. (1.13)
- 5.7** All new arrivals should be able to make a telephone call and have the opportunity to have a shower. (1.14)

### **Bullying and violence reduction**

- 5.8** The prison should consult prisoners about their safety more regularly and systematically, and should fully explore and address foreign national prisoners' perceptions of their safety. (1.24)
- 5.9** Victim support should be further developed. (1.25)

### **Safeguarding**

- 5.10** 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. (1.38)

### **Security**

- 5.11** Prisoners should only be strip searched on the basis of intelligence or specific suspicion. (1.44)
- 5.12** The mandatory drug testing programme should be sufficiently resourced to undertake suspicion testing within the required time. (1.45)

### **Incentives and earned privileges**

- 5.13** Decisions to demote prisoners to basic should be fully justified and always following investigation. (1.51)

### **Discipline**

- 5.14** There should be improved oversight on the use of special accommodation, body belt and strip clothing, which should only be used for prisoners at risk of suicide or self-harm in exceptional circumstances. (1.60)
- 5.15** All cells in the care and separation unit should be adequately furnished. (1.65)

### **Substance misuse**

- 5.16** All new arrivals who require substance misuse support should have five days stabilisation and monitoring in an appropriate environment. (1.74)
- 5.17** Medication administration procedures should be reviewed to ensure prisoner safety and to minimise the risk of diversion of medication. (1.75, repeated recommendation 3.84)

### **Residential units**

- 5.18** Cells designed to hold one prisoner should not be used to hold two. (2.9)
- 5.19** Damaged wing fabric should be replaced and in-cell toilets appropriately screened. (2.10)
- 5.20** All prisoners should be able to have a shower every day in clean and well maintained facilities with adequate privacy. (2.11, repeated recommendation 2.13)

- 5.21** Prisoners should be given sufficient time to make daily telephone calls and at times appropriate for those they are calling, from an adequate number of working telephones with suitable privacy. (2.12, repeated recommendation 2.16)
- 5.22** All legal mail should be opened in accordance with Prison Service policy. (2.13)

### Staff-prisoner relationships

- 5.23** Personal officers should be actively engaged with offender supervisors to support prisoners in achieving sentence planning or resettlement targets where appropriate. (2.20, repeated recommendation 2.37)

### Equality and diversity

- 5.24** Consultation arrangements with prisoners covered by all protected characteristics should be regular and address the issues raised. (2.26)
- 5.25** All staff should be aware of how to use discrimination incident report forms appropriately, reports should be investigated thoroughly and without delay, and quality control of investigations should include external scrutiny, complainant feedback and monitoring by managers. (2.27)
- 5.26** The prison should consult foreign national prisoners to understand and address their negative perceptions. (2.39)
- 5.27** Key staff should undertake language awareness training to improve communication with foreign national prisoners. (2.40)
- 5.28** All prisoners of potential interest to the Home Office should be interviewed within the first week of their arrival at the establishment, to identify their nationality. (2.41, repeated recommendation 4.51)

### Complaints

- 5.29** Responses to complaints should be personally addressed and answer the issue raised, which should be investigated sufficiently, and quality assurance should lead to further improvement. (2.50)

### Health services

- 5.30** All clinical areas should be clean and comply with infection control standards. (2.65)
- 5.31** All officers should know how to access and use emergency equipment in a timely manner, and should use the designated code system for medical emergencies. (2.66)
- 5.32** The health promotion initiatives for all health services, including the pharmacy and dentist, should be developed, include the provision of information in foreign languages, and involve development of the roles of health care representatives and/or wing health trainers. (2.67)
- 5.33** Prisoners should be escorted to external hospital appointments in a timely manner. (2.78)
- 5.34** The pharmacy room in the health care department should be refurbished, and waste medicines should be removed speedily. (2.84)

- 5.35** The medicines allowed in-possession should be reviewed after consultation of the *Safer Prescribing in Prisons* guidance document. (2.85)
- 5.36** Patients should be provided with a facility to store their medication securely. (2.86, repeated recommendation 5.46)
- 5.37** Controlled drug procedures should ensure compliance with the legal requirements and established good practice. (2.87)
- 5.38** The reasons for the long waiting list for the dentist should be explored and steps taken to reduce it to an acceptable time frame. (2.95)
- 5.39** Day care services should be provided for patients having difficulties coping on the wings. (2.100, repeated recommendation 5.62)
- 5.40** All inpatient beds should be removed from the prison list of certified normal accommodation. (2.101, repeated recommendation 5.60)

### Catering

- 5.41** Breakfast should be served in the mornings, rather than being issued in packs the previous night. (2.107, repeated recommendation 8.1)
- 5.42** Lunch should be served between noon and 1.30pm and dinner between 5pm and 6.30pm. (2.108, repeated recommendation 8.9)
- 5.43** The prison should explore and address the reasons for the negative perceptions of Muslim and black and minority ethnic prisoners about the food. (2.109)

### Purchases

- 5.44** Prisoners should be able to place a full shop order within 24 hours of arrival. (2.113, repeated recommendation 8.22)

### Time out of cell

- 5.45** All prisoners should receive some association in the evening, and association should not be cancelled. (3.5)
- 5.46** All prisoners should be able to have an hour's exercise in the open air every day. (3.6)

### Learning and skills and work activities

- 5.47** The prison should make better use of data analysis to evaluate the impact of the provision for all learners. (3.12)
- 5.48** The prison should ensure that there is enough purposeful activity to occupy all prisoners, and maximise the use of available places. (3.17)
- 5.49** The prison should ensure that prisoners are only allocated to work on the wings when there is enough purposeful work to employ them throughout the core day. (3.18)
- 5.50** Prisoners should not be employed as 'tea orderlies'. (3.19, repeated recommendation 6.22)

- 5.51** Library assistants should be provided with accredited training which leads to a qualification. (3.31, repeated recommendation 6.42)

### Offender management and planning

- 5.52** All prisoners in scope for offender management should be allocated an offender supervisor, in line with the minimum national standards. (4.11)
- 5.53** The backlog of offender assessment system (OASys) assessments should be cleared, including those completed by external offender managers. (4.12, repeated recommendation 9.18)

### Reintegration planning

- 5.54** The role of the National Careers Service in the prison should be clarified, and the service should be promoted more widely and be better linked to the job club. (4.29)
- 5.55** The prison should increase its links with employers so that it can provide further opportunities for prisoners to gain vocational and employability skills to support their progression into employment on release. (4.30)
- 5.56** Foreign national prisoners being deported directly back to their country of origin should receive relevant medication. (4.32)
- 5.57** The prison should deliver a sufficient number of family days to meet demand and all prisoners should be able to apply to attend. (4.44, repeated recommendation 9.88)
- 5.58** Closed visits should not be imposed after a positive drug dog indication unless supported by additional intelligence. (4.45, repeated recommendation 9.77)
- 5.59** There should be a needs analysis to inform provision of offending behaviour programmes. (4.48)

## Housekeeping points

### Discipline

- 5.60** Adjudications should explore charges thoroughly before a finding of guilt, and this should be recorded. (1.55)
- 5.61** Good order reviews should include meaningful targets in line with care and reintegration plans. (1.66)

### Residential units

- 5.62** All prisoners should be clearly informed of the availability of cell cleaning materials and these should be of adequate quality. (2.14, recommendation 2.23 repeated as housekeeping point)

### Equality and diversity

- 5.63** Prisoner equality representatives should be unlocked in order to carry out their role. (2.28)

- 5.64** Identification of prisoners who are a Gypsy, Romany or Traveller should be improved, and the equality action plan should address their needs. (2.42)
- 5.65** Provision for independent immigration advice should be extended. (2.43)
- 5.66** There should be care plans for all older prisoners and those with disabilities who require them and these should be reviewed regularly. (2.44, recommendation 4.64 repeated as a housekeeping point)

### Complaints

- 5.67** The prison should explore prisoners' limited confidence in the complaints process and take action to address this. (2.51)

### Health services

- 5.68** There should be a process for staff to sign that they have read and understood relevant policies and procedures. (2.68)
- 5.69** There should be documented evidence that all standard operating procedures and policies have been read by the appropriate personnel. (2.88)
- 5.70** The prescribing formulary should be reviewed. (2.89)
- 5.71** The administration of all medications should be documented. (2.90)

### Purchases

- 5.72** Consultation about the items available through the prison shop should be improved, particularly with black and minority ethnic and Muslim prisoners, and changes to the shop list should be more widely publicised. (2.114)

### Learning and skills and work activities

- 5.73** All tutors should give prisoners constructive feedback in learning sessions to help them understand their progress and needs for improvement. (3.23)
- 5.74** The library should provide access to the virtual campus. (3.32)

### Physical education and healthy living

- 5.75** Modesty screens should be provided in PE shower areas. (3.39, recommendation 6.46 repeated as a housekeeping point)

### Offender management and planning

- 5.76** Managers should carry out quality assurance checks of sentence plans and assessments. (4.13)

### Reintegration planning

- 5.77** The prison should monitor attendance at the discharge board to ensure as many prisoners as possible attend. (4.23)

- 5.78** Prisoners should not have to wear vests during visits. (4.46, recommendation 9.87 repeated as housekeeping point)

## Examples of good practice

- 5.79** The dedicated substance misuse gym facilities on D wing helped prisoners incorporate exercise into their recovery, and the weekly meeting led by the peer workers was a useful discussion forum. (1.76)
- 5.80** There was an impressive mix of robust leadership and a clear strategic direction for health services, supported by clinical and training strategies. (2.69)
- 5.81** Health complaints were managed well, supported by a robust and well-run system. (2.70)
- 5.82** Prisoners were able to consult the pharmacist or pharmacy technician. In collaboration with other healthcare professionals the pharmacist ran a poly-pharmacy clinic and smoking cessation clinic and undertook medicine use reviews, and there was pharmacy input into all other clinics. (2.91 )
- 5.83** Participants in the Bridge programme received excellent family support in promoting recovery from substance misuse. (4.34)



## Section 6. Appendices

### Appendix I: Inspection team

Martin Lomas	Deputy Chief inspector
Kieron Taylor	Team leader
Karen Dillon	Inspector
Andrew Lund	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Gordon Riach	Inspector
Hayley Cripps	Researcher
Alissa Redmond	Researcher
Caroline Elwood	Research trainee

#### **Specialist inspectors**

Majella Pearce	Substance misuse inspector
Helen Carter	Health services inspector
Helen Boniface	Pharmacist
Karen Adriaanse	Ofsted inspector
Nigel Bragg	Ofsted inspector
Neil Edwards	Ofsted inspector
Paddy Doyle	Offender management inspector
Krystyna Findley	Offender management inspector
Chris Simpson	Offender management 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 also provided.

### Safety

#### **Prisoners, particularly the most vulnerable, are held safely.**

*At the last inspection in 2011, reception procedures were satisfactory. First night arrangements for some were adequate but peer support was not available to vulnerable prisoners. We were not assured that all newly arrived prisoners were located on the first night centre, which was potentially dangerous for those stabilising or detoxifying from alcohol or drugs. Induction arrangements were superficial and did not meet the needs of prisoners. The number of violent or anti-social incidents was significant and many prisoners felt unsafe. The number of recent deaths and self-harm incidents was high and too many prisoners felt isolated and unsupported. The number of prisoners segregated was reducing but there was no care planning, the regime was restrictive and governance was poor. Use of force was also reducing but remained high. Integrated drug treatment system (IDTS) arrangements and procedures required improvement. The mandatory drug testing positive rate was not excessive. Outcomes for prisoners remained poor against this healthy prison test.*

#### **Main recommendations**

Prisoners should only be moved from the stabilisation/first night unit when it has been confirmed by health services staff that it is medically safe to do so. (HP52)

##### **Partially achieved**

The induction programme should be redesigned to ensure that prisoners gain a good understanding of the routines and rules of the establishment and have the opportunity to meet representatives from key departments. (HP53)

##### **Achieved**

Identified managers should be accountable for ensuring an effective violence reduction strategy – involving coordinated action by safer custody and security functions and informed by prisoner consultation, rigorous investigation of all actual and potential incidents and analysis of the relevant data – is consistently implemented so that actual and potential victims of bullying are protected. (HP55)

##### **Partially achieved**

Managers should adopt a whole-prison approach to keeping prisoners safe from self-harm that includes purposeful activity, better use of prisoner consultation and full engagement from prison officers and managers. (HP56)

##### **Achieved**

The use of force should continue to be reduced by rigorous recording and review of all incidents to ensure that de-escalation techniques are used wherever possible. (HP61)

##### **Achieved**

The role and purpose of the segregation unit should be defined and delivered by an appropriate regime and targets for individual prisoners by regular interactions with staff selected and trained to undertake the role. (HP62)

**Achieved**

### **Recommendations**

At least 24 hours' notice of planned transfers should be provided to prisoners. (1.2)

**Achieved**

The reception area should provide sufficient adequately sized holding rooms safely to hold the number of prisoners arriving at and departing from the prison during busy periods. (1.4)

**Partially achieved**

Embarkation of prisoners should be efficient and minimise waiting times to a reasonable period. (1.12)

**Achieved**

The practice of handcuffing category D prisoners should cease. (1.13)

**Achieved**

All staff should refer to prisoners by title or preferred name. (1.14)

**Achieved**

Initial interviews in reception should be conducted in private. (1.19)

**Achieved**

A Listener should be employed in reception. (1.20)

**Achieved**

All prisoners should undergo all elements of the first night process, subject to medical and security assessment. (1.23)

**Achieved**

Prisoners should be offered a supervised free telephone call on their first night unless there is clear intelligence to the contrary. (1.25)

**Achieved**

The gated cells on the first night unit should be relocated. (1.26)

**Achieved**

All induction materials should be up to date and available in an appropriate range of languages. (1.30)

**Achieved**

The anti-social behaviour booklet system should be used or replaced so that all wing staff are clear and confident about their role in pro-actively identifying and tackling anti-social behaviour. (3.5)

**Achieved**

Links between the security department and the safer custody team should be improved. (3.7)

**Partially achieved**

Residential managers should ensure that their staff discharge their responsibilities for safer custody and do not abdicate responsibility to the violence reduction coordinator. (3.14)

**Achieved**

The safer prisons team should carry out an investigation following all near-death incidents and inform all staff of any subsequent learning points identified. (3.17)

**Achieved**

Observations should be at irregular and unpredictable intervals, especially when prisoners are locked up. (3.21)

**Achieved**

Care suites should be appropriate for both prolonged use and at night. (3.24)

**Achieved**

The use of all safer cells and gated cells should be logged. (3.26)

**Achieved**

The results of reviews of closed and banned visits should specify why an extension to the restrictions has been made. (7.2)

**Achieved**

Members of the safer custody team should attend security committee meetings and have unrestricted access to security information reports relating to violence and self-harm matters. (7.8)

**Partially achieved**

Prisoners should only be placed on closed visits as a result of visits-related activity. (7.9)

**Achieved**

Security collator and intelligence staff should not be diverted to other duties. (7.10)

**Achieved**

Prisoners who have problems understanding English should be provided with appropriate assistance with adjudication documentation. This assistance should be continued for the adjudication itself. (7.12)

**Achieved**

Adjudication records should show that a full enquiry has been made into the circumstances of the charge. (7.13)

**Partially achieved**

Collective punishments should not be threatened or used. (7.21)

**Achieved**

Safer custody issues raised by prisoners during adjudications should be fully recorded and followed up. (7.22)

**Achieved**

Adjudications carried out when the prisoner refuses to attend should record the contact made with the prisoner at key stages during the process and include his evidence and questions as part of the full enquiry into the circumstances that led to the adjudication. (7.23)

**Not achieved**

Quality assurance processes for adjudications should be recorded. (7.24)

**Achieved**

Handcuffs should only be used when there is evidence to support their use. (7.29)

**Achieved**

Initial review boards for segregation should be carried out by a multidisciplinary team. (7.42)

**Achieved**

Mandatory health screens should be fully completed for all residents in the segregation unit. (7.51)

**Achieved**

Segregation reviews should be fully recorded. (7.52)

**Partially achieved**

Access to showers and telephones on the segregation unit should not be restricted as a punishment. (7.53)

**Achieved**

Prisoners in the segregation unit should be allowed to retain their televisions. (7.54)

**Achieved**

Prisoners should only have their IEP status downgraded following a single serious incident in exceptional circumstances and this should follow an IEP review that considers the prisoner's overall conduct and performance. (7.58)

**Not achieved**

Contradictions should be removed from the IEP policy and the policy should be applied consistently across all units. (7.63)

**Achieved**

Quality assurance of review boards should be carried out. (7.64)

**Achieved**

The use of pre-printed IEP warning slips should be discontinued. (7.65)

**Achieved**

Prisoners should be informed about blood-borne viruses and offered vaccinations for hepatitis A and B. (3.60)

**Achieved**

First night prescribing of opiate substitution medication should be introduced without further delay. (3.78)

**Achieved**

All cell door observation hatches should be made safe and usable on the stabilisation unit. (3.79)

**Achieved**

Thirteen-week clinical reviews, attended by all treatment providers, should be introduced as a matter of urgency. (3.80)

**Achieved**

Treatment facilities on D wing should be refurbished to provide an appropriate environment for the administration of controlled drugs. (3.81)

**Achieved**

During the administration of medication, steps should be taken to confirm the patient's identity using photographic identification. (3.82)

**Achieved**

Health services staff should be involved in the planning of all new and improved treatment facilities. (3.83)

**Achieved**

Medication administration procedures should be reviewed to ensure prisoner safety and to minimise the risk of diversion of medication. (3.84)

**Partially achieved** (recommendation repeated, 1.75)

## Respect

**Prisoners are treated with respect for their human dignity.**

*At the last inspection in 2011, the standard of cleanliness of cellular accommodation was mixed. Communal areas were reasonably well maintained. Access to basic amenities was inadequate. Staff–prisoner relationships were generally poor, with insufficient focus on the needs of prisoners. The personal officer scheme had minimal impact or influence. The perceptions of prisoners from minority groups across a range of diversity strands were often negative. Most prisoners were appreciative of the food available but had little confidence in applications and complaints procedures. The chaplaincy was supportive. Primary health services were limited and underdeveloped but mental health services were good. Outcomes for prisoners were poor against this healthy prison test.*

### Main recommendations

The Deputy Director of Custody should ensure that all staff, and particularly senior managers, understand that prisoner care is their prime responsibility at all times. (HP54)

**Achieved**

Managers should ensure that low level domestic issues are promptly resolved by residential staff on the wings. Complaints and application processes should be consistently implemented and managers should ensure prisoners receive timely responses that address the issues raised. (HP57)

**Partially achieved**

The prison should develop an overarching diversity strategy and plans for each diversity strand and foreign national prisoners. These should meet the requirements of equality legislation, outline how the needs of all minority groups will be met and be regularly reviewed. The strategy and plans should be based on relevant monitoring data and comprehensive consultation with staff and prisoners in each of the areas of concern identified in this report. They should be resourced by consistent staff with the training and time to fulfil their responsibilities effectively. The prison's commitment to diversity should be led by the governing governor and senior staff, overseen by sound governance arrangements and visibly promoted throughout the prison. (HP58)

**Achieved**

The prison should work with UKBA to develop and implement a comprehensive foreign nationals strategy that can meet all the needs of its new role as one of the main centres for this group.

Prisoners beyond the end of their sentence should not be retained at the prison. (HP59)

**Partially achieved**

### Recommendations

Managers should ensure that plans for the refurbishment of Onslow unit include provision of equal access to facilities and services for older and less able prisoners. (2.2)

**Achieved**

All prisoners, including those on the first night unit and those with disabilities, should be able to have a shower every day in clean and well maintained facilities with adequate privacy. (2.13)

**Not achieved** (recommendation repeated 2.10)

A rigorous system of cell checks should ensure that all cells provide decent living conditions and are clean before allocation to a new occupant and are at all times free of graffiti, adequately furnished with tables and chairs, maintained to a reasonable standard, have rigid screening for the toilet and with the offensive display policy enforced. (2.14)

**Achieved**

All emergency cell call bells should be answered within five minutes, and the rules regarding their use should be revised to offer a more flexible and appropriate facility. (2.15)

**Achieved**

Prisoners should be given sufficient time to make daily telephone calls to numbers on an efficiently updated list and at times appropriate for those they are calling, from an adequate number of working telephones with suitable privacy. (2.16)

**Not achieved** (recommendation repeated 2.11)

Prisoners on the standard level of the incentives and earned privileges (IEP) scheme should be able to wear their own clothes. (2.17)

**Not achieved**

All prisoners wearing prison-issue clothing should be given sufficient quantities, and of adequate quality, to last a week. (2.20)

**Achieved**

All prisoners should be clearly informed of the availability of cell cleaning materials and these should be of adequate quality to ensure that toilets are maintained to an acceptable standard. (2.23)

**Not achieved** (recommendation repeated as housekeeping point 2.12)

Staff should receive pro-social modelling training to assist with inter-personal skills. (2.24)

**Achieved**

The personal officer scheme should be fundamentally reviewed so that all prisoners are able to identify a consistent, individual officer who provides constructive engagement with them throughout their sentence and named managers should be accountable for ensuring the revised scheme is implemented consistently and effectively across all wings. (2.36)

**Partially achieved**

Personal officers should be actively engaged with offender supervisors to support prisoners in achieving sentence planning or resettlement targets where appropriate. (2.37)

**Not achieved** (recommendation repeated 2.18)

Equality orderlies should be appointed and provided with adequate training and support. (4.5)

**Achieved**

Staff should be trained in diversity awareness, including sexual orientation and transgender issues. (4.8)

**Achieved**

The race equality action plan should address the needs of Traveller and Gypsy prisoners. (4.26)

**Not achieved**

All staff should be aware of how to use racist incident forms appropriately and quality control of investigations should include external scrutiny, complainant feedback and monitoring by managers. (4.27)

**Not achieved**

All prisoners with close family abroad who are unable to visit should be provided with a free five-minute telephone call every month. (4.36)

**Achieved**

Professional interpreting services, rather than other prisoners, should be used for all formal procedures with prisoners who do not have a good understanding of English. (4.38)

**Achieved**

Prisoners should be informed of the intention to deport them at least three months before the end of their sentence. (4.39)

**Not achieved** (recommendation repeated 2.39)

Foreign national prisoners' understanding of prison processes and their ability to access services should be verified with them regularly. (4.49)

**Achieved**

The foreign nationals coordinator should be kept informed of removals and repatriation of prisoners and check that they have been adequately prepared. (4.50)

**Achieved**

All prisoners of potential interest to the UK Border Agency should be interviewed within the first week of their arrival at the establishment, to identify their nationality. (4.51)

**Not achieved** (recommendation repeated 2.40)

Progress reports should be provided in prisoners' own language to those who do not have a good understanding of written English. (4.52)

**Not achieved** (recommendation repeated 2.41)

There should be a system for identifying the cells of prisoners requiring assistance with evacuation on Heathfield unit. (4.54)

**Achieved**

The day unit on Onslow unit should be available daily. (4.56)

**No longer relevant**

An accurate record should be maintained of all prisoners who declare a disability, and the nature of their needs. (4.63)

**Achieved**

There should be care plans for all older prisoners and those with disabilities who require them and these should be reviewed regularly. (4.64)

**Not achieved** (recommendation repeated as housekeeping point 2.44)

There should be sufficient accommodation and facilities provided to meet the needs of older prisoners and those with disabilities on the Heathfield unit. (4.65)

**Achieved**

Prisoners beyond retirement age should not be required to pay for their television. (4.66)

**Achieved**

Retired prisoners and those with disabilities who are unable to work should be unlocked during the day. (4.67)

**Achieved**

Complaint forms, and information on the complaints process should be readily available in the main languages spoken by prisoners, and complaints should be accepted, where appropriate, in languages other than English. (3.38)

**Achieved**

The block-booking and subsequent cancellation of legal visits should be monitored and addressed with legal visitors. (3.44)

**Achieved**

All prisoners should be seen by a representative of the chaplaincy team within 24 hours of arrival. (3.59)

**Achieved**

The planned reorganisation for primary care delivery should be completed as soon as possible. Health services staff and prisoners should then be surveyed and monitored to ascertain any service improvement and implement further changes if required. (5.2)

**Achieved**

Implementation of planned work to reorganise health care delivery and create new primary care facilities should proceed before further assessment of communication across the health departments. (5.4)

**Achieved**

Wandsworth Primary Care Trust should commission a health needs assessment to identify the health care requirements at the prison, and this should be reviewed annually. (5.7)

**Achieved**

Existing staff vacancies should be filled. (5.8)

**Achieved**

The primary care team should ensure regular representation on the clinical governance meeting. (5.16)

**Achieved**

Additional automated external defibrillators should be available to discipline staff. (5.17)

**Achieved**

Prisoners should have access to a dedicated health care forum. (5.18)

**Achieved**

Prisoners should have access to life-long condition clinics. (5.20)

**Achieved**

Immunisation programmes should be reintroduced as soon as staff have been appropriately trained. (5.21)

**Partially achieved**

A record of the failings of the GP appointment system should be made and evidence of data inconsistencies used to address the problems with the appointment system. (5.23)

**Achieved**

Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (5.24)

**Achieved**

The future plans to integrate all mental health service provision should be implemented as soon as possible. Sufficient cover should be provided to meet unforeseen demands on the mental health team. (5.26)

**No longer relevant**

Information about the health services and how to access them should be provided to all prisoners. Written information should be available in a range of languages and health services staff should contribute to the induction process. (5.32)

**Partially achieved**

Health promotion literature in a range of languages should be widely available to prisoners. (5.33)

**Not achieved** (recommendation repeated 2.72)

Use of drugs that are liable to abuse should be audited, to demonstrate that prescribing is evidence based. (5.36)

**Partially achieved**

All appropriate staff should adhere to the medicines management policies and procedures, and provide signatory evidence that adopted procedures have been read. (5.37)

**Partially achieved**

The involvement of a pharmacist and/or pharmacy technicians in the provision of the pharmacy service should be encouraged to provide counselling sessions, clinics and medication review. (5.44)

**Achieved**

Patient confidentiality should be respected at medication administration times. (5.45)

**Partially achieved**

Patients should be provided with a facility to store their medication securely. (5.46)

**Not achieved** (recommendation repeated 2.86)

Care should be taken to make full and complete records of administration of medicines, including special sick. Compliance should be monitored where appropriate. (5.47)

**Achieved**

Patient group directions should be introduced to allow the supply of more potent medicines by nursing staff where appropriate. (5.48)

**Achieved**

Triage algorithms should be used by dental staff to ensure consistency of treatment and assist in the prioritising of patients. (5.54)

**Achieved**

All inpatient beds should be removed from the prison list of certified normal accommodation. (5.60)

**Not achieved** (recommendation repeated 2.101)

Day care services should be provided for patients having difficulties coping on the wings. (5.62)

**Not achieved** (recommendation repeated 2.100)

Breakfast should be served in the mornings, rather than being issued in packs the previous night. (8.1)

**Not achieved** (recommendation repeated 2.107)

Lunch should be served between noon and 1.30pm and dinner between 5pm and 6.30pm. (8.9)

**Not achieved** (recommendation repeated 2.108)

There should be a greater selection of items available to black and minority ethnic and Muslim prisoners. (8.10)

**Partially achieved**

Prisoners who arrive at reception without private money should be offered an advance to purchase a reception pack. (8.11)

**Achieved**

All arriving prisoners should be offered credit for the telephone. (8.12)

**Achieved**

Prisoners should be able to place a full shop order within 24 hours of arrival. (8.22)

**Not achieved** (recommendation repeated 2.113)

There should be an annual survey of prisoners, better to inform the operation of the prison shop. (8.23)

**Not achieved**

## Purposeful activity

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

*At the last inspection in 2011, access to time out of cell and association was poor. Learning and skills provision in education and vocational training was well managed, with a good breadth of provision. Induction and allocation to activity was adequate. Most elements of education provision were satisfactory. The range and quality of vocational training were very good but it was accessed by too few prisoners. Many prisoners were engaged in menial wing work. Punctuality and attendance were generally poor. Access to the library and PE was poor. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

## Main recommendation

Time out of cell should be significantly increased for all prisoners and this should include regular and consistent association time, daily opportunities for at least one hour's exercise in the fresh air and access to recreational PE at least twice a week. (HP60)

**Partially achieved**

## Recommendations

Association should not coincide with corporate worship. (6.2)

**Not achieved**

The activities available for those on association should be expanded. (6.4)

**Partially achieved**

Note should be taken of prisoners who do not participate in association, and this should be monitored for potential information about vulnerability. (6.7)

**Achieved**

The core day should be updated, advertised and adhered to. (6.13)

**Partially achieved**

The induction to learning and skills should be more stimulating for prisoners. (6.18)

**Achieved**

The induction to learning and skills should be better coordinated to ensure that plans for resettlement are fully considered when planning activities. (6.19)

**Achieved**

More activities should be provided off the wings. (6.20)

**Achieved**

A range of more meaningful and accredited employment opportunities should be offered to those prisoners employed on the wings. (6.21)

**Partially achieved**

Prisoners should not be employed as ‘tea orderlies’. (6.22)

**Not achieved** (recommendation repeated 3.19)

Clear and robust procedures should be implemented to allocate prisoners to activities, to ensure fairness and transparency. (6.24)

**Achieved**

More purposeful activities should be provided for those prisoners underemployed on the wings. (6.26)

**Not achieved**

The prison should provide vocational training for more prisoners and ensure existing provision is used to full capacity. (6.29)

**Partially achieved**

Computer and internet access should be provided for prisoners who require it for their studies. (6.30)

**Achieved**

Punctuality should be improved across all learning and skills areas, to ensure that prisoners make full use of activity time. (6.32)

**Not achieved**

Individual learning plans should have clearer targets and should include better recording of progress and achievements. (6.34)

**Achieved**

The space available for individual and group study in the Onslow library should be increased. (6.37)

**No longer relevant**

Access to both libraries, particularly for prisoners on the Heathfield unit and those in full-time activities, should be improved. (6.41)

**Achieved**

Library assistants should be provided with accredited training which leads to a qualification. (6.42)

**Not achieved** (recommendation repeated 3.32)

The library should open at weekends. (6.43)

**No longer relevant**

Toe by Toe mentors should be unlocked to deliver their service when required. (6.44)

**Achieved**

Modesty screens should be provided in PE shower areas. (6.46)

**Not achieved** (recommendation repeated as housekeeping point 3.40)

Better use should be made of the all-weather outdoor pitch. (6.51)

**Achieved**

The prison should ensure that the condition of shower areas is improved. (6.52)

**Achieved**

Prisoners without their own PE kit should be provided with the items they require. (6.53)

**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 2011, the reducing reoffending strategy was largely descriptive and not based on a current needs analysis. The level of governance concerning resettlement was limited. The backlog of offender assessment system (OASys) assessments and sentence plans had been reduced slightly but was still large. Offender supervisors properly prioritised contact time with prisoners. The London Initial Screening and Reducing Reoffending Tool (LISARRT) was used to assess the resettlement needs of prisoners shortly after their arrival but prisoner attendance and engagement following referrals were poor. Discharge boards were also poorly attended. Outcomes across the resettlement pathways varied but work on accommodation, education, training and employment, and substance misuse was encouraging. Outcomes for prisoners were still reasonably good against this healthy prison test.*

### Main recommendation

All prisoners should be aware, at the earliest opportunity, of the range of resettlement pathways, what they can offer and whom to contact. Short-term and remand prisoners should have individual custody plans based on the London Initial Screening Assessment and Referral (LISAR) assessment. (HP63)

**Achieved**

### Recommendations

Attendance at the quarterly reducing reoffending meetings should be improved, with written reports submitted if attendance is not possible. (9.2)

**Achieved**

The monthly London Initial Screening and Referral (LISAR) data, and any trends identified should be a standard agenda item at the reducing reoffending policy committee meeting. (9.3)

**Achieved**

A revised reducing reoffending strategy should be based on a thorough needs analysis, including a focus on black and minority ethnic and foreign national prisoners and other relevant aspects of diversity. (9.5)

**Achieved**

The reducing reoffending strategy should be reviewed and contain specific time-bounded actions assigned to specific managers. (9.11)

**Achieved**

The management of resettlement should be structured to provide effective direction and oversight of all pathways. (9.12)

**Achieved**

Public protection officers should contribute to sentence planning boards in relevant cases. (9.15)

**Achieved**

The backlog of offender assessment system (OASys) assessments should be cleared. (9.18)

**Not achieved** (recommendation repeated 4.12)

Lifer forums should be open to all indeterminate-sentenced prisoners. (9.20)

**Achieved**

An analysis of applications for release on temporary licence and home detention curfew should be undertaken to identify reasons for the low level of successful applications and measures introduced to improve the success rate. (9.24)

**Achieved**

An offender management strategy should be developed to specify and integrate the different functions within the offender management unit (OMU) and across the prison, including resettlement and the personal officer scheme. (9.29)

**Achieved**

A clear recruitment process for selecting staff to work in the OMU should be developed and implemented, to ensure appropriate competencies and skills. (9.30)

**Achieved**

Prisoners should be notified of their transfer in advance, and a review held when concerns are expressed. (9.33)

**Achieved**

The prison should record the time taken to transfer prisoners and use the data to achieve improvements in outcomes. (9.38)

**Partially achieved**

The number of category D prisoners held at the establishment should be limited to the agreed level of six. (9.39)

**No longer relevant**

The cross-deployment of PPU staff should be reduced or stopped. (9.44)

**Achieved**

Indeterminate-sentenced prisoners should be able to access one-to-one offending behaviour work. (9.47)

**Achieved**

The prison should analyse the reasons for the number of prisoners released without an address and take appropriate action. (9.50)

**Achieved**

Prisoners not registered with a GP in the community should be given information on how to do so. (9.53)

**Achieved**

Any mixing of vulnerable prisoners with general location prisoners for substance use group work should be subject to thorough and individualised risk assessments. (9.71)

**No longer relevant**

Short duration drug programme (SDP) facilitators should be included in the integrated drug treatment system (IDTS) case reviews of prisoners who are taking part in both the IDTS and the SDP. (9.72)

**No longer relevant**

Prisoners should have the facility to open a bank account before their release. (9.56)

**Achieved**

Access to the visits line should be improved to deal with the volume of calls received, and the automated message should give the correct information at all times. (9.73)

**Achieved**

The internal visits booking system should be promoted to prisoners, and staff should be briefed on its use in order to advise prisoners. (9.74)

**Achieved**

The internal visits booking form should allow prisoners the opportunity to give a number of options in day/date. (9.75)

**Achieved**

Closed visits should not be imposed after a positive drug dog indication unless supported by additional intelligence. (9.77)

**Not achieved** (recommendation repeated 4.45)

The prison should undertake regular visitor surveys, to establish visitors' experiences and identify any particular problems. (9.84)

**Achieved**

The prison should continue with both induction visits and the homework club, or make similar provision available. (9.85)

**Partially achieved**

Prisoners from the Onslow unit should not have to wait long periods for their visits. (9.86)

**Achieved**

Prisoners should not have to wear bibs during visits. (9.87)

**Not achieved** (recommendation repeated as housekeeping point 4.46)

The prison should deliver a sufficient number of family days to meet demand. (9.88)

**Not achieved** (recommendation repeated 4.44)

The prison should offer parenting courses. (9.89)

**Achieved**

Non-sex offender prisoners should not be held on Onslow unit. (9.92)

**No longer relevant**

The attitudes, thinking and behaviour needs analysis should be kept up to date. (9.99)

**Achieved**

Programme staff should be involved in the induction programme. (9.100)

**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	21 and over	%
Sentenced	547	44.8
Recall	26	2.1
Convicted unsentenced	98	8.0
Remand	404	33.0
Civil prisoners	0	0.0
Detainees	148	12.1
<b>Total</b>	<b>1,223</b>	<b>100</b>

Sentence	21 and over	%
Unsentenced	660	54.0
Less than six months	124	10.1
Six months to less than 12 months	44	3.6
12 months to less than 2 years	74	6.1
2 years to less than 4 years	39	3.2
4 years to less than 10 years	57	4.6
10 years and over (not life)	156	12.8
ISPP (indeterminate sentence for public protection)	24	2.0
Life	45	3.7
<b>Total</b>	<b>1,223</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here: 20		
Under 21 years	1	0.1
21 years to 29 years	380	31.1
30 years to 39 years	443	36.2
40 years to 49 years	276	22.6
50 years to 59 years	95	7.8
60 years to 69 years	17	1.4
70 plus years	11	0.9
Please state maximum age here: 79		
<b>Total</b>	<b>1,223</b>	<b>100</b>

Nationality	21 and over	%
British	573	46.9
Foreign nationals	592	48.4
Not stated	58	4.7
<b>Total</b>	<b>1,223</b>	<b>100</b>

Security category	21 and over	%
Uncategorised unsentenced	26	2.1
Uncategorised sentenced	1	0.1
Category A	0	0
Category B	61	5.0

Category C	446	36.5
Category D	16	1.3
Other	673	55.0
<b>Total</b>	<b>1,223</b>	<b>100</b>

<b>Ethnicity</b>	<b>21 and over</b>	<b>%</b>
White	725	59.3
British	297	24.3
Irish	8	0.7
Gypsy/Irish Traveller	1	0.1
Other white	419	34.3
Mixed	62	5.1
White and black Caribbean	25	2.0
White and black African	15	1.2
White and Asian	2	0.2
Other mixed	20	1.6
Asian or Asian British	92	7.5
Indian	15	1.2
Pakistani	17	1.4
Bangladeshi	13	1.1
Chinese	3	0.2
Other Asian	44	3.6
Black or black British	250	20.4
Caribbean	96	7.8
African	105	8.6
Other black	49	4.0
Other ethnic group	19	1.6
Arab	7	0.6
Other ethnic group	12	1.0
Not stated	75	6.1
<b>Total</b>	<b>1,223</b>	<b>100</b>

<b>Religion</b>	<b>21 and over</b>	<b>%</b>
Baptist	1	0.1
Church of England	183	15.0
Roman Catholic	389	31.8
Other Christian denominations	202	16.5
Muslim	238	19.5
Sikh	8	0.7
Hindu	12	1.0
Buddhist	18	1.5
Jewish	7	0.6
Other	7	0.6
No religion	144	11.8
<b>Total</b>	<b>1,223</b>	<b>100</b>

<b>Other demographics</b>	<b>21 and over</b>	<b>%</b>
Veteran (ex-armed services)	6	0.5
<b>Total</b>	<b>6</b>	<b>0.5</b>

**Sentenced prisoners only**

<b>Length of stay</b>	<b>21 and over</b>	
	<b>Number</b>	<b>%</b>
Less than 1 month	145	11.6
1 month to 3 months	167	13.5
3 months to six months	92	7.3
six months to 1 year	96	7.6
1 year to 2 years	41	3.4
2 years to 4 years	16	1.3
4 years or more	5	0.4
<b>Total</b>	<b>562</b>	<b>45.1</b>

**Sentenced prisoners only**

	<b>21 and over</b>	<b>%</b>
Foreign nationals detained post sentence expiry	45	3.75
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	27	2.25
<b>Total</b>	<b>27</b>	<b>6.5</b>

**Unsentenced prisoners only**

<b>Length of stay</b>	<b>21 and over</b>	
	<b>Number</b>	<b>%</b>
Less than 1 month	245	20.1
1 month to 3 months	193	16.3
3 months to six months	118	9.4
six months to 1 year	92	7.4
1 year to 2 years	7	1.1
2 years to 4 years	4	0.4
4 years or more	1	0.1
<b>Total</b>	<b>660</b>	<b>54.9</b>

<b>Main offence</b>	<b>21 and over</b>	<b>%</b>
Violence against the person	166	14
Sexual offences	74	6
Burglary	115	9
Robbery	66	5
Theft and handling	111	9
Fraud and forgery	97	8
Drugs offences	120	10
Other offences	194	16
Civil offences	1	0.01
Offence not recorded / holding warrant	274	23
<b>Total</b>	<b>1,218</b>	<b>100</b>



## 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.

### Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician, we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment. Respondents were then randomly selected from a P-NOMIS prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

### Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

### Survey response

At the time of the survey on 13 May 2013 the prisoner population at HMP Wandsworth was 1,226. Using the method described above, questionnaires were distributed to a sample of 223 prisoners.

We received a total of 182 completed questionnaires, a response rate of 82%. This included seven questionnaires completed via interview. Seventeen respondents refused to complete a questionnaire, 18 questionnaires were not returned and six were returned blank.

Wing/Unit	Number of completed survey returns
A	41
B	38
C	35
D	38
E	27
X	3

## Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Wandsworth.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Wandsworth in 2013 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 36 local prisons since April 2008.
- The current survey responses from HMP Wandsworth in 2013 compared with the responses of prisoners surveyed at HMP Wandsworth in 2011.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between those who are British and those who are foreign nationals.
- A comparison within the 2013 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

## Survey summary

### Section I: About you

<b>Q1.2</b>	<b>How old are you?</b>		
	<i>Under 21</i>		1 (1%)
	<i>21 - 29</i>		54 (30%)
	<i>30 - 39</i>		66 (37%)
	<i>40 - 49</i>		44 (24%)
	<i>50 - 59</i>		14 (8%)
	<i>60 - 69</i>		0 (0%)
	<i>70 and over</i>		1 (1%)
<b>Q1.3</b>	<b>Are you sentenced?</b>		
	<i>Yes</i>		101 (56%)
	<i>Yes - on recall</i>		9 (5%)
	<i>No - awaiting trial</i>		30 (17%)
	<i>No - awaiting sentence</i>		22 (12%)
	<i>No - awaiting deportation</i>		19 (10%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	<i>Not sentenced</i>		71 (40%)
	<i>Less than 6 months</i>		18 (10%)
	<i>6 months to less than 1 year</i>		10 (6%)
	<i>1 year to less than 2 years</i>		8 (5%)
	<i>2 years to less than 4 years</i>		25 (14%)
	<i>4 years to less than 10 years</i>		29 (16%)
	<i>10 years or more</i>		8 (5%)
	<i>IPP (indeterminate sentence for public protection)</i>		2 (1%)
	<i>Life</i>		5 (3%)
<b>Q1.5</b>	<b>Are you a foreign national?</b> (i.e. do not have UK citizenship)		
	<i>Yes</i>		77 (43%)
	<i>No</i>		102 (57%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	<i>Yes</i>		166 (92%)
	<i>No</i>		15 (8%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	<i>Yes</i>		156 (86%)
	<i>No</i>		25 (14%)
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	46 (26%)	<i>Asian or Asian British - Chinese</i> 1 (1%)
	<i>White - Irish</i>	2 (1%)	<i>Asian or Asian British - other</i> 2 (1%)
	<i>White - other</i>	64 (37%)	<i>Mixed race - white and black Caribbean</i> 3 (2%)
	<i>Black or black British - Caribbean</i>	22 (13%)	<i>Mixed race - white and black African</i> 2 (1%)
	<i>Black or black British - African</i>	12 (7%)	<i>Mixed race - white and Asian</i> 1 (1%)
	<i>Black or black British - other</i>	8 (5%)	<i>Mixed race - other</i> 1 (1%)
	<i>Asian or Asian British - Indian</i>	4 (2%)	<i>Arab</i> 4 (2%)

<i>Asian or Asian British - Pakistani</i>	2 (1%)	<i>Other ethnic group</i>	1 (1%)
<i>Asian or Asian British - Bangladeshi</i>	0 (0%)		

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

Yes	8 (5%)
No	152 (95%)

**Q1.10 What is your religion?**

<i>None</i>	26 (15%)	<i>Hindu</i>	4 (2%)
<i>Church of England</i>	28 (16%)	<i>Jewish</i>	1 (1%)
<i>Catholic</i>	55 (31%)	<i>Muslim</i>	25 (14%)
<i>Protestant</i>	2 (1%)	<i>Sikh</i>	0 (0%)
<i>Other Christian denomination</i>	32 (18%)	<i>Other</i>	5 (3%)
<i>Buddhist</i>	1 (1%)		

**Q1.11 How would you describe your sexual orientation?**

<i>Heterosexual/ Straight</i>	167 (97%)
<i>Homosexual/Gay</i>	5 (3%)
<i>Bisexual</i>	0 (0%)

**Q1.12 Do you consider yourself to have a disability?**

need help with any long term physical, mental or learning needs)

(i.e do you

Yes	29 (16%)
No	147 (84%)

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

Yes	12 (7%)
No	160 (93%)

**Q1.14 Is this your first time in prison?**

Yes	76 (43%)
No	102 (57%)

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

Yes	81 (46%)
No	96 (54%)

## Section 2: Courts, transfers and escorts

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

<i>Less than 2 hours</i>	120 (66%)
<i>2 hours or longer</i>	49 (27%)
<i>Don't remember</i>	12 (7%)

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

<b><i>My journey was less than two hours</i></b>	120 (68%)
Yes	28 (16%)
No	27 (15%)
<i>Don't remember</i>	2 (1%)

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

<b><i>My journey was less than two hours</i></b>	120 (67%)
Yes	12 (7%)
No	44 (24%)
<i>Don't remember</i>	4 (2%)

<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>		
	Yes		120 (67%)
	No		47 (26%)
	Don't remember		12 (7%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>		
	Yes		140 (77%)
	No		36 (20%)
	Don't remember		5 (3%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>		
	Very well		40 (22%)
	Well		71 (39%)
	Neither		53 (29%)
	Badly		9 (5%)
	Very badly		6 (3%)
	Don't remember		3 (2%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)</b>		
	Yes, someone told me		96 (54%)
	Yes, I received written information		8 (5%)
	No, I was not told anything		59 (33%)
	Don't remember		16 (9%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>		
	Yes		139 (78%)
	No		28 (16%)
	Don't remember		11 (6%)

### Section 3: Reception, first night and induction

<b>Q3.1</b>	<b>How long were you in reception?</b>			
	Less than 2 hours		114 (64%)	
	2 hours or longer		45 (25%)	
	Don't remember		19 (11%)	
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>			
	Yes		131 (76%)	
	No		33 (19%)	
	Don't remember		9 (5%)	
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>			
	Very well		27 (15%)	
	Well		76 (43%)	
	Neither		53 (30%)	
	Badly		12 (7%)	
	Very badly		7 (4%)	
	Don't remember		0 (0%)	
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>			
	Loss of property	25 (14%)	Physical health	26 (15%)
	Housing problems	33 (19%)	Mental health	26 (15%)
	Contacting employers	9 (5%)	Needing protection from other prisoners	10 (6%)

<i>Contacting family</i>	61 (35%)	<i>Getting phone numbers</i>	59 (34%)
<i>Childcare</i>	9 (5%)	<i>Other</i>	16 (9%)
<i>Money worries</i>	43 (25%)	<i>Did not have any problems</i>	47 (27%)
<i>Feeling depressed or suicidal</i>	32 (18%)		

**Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?**

<i>Yes</i>	39 (23%)
<i>No</i>	86 (50%)
<i>Did not have any problems</i>	47 (27%)

**Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)**

<i>Tobacco</i>	130 (74%)
<i>A shower</i>	41 (23%)
<i>A free telephone call</i>	76 (43%)
<i>Something to eat</i>	140 (80%)
<i>PIN phone credit</i>	115 (65%)
<i>Toiletries/ basic items</i>	113 (64%)
<i>Did not receive anything</i>	6 (3%)

**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>	83 (49%)
<i>Someone from health services</i>	101 (59%)
<i>A Listener/Samaritans</i>	30 (18%)
<i>Prison shop/canteen</i>	37 (22%)
<i>Did not have access to any of these</i>	46 (27%)

**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>	68 (41%)
<i>What support was available for people feeling depressed or suicidal</i>	51 (31%)
<i>How to make routine requests (applications)</i>	58 (35%)
<i>Your entitlement to visits</i>	61 (37%)
<i>Health services</i>	68 (41%)
<i>Chaplaincy</i>	72 (43%)
<i>Not offered any information</i>	55 (33%)

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

<i>Yes</i>	117 (65%)
<i>No</i>	49 (27%)
<i>Don't remember</i>	13 (7%)

**Q3.10 How soon after you arrived here did you go on an induction course?**

<i>Have not been on an induction course</i>	38 (21%)
<i>Within the first week</i>	95 (54%)
<i>More than a week</i>	35 (20%)
<i>Don't remember</i>	9 (5%)

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

<i>Have not been on an induction course</i>	38 (22%)
<i>Yes</i>	82 (47%)
<i>No</i>	44 (25%)
<i>Don't remember</i>	12 (7%)

**Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?**

<i>Did not receive an assessment</i>	56 (32%)
<i>Within the first week</i>	50 (29%)
<i>More than a week</i>	53 (30%)
<i>Don't remember</i>	15 (9%)

**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 or legal representative?</i>	15 (9%)	33 (20%)	25 (15%)	36 (21%)	41 (24%)	19 (11%)
<i>Attend legal visits?</i>	19 (12%)	52 (33%)	31 (20%)	15 (10%)	17 (11%)	22 (14%)
<i>Get bail information?</i>	7 (5%)	20 (13%)	32 (21%)	19 (13%)	31 (21%)	42 (28%)

**Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?**

<i>Not had any letters</i>	40 (23%)
<i>Yes</i>	71 (41%)
<i>No</i>	63 (36%)

**Q4.3 Can you get legal books in the library?**

<i>Yes</i>	77 (45%)
<i>No</i>	21 (12%)
<i>Don't know</i>	73 (43%)

**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>	108 (62%)	64 (37%)	3 (2%)
<i>Are you normally able to have a shower every day?</i>	91 (52%)	79 (45%)	5 (3%)
<i>Do you normally receive clean sheets every week?</i>	148 (86%)	20 (12%)	4 (2%)
<i>Do you normally get cell cleaning materials every week?</i>	75 (44%)	84 (49%)	11 (6%)
<i>Is your cell call bell normally answered within five minutes?</i>	69 (41%)	74 (44%)	27 (16%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	110 (65%)	54 (32%)	5 (3%)
<i>If you need to, can you normally get your stored property?</i>	30 (18%)	106 (62%)	34 (20%)

**Q4.5 What is the food like here?**

<i>Very good</i>	7 (4%)
<i>Good</i>	68 (38%)
<i>Neither</i>	48 (27%)
<i>Bad</i>	29 (16%)
<i>Very bad</i>	26 (15%)

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

<i>Have not bought anything yet/ don't know</i>	13 (7%)
<i>Yes</i>	81 (46%)
<i>No</i>	84 (47%)

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

<i>Yes</i>	70 (40%)
<i>No</i>	24 (14%)
<i>Don't know</i>	81 (46%)

**Q4.8 Are your religious beliefs respected?**

<i>Yes</i>	116 (64%)
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	No	24 (13%)
	Don't know/ N/A	40 (22%)
<b>Q4.9</b>	<b>Are you able to speak to a chaplain of your faith in private if you want to?</b>	
	Yes	85 (47%)
	No	26 (15%)
	Don't know/ N/A	68 (38%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<i>I don't want to attend</i>	25 (14%)
	Very easy	41 (23%)
	Easy	61 (35%)
	Neither	17 (10%)
	Difficult	7 (4%)
	Very difficult	7 (4%)
	Don't know	17 (10%)
<b>Q4.11</b>	<b>Do you have any other comments about legal rights and respectful custody?</b>	
	94 (100%)	

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
	Yes	103 (59%)
	No	55 (32%)
	Don't know	16 (9%)
<b>Q5.2</b>	<b>Please answer the following questions about applications</b> <i>(If you have not made an application please tick the 'not made one' option)</i>	
		Not made one Yes No
	Are applications dealt with fairly?	41 (25%) 55 (34%) 66 (41%)
	Are applications dealt with quickly (within seven days)?	41 (27%) 33 (22%) 78 (51%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>	
	Yes	77 (46%)
	No	38 (22%)
	Don't know	54 (32%)
<b>Q5.4</b>	<b>Please answer the following questions about complaints</b> <i>(If you have not made a complaint please tick the 'not made one' option)</i>	
		Not made one Yes No
	Are complaints dealt with fairly?	87 (51%) 24 (14%) 58 (34%)
	Are complaints dealt with quickly (within seven days)?	87 (56%) 15 (10%) 54 (35%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes	28 (18%)
	No	132 (83%)
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	<i>Don't know who they are</i>	77 (45%)
	Very easy	10 (6%)
	Easy	24 (14%)
	Neither	33 (19%)
	Difficult	19 (11%)
	Very difficult	7 (4%)

### Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)</b>	
	<i>Don't know what the IEP scheme is</i>	32 (18%)
	Yes	66 (37%)
	No	53 (30%)
	<i>Don't know</i>	27 (15%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)</b>	
	<i>Don't know what the IEP scheme is</i>	32 (19%)
	Yes	67 (39%)
	No	43 (25%)
	<i>Don't know</i>	28 (16%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	Yes	13 (7%)
	No	161 (93%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i>	142 (84%)
	Very well	6 (4%)
	Well	5 (3%)
	Neither	7 (4%)
	Badly	6 (4%)
	Very badly	3 (2%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes	131 (74%)
	No	47 (26%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes	136 (80%)
	No	35 (20%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes	64 (37%)
	No	111 (63%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i>	14 (8%)
	Never	43 (25%)
	Rarely	41 (23%)
	Some of the time	53 (30%)
	Most of the time	14 (8%)
	All of the time	10 (6%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i>	76 (43%)
	<i>In the first week</i>	37 (21%)
	<i>More than a week</i>	34 (19%)

*Don't remember* 28 (16%)

**Q7.6 How helpful is your personal (named) officer?**

*Do not have a personal officer/ I have not met him/ her* 76 (46%)  
*Very helpful* 19 (11%)  
*Helpful* 34 (20%)  
*Neither* 22 (13%)  
*Not very helpful* 7 (4%)  
*Not at all helpful* 8 (5%)

**Section 8: Safety**

**Q8.1 Have you ever felt unsafe here?**

*Yes* 68 (39%)  
*No* 108 (61%)

**Q8.2 Do you feel unsafe now?**

*Yes* 33 (19%)  
*No* 137 (81%)

**Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you.)**

<i>Never felt unsafe</i>	108 (66%)	<i>At meal times</i>	13 (8%)
<i>Everywhere</i>	16 (10%)	<i>At health services</i>	7 (4%)
<i>Segregation unit</i>	5 (3%)	<i>Visits area</i>	6 (4%)
<i>Association areas</i>	10 (6%)	<i>In wing showers</i>	15 (9%)
<i>Reception area</i>	9 (6%)	<i>In gym showers</i>	4 (2%)
<i>At the gym</i>	3 (2%)	<i>In corridors/stairwells</i>	9 (6%)
<i>In an exercise yard</i>	13 (8%)	<i>On your landing/wing</i>	13 (8%)
<i>At work</i>	7 (4%)	<i>In your cell</i>	13 (8%)
<i>During movement</i>	13 (8%)	<i>At religious services</i>	8 (5%)
<i>At education</i>	2 (1%)		

**Q8.4 Have you been victimised by other prisoners here?**

*Yes* 46 (26%)  
*No* 130 (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>	16 (9%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	11 (6%)
<i>Sexual abuse</i>	3 (2%)
<i>Feeling threatened or intimidated</i>	17 (10%)
<i>Having your canteen/property taken</i>	9 (5%)
<i>Medication</i>	10 (6%)
<i>Debt</i>	3 (2%)
<i>Drugs</i>	7 (4%)
<i>Your race or ethnic origin</i>	8 (5%)
<i>Your religion/religious beliefs</i>	6 (3%)
<i>Your nationality</i>	16 (9%)
<i>You are from a different part of the country than others</i>	4 (2%)
<i>You are from a traveller community</i>	3 (2%)
<i>Your sexual orientation</i>	2 (1%)
<i>Your age</i>	3 (2%)
<i>You have a disability</i>	5 (3%)
<i>You were new here</i>	6 (3%)
<i>Your offence/ crime</i>	8 (5%)
<i>Gang related issues</i>	6 (3%)

<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes	43 (25%)
	No	131 (75%)
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	15 (9%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	7 (4%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	16 (9%)
	<i>Medication</i>	10 (6%)
	<i>Debt</i>	2 (1%)
	<i>Drugs</i>	3 (2%)
	<i>Your race or ethnic origin</i>	9 (5%)
	<i>Your religion/religious beliefs</i>	6 (3%)
	<i>Your nationality</i>	12 (7%)
	<i>You are from a different part of the country than others</i>	4 (2%)
	<i>You are from a traveller community</i>	3 (2%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	3 (2%)
	<i>You have a disability</i>	4 (2%)
	<i>You were new here</i>	5 (3%)
	<i>Your offence/ crime</i>	7 (4%)
	<i>Gang related issues</i>	4 (2%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	<i>Not been victimised</i>	112 (72%)
	Yes	13 (8%)
	No	30 (19%)

### Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people?:</b>						
		<b>Don't know</b>	<b>Very easy</b>	<b>Easy</b>	<b>Neither</b>	<b>Difficult</b>	<b>Very difficult</b>
	The doctor	21 (12%)	14 (8%)	24 (14%)	13 (8%)	49 (29%)	49 (29%)
	The nurse	20 (13%)	15 (9%)	43 (27%)	24 (15%)	35 (22%)	23 (14%)
	The dentist	35 (21%)	7 (4%)	7 (4%)	8 (5%)	37 (22%)	72 (43%)
<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?:</b>						
		<b>Not been</b>	<b>Very good</b>	<b>Good</b>	<b>Neither</b>	<b>Bad</b>	<b>Very bad</b>
	The doctor	39 (23%)	14 (8%)	43 (25%)	26 (15%)	22 (13%)	28 (16%)
	The nurse	31 (18%)	22 (13%)	45 (26%)	30 (18%)	22 (13%)	21 (12%)
	The dentist	69 (42%)	10 (6%)	22 (13%)	21 (13%)	14 (8%)	30 (18%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<b>Not been</b>					28 (16%)	
	<b>Very good</b>					10 (6%)	
	<b>Good</b>					45 (26%)	
	<b>Neither</b>					25 (15%)	
	<b>Bad</b>					35 (21%)	
	<b>Very bad</b>					27 (16%)	
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes					72 (41%)	
	No					103 (59%)	

<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>	
	<i>Not taking medication</i>	103 (60%)
	<i>Yes, all my meds</i>	24 (14%)
	<i>Yes, some of my meds</i>	14 (8%)
	<i>No</i>	31 (18%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>	
	<i>Yes</i>	54 (32%)
	<i>No</i>	116 (68%)
<b>Q9.7</b>	<b>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)</b>	
	<i>Do not have any emotional or mental health problems</i>	116 (68%)
	<i>Yes</i>	19 (11%)
	<i>No</i>	36 (21%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	<i>Yes</i>	42 (24%)
	<i>No</i>	131 (76%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	<i>Yes</i>	34 (20%)
	<i>No</i>	138 (80%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	<i>Very easy</i>	26 (16%)
	<i>Easy</i>	8 (5%)
	<i>Neither</i>	10 (6%)
	<i>Difficult</i>	4 (2%)
	<i>Very difficult</i>	7 (4%)
	<i>Don't know</i>	112 (67%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	<i>Very easy</i>	9 (5%)
	<i>Easy</i>	5 (3%)
	<i>Neither</i>	3 (2%)
	<i>Difficult</i>	7 (4%)
	<i>Very difficult</i>	16 (10%)
	<i>Don't know</i>	128 (76%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	<i>Yes</i>	8 (5%)
	<i>No</i>	154 (95%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	<i>Yes</i>	9 (6%)
	<i>No</i>	153 (94%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<i>Did not / do not have a drug problem</i>	117 (75%)
	<i>Yes</i>	29 (19%)
	<i>No</i>	10 (6%)

<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams for your alcohol problem, while in this prison?)</b>	
	<i>Did not / do not have an alcohol problem</i>	138 (83%)
	Yes	21 (13%)
	No	8 (5%)
<b>Q10.9</b>	<b>Was the support or help you received, while in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i>	117 (75%)
	Yes	33 (21%)
	No	6 (4%)

### Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	
		<i>Very difficult</i>					
	Prison job	26 (16%)	7 (4%)	35 (21%)	28 (17%)	40 (24%)	29 (18%)
	Vocational or skills training	38 (25%)	5 (3%)	30 (20%)	27 (18%)	26 (17%)	24 (16%)
	Education (including basic skills)	29 (19%)	11 (7%)	37 (24%)	31 (20%)	24 (16%)	20 (13%)
	Offending behaviour programmes	63 (43%)	6 (4%)	16 (11%)	20 (14%)	17 (11%)	26 (18%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	Not involved in any of these					60 (36%)	
	Prison job					73 (44%)	
	Vocational or skills training					17 (10%)	
	Education (including basic skills)					41 (25%)	
	Offending behaviour programmes					12 (7%)	
<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	48 (33%)	45 (31%)	27 (19%)	24 (17%)		
	Vocational or skills training	51 (38%)	47 (35%)	10 (8%)	25 (19%)		
	Education (including basic skills)	44 (32%)	52 (38%)	16 (12%)	24 (18%)		
	Offending behaviour programmes	57 (45%)	35 (28%)	15 (12%)	20 (16%)		
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>						
	<i>Don't want to go</i>					19 (11%)	
	<i>Never</i>					59 (35%)	
	<i>Less than once a week</i>					47 (27%)	
	<i>About once a week</i>					36 (21%)	
	<i>More than once a week</i>					10 (6%)	
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>						
	<i>Don't use it</i>					62 (39%)	
	Yes					44 (27%)	
	No					55 (34%)	
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>						
	<i>Don't want to go</i>					36 (21%)	
	0					55 (32%)	

	<i>1 to 2</i>	51 (30%)
	<i>3 to 5</i>	22 (13%)
	<i>More than 5</i>	6 (4%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>	
	<i>Don't want to go</i>	23 (14%)
	<i>0</i>	18 (11%)
	<i>1 to 2</i>	37 (22%)
	<i>3 to 5</i>	49 (29%)
	<i>More than 5</i>	43 (25%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>	
	<i>Don't want to go</i>	4 (2%)
	<i>0</i>	16 (9%)
	<i>1 to 2</i>	30 (18%)
	<i>3 to 5</i>	79 (47%)
	<i>More than 5</i>	40 (24%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)</b>	
	<i>Less than 2 hours</i>	63 (37%)
	<i>2 to less than 4 hours</i>	24 (14%)
	<i>4 to less than 6 hours</i>	34 (20%)
	<i>6 to less than 8 hours</i>	16 (9%)
	<i>8 to less than 10 hours</i>	11 (6%)
	<i>10 hours or more</i>	13 (8%)
	<i>Don't know</i>	10 (6%)

### Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	<i>Yes</i>	65 (39%)
	<i>No</i>	103 (61%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	<i>Yes</i>	80 (48%)
	<i>No</i>	87 (52%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	<i>Yes</i>	78 (46%)
	<i>No</i>	92 (54%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i>	42 (24%)
	<i>Very easy</i>	16 (9%)
	<i>Easy</i>	37 (21%)
	<i>Neither</i>	24 (14%)
	<i>Difficult</i>	20 (12%)
	<i>Very difficult</i>	25 (14%)
	<i>Don't know</i>	9 (5%)

### Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i>	71 (42%)

	Yes	45 (26%)
	No	55 (32%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (please tick all that apply)</b>	
	<i>Not sentenced/ NA</i>	126 (73%)
	<i>No contact</i>	14 (8%)
	<i>Letter</i>	8 (5%)
	<i>Phone</i>	4 (2%)
	<i>Visit</i>	26 (15%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes	43 (27%)
	No	116 (73%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<b>Not sentenced</b>	71 (41%)
	Yes	44 (26%)
	No	57 (33%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	128 (74%)
	<i>Very involved</i>	14 (8%)
	<i>Involved</i>	15 (9%)
	<i>Neither</i>	4 (2%)
	<i>Not very involved</i>	6 (3%)
	<i>Not at all involved</i>	6 (3%)
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (please tick all that apply)</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	128 (75%)
	<i>Nobody</i>	19 (11%)
	<i>Offender supervisor</i>	18 (11%)
	<i>Offender manager</i>	7 (4%)
	<i>Named/ personal officer</i>	2 (1%)
	<i>Staff from other departments</i>	7 (4%)
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	128 (75%)
	Yes	27 (16%)
	No	11 (6%)
	<i>Don't know</i>	5 (3%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	128 (75%)
	Yes	11 (6%)
	No	23 (13%)
	<i>Don't know</i>	9 (5%)
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	128 (74%)
	Yes	20 (12%)
	No	13 (8%)
	<i>Don't know</i>	12 (7%)
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>	
	Yes	19 (12%)

No	63 (39%)
Don't know	78 (49%)

**Q13.11 Do you feel that any member of staff has helped you to prepare for your release?**

Yes	24 (15%)
No	133 (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)**

	<b>Do not need help</b>		
	Yes		No
Employment	35 (24%)	43 (29%)	69 (47%)
Accommodation	33 (23%)	47 (33%)	62 (44%)
Benefits	33 (23%)	47 (33%)	63 (44%)
Finances	34 (25%)	29 (21%)	74 (54%)
Education	34 (25%)	40 (29%)	63 (46%)
Drugs and alcohol	53 (40%)	42 (32%)	38 (29%)

**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?**

Not sentenced	71 (43%)
Yes	56 (34%)
No	40 (24%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP Wandsworth 2013

**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 Wandsworth 2013	Local prisons comparator	HMP Wandsworth 2013	HMP Wandsworth 2011
	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				
<b>Number of completed questionnaires returned</b>		<b>182</b>	<b>5832</b>	<b>182</b>	<b>196</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	1%	7%	1%	1%
1.3	Are you sentenced?	61%	68%	61%	69%
1.3	Are you on recall?	5%	10%	5%	4%
1.4	Is your sentence less than 12 months?	16%	21%	16%	18%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	5%
1.5	Are you a foreign national?	43%	12%	43%	28%
1.6	Do you understand spoken English?	92%	98%	92%	
1.7	Do you understand written English?	86%	97%	86%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	36%	24%	36%	46%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	5%	5%	5%
1.1	Are you Muslim?	14%	11%	14%	17%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	3%
1.12	Do you consider yourself to have a disability?	16%	21%	16%	22%
1.13	Are you a veteran (ex-armed services)?	7%	6%	7%	
1.14	Is this your first time in prison?	43%	29%	43%	42%
1.15	Do you have any children under the age of 18?	46%	54%	46%	47%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	27%	18%	27%	14%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	49%	39%	49%	
2.3	Were you offered a toilet break?	20%	9%	20%	
2.4	Was the van clean?	67%	64%	67%	
2.5	Did you feel safe?	77%	78%	77%	
2.6	Were you treated well/very well by the escort staff?	61%	68%	61%	58%
2.7	Before you arrived here were you told that you were coming here?	54%	67%	54%	
2.7	Before you arrived here did you receive any written information about coming here?	5%	5%	5%	
2.8	When you first arrived here did your property arrive at the same time as you?	78%	82%	78%	75%

## Main comparator and comparator to last time

### Key to tables

		HMP Wandsworth 2013	Local prisons comparator	HMP Wandsworth 2013	HMP Wandsworth 2011
	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				
<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	64%	48%	64%	
3.2	When you were searched in reception, was this carried out in a respectful way?	76%	76%	76%	69%
3.3	Were you treated well/very well in reception?	59%	62%	59%	43%
	When you first arrived:				
3.4	Did you have any problems?	73%	73%	73%	86%
3.4	Did you have any problems with loss of property?	15%	14%	15%	19%
3.4	Did you have any housing problems?	19%	23%	19%	34%
3.4	Did you have any problems contacting employers?	5%	6%	5%	11%
3.4	Did you have any problems contacting family?	35%	31%	35%	43%
3.4	Did you have any problems ensuring dependants were being looked after?	5%	5%	5%	10%
3.4	Did you have any money worries?	25%	22%	25%	23%
3.4	Did you have any problems with feeling depressed or suicidal?	19%	21%	19%	23%
3.4	Did you have any physical health problems?	15%	17%	15%	
3.4	Did you have any mental health problems?	15%	19%	15%	
3.4	Did you have any problems with needing protection from other prisoners?	6%	8%	6%	6%
3.4	Did you have problems accessing phone numbers?	34%	29%	34%	46%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	31%	39%	31%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	74%	87%	74%	68%
3.6	A shower?	23%	33%	23%	27%
3.6	A free telephone call?	43%	60%	43%	28%
3.6	Something to eat?	80%	77%	80%	77%
3.6	PIN phone credit?	65%	58%	65%	
3.6	Toiletries/ basic items?	64%	60%	64%	

## Key to tables

## Main comparator and comparator to last time

	Any percentage highlighted in green is significantly better	HMP Wandsworth 2013	Local prisons comparator	HMP Wandsworth 2013	HMP Wandsworth 2011
	Any percentage highlighted in blue is significantly worse				
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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	49%	49%	49%	
3.7	Someone from health services?	59%	72%	59%	
3.7	A Listener/Samaritans?	18%	39%	18%	
3.7	Prison shop/ canteen?	22%	17%	22%	8%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	41%	49%	41%	32%
3.8	Support was available for people feeling depressed or suicidal?	31%	49%	31%	30%
3.8	How to make routine requests?	35%	42%	35%	21%
3.8	Your entitlement to visits?	37%	46%	37%	23%
3.8	Health services?	41%	53%	41%	31%
3.8	The chaplaincy?	43%	47%	43%	37%
3.9	Did you feel safe on your first night here?	65%	75%	65%	60%
3.10	Have you been on an induction course?	79%	79%	79%	68%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	60%	59%	60%	36%
3.12	Did you receive an education (skills for life) assessment?	68%	72%	68%	
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	28%	41%	28%	33%
4.1	Attend legal visits?	46%	58%	46%	42%
4.1	Get bail information?	18%	22%	18%	16%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	41%	39%	41%	36%
4.3	Can you get legal books in the library?	45%	37%	45%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	62%	54%	62%	50%
4.4	Are you normally able to have a shower every day?	52%	82%	52%	54%
4.4	Do you normally receive clean sheets every week?	86%	80%	86%	82%
4.4	Do you normally get cell cleaning materials every week?	44%	62%	44%	42%
4.4	Is your cell call bell normally answered within five minutes?	41%	37%	41%	27%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	65%	63%	65%	66%
4.4	Can you normally get your stored property, if you need to?	18%	27%	18%	18%
4.5	Is the food in this prison good/very good?	42%	23%	42%	40%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	46%	46%	53%
4.7	Are you able to speak to a Listener at any time, if you want to?	40%	59%	40%	44%
4.8	Are your religious beliefs are respected?	65%	53%	65%	56%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	48%	55%	48%	49%
4.10	Is it easy/very easy to attend religious services?	58%	46%	58%	

## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference			
<b>SECTION 5: Applications and complaints</b>				
5.1	Is it easy to make an application?	59%	81%	59%
	For those who have made an application:			
5.2	Do you feel applications are dealt with fairly?	46%	58%	46%
5.2	Do you feel applications are dealt with quickly (within seven days)?	30%	48%	30%
5.3	Is it easy to make a complaint?	46%	53%	46%
	For those who have made a complaint:			
5.4	Do you feel complaints are dealt with fairly?	29%	33%	29%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	22%	36%	22%
5.5	Have you ever been prevented from making a complaint when you wanted to?	18%	17%	18%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	20%	21%	20%
<b>SECTION 6: Incentives and earned privileges scheme</b>				
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	48%	37%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	45%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	7%	8%
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?	41%	37%	41%
<b>SECTION 7: Relationships with staff</b>				
7.1	Do most staff, in this prison, treat you with respect?	74%	74%	74%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	80%	74%	80%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	37%	32%	37%
7.4	Do staff normally speak to you most of the time/all of the time during association?	14%	19%	14%
7.5	Do you have a personal officer?	57%	44%	57%
	For those with a personal officer:			
7.6	Do you think your personal officer is helpful/very helpful?	59%	65%	59%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	39%	39%	39%	46%
8.2	Do you feel unsafe now?	19%	16%	19%	24%
8.4	Have you been victimised by other prisoners here?	26%	23%	26%	21%
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	9%	11%	9%	6%
8.5	Hit, kicked or assaulted you?	6%	7%	6%	4%
8.5	Sexually abused you?	2%	1%	2%	2%
8.5	Threatened or intimidated you?	10%	13%	10%	
8.5	Taken your canteen/property?	5%	5%	5%	5%
8.5	Victimised you because of medication?	6%	5%	6%	
8.5	Victimised you because of debt?	2%	3%	2%	
8.5	Victimised you because of drugs?	4%	4%	4%	3%
8.5	Victimised you because of your race or ethnic origin?	5%	3%	5%	7%
8.5	Victimised you because of your religion/religious beliefs?	3%	2%	3%	4%
8.5	Victimised you because of your nationality?	9%	2%	9%	
8.5	Victimised you because you were from a different part of the country?	2%	4%	2%	4%
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%	2%
8.5	Victimised you because of your age?	2%	2%	2%	2%
8.5	Victimised you because you have a disability?	3%	3%	3%	5%
8.5	Victimised you because you were new here?	3%	5%	3%	7%
8.5	Victimised you because of your offence/crime?	5%	5%	5%	4%
8.5	Victimised you because of gang related issues?	3%	4%	3%	3%

## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	25%	27%	25%	36%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	9%	11%	9%	14%
8.7	Hit, kicked or assaulted you?	4%	5%	4%	7%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	9%	12%	9%	
8.7	Victimised you because of medication?	6%	5%	6%	
8.7	Victimised you because of debt?	1%	2%	1%	
8.7	Victimised you because of drugs?	2%	4%	2%	5%
8.7	Victimised you because of your race or ethnic origin?	5%	4%	5%	11%
8.7	Victimised you because of your religion/religious beliefs?	3%	3%	3%	4%
8.7	Victimised you because of your nationality?	7%	3%	7%	
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	5%
8.7	Victimised you because you are from a Traveller community?	2%	2%	2%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.7	Victimised you because of your age?	2%	2%	2%	2%
8.7	Victimised you because you have a disability?	2%	2%	2%	4%
8.7	Victimised you because you were new here?	3%	6%	3%	13%
8.7	Victimised you because of your offence/crime?	4%	5%	4%	7%
8.7	Victimised you because of gang related issues?	2%	2%	2%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	30%	33%	30%	35%

## Main comparator and comparator to last time

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<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	22%	27%	22%	12%
9.1	Is it easy/very easy to see the nurse?	36%	51%	36%	49%
9.1	Is it easy/very easy to see the dentist?	8%	11%	8%	6%
	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?	43%	44%	43%	29%
9.2	The nurse?	48%	57%	48%	51%
9.2	The dentist?	33%	31%	33%	28%
9.3	The overall quality of health services?	39%	39%	39%	24%
9.4	Are you currently taking medication?	41%	51%	41%	46%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	55%	62%	55%	
9.6	Do you have any emotional well being or mental health problems?	32%	34%	32%	33%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	35%	40%	35%	
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	24%	36%	24%	28%
10.2	Did you have a problem with alcohol when you came into this prison?	20%	28%	20%	21%
10.3	Is it easy/very easy to get illegal drugs in this prison?	20%	29%	20%	26%
10.4	Is it easy/very easy to get alcohol in this prison?	8%	13%	8%	
10.5	Have you developed a problem with drugs since you have been in this prison?	5%	8%	5%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	8%	6%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	74%	63%	74%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	72%	58%	72%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	85%	79%	85%	82%

## Main comparator and comparator to last time

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<b>SECTION 11: Activities</b>					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	25%	33%	25%	
11.1	Vocational or skills training?	23%	29%	23%	
11.1	Education (including basic skills)?	32%	43%	32%	
11.1	Offending behaviour programmes?	15%	19%	15%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	44%	44%	44%	36%
11.2	Vocational or skills training?	10%	9%	10%	11%
11.2	Education (including basic skills)?	25%	27%	25%	15%
11.2	Offending behaviour programmes?	7%	8%	7%	9%
11.3	Have you had a job while in this prison?	67%	69%	67%	59%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	47%	42%	47%	46%
11.3	Have you been involved in vocational or skills training while in this prison?	62%	55%	62%	49%
	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?	57%	49%	57%	60%
11.3	Have you been involved in education while in this prison?	68%	67%	68%	53%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	57%	56%	57%	72%
11.3	Have you been involved in offending behaviour programmes while in this prison?	55%	52%	55%	48%
	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?	50%	47%	50%	57%
11.4	Do you go to the library at least once a week?	27%	34%	27%	45%
11.5	Does the library have a wide enough range of materials to meet your needs?	27%	34%	27%	
11.6	Do you go to the gym three or more times a week?	17%	32%	17%	7%
11.7	Do you go outside for exercise three or more times a week?	54%	37%	54%	42%
11.8	Do you go on association more than five times each week?	24%	47%	24%	15%
11.9	Do you spend ten or more hours out of your cell on a weekday?	8%	10%	8%	5%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	39%	35%	39%	33%
12.2	Have you had any problems with sending or receiving mail?	48%	46%	48%	45%
12.3	Have you had any problems getting access to the telephones?	46%	32%	46%	52%
12.4	Is it easy/ very easy for your friends and family to get here?	31%	37%	31%	

## Main comparator and comparator to last time

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<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	45%	60%	45%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	30%	43%	30%	
13.2	Contact by letter?	17%	28%	17%	
13.2	Contact by phone?	9%	15%	9%	
13.2	Contact by visit?	57%	33%	57%	
13.3	Do you have a named offender supervisor in this prison?	27%	30%	27%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	44%	39%	44%	46%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	64%	57%	64%	48%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	44%	44%	44%	
13.6	Offender supervisor?	42%	31%	42%	
13.6	Offender manager?	16%	28%	16%	
13.6	Named/ personal officer?	5%	14%	5%	
13.6	Staff from other departments?	16%	20%	16%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	63%	60%	63%	60%
13.8	Are there plans for you to achieve any of your targets in another prison?	26%	27%	26%	
13.9	Are there plans for you to achieve any of your targets in the community?	44%	31%	44%	
13.10	Do you have a needs based custody plan?	12%	7%	12%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	15%	15%	15%	12%
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%	30%	38%	
13.12	Accommodation?	43%	41%	43%	
13.12	Benefits?	43%	44%	43%	
13.12	Finances?	28%	26%	28%	
13.12	Education?	39%	32%	39%	
13.12	Drugs and alcohol?	53%	47%	53%	
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?	58%	46%	58%	55%

## Diversity analysis



### Key question responses (ethnicity, foreign national and religion) HMP Wandsworth 2013

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

#### Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
<b>Number of completed questionnaires returned</b>		<b>63</b>	<b>112</b>	<b>77</b>	<b>102</b>	<b>25</b>	<b>154</b>
1.3	Are you sentenced?	64%	59%	50%	70%	64%	61%
1.5	Are you a foreign national?	29%	51%			28%	45%
1.6	Do you understand spoken English?	97%	89%	84%	98%	92%	92%
1.7	Do you understand written English?	98%	80%	75%	96%	96%	85%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			25%	45%	79%	29%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	6%	8%	2%	0%	6%
1.1	Are you Muslim?	30%	5%	9%	18%		
1.12	Do you consider yourself to have a disability?	18%	16%	16%	16%	25%	15%
1.13	Are you a veteran (ex-armed services)?	5%	8%	10%	5%	8%	7%
1.14	Is this your first time in prison?	46%	41%	57%	33%	40%	43%
2.6	Were you treated well/very well by the escort staff?	59%	63%	60%	61%	72%	60%
2.7	Before you arrived here were you told that you were coming here?	61%	53%	49%	58%	42%	57%
3.2	When you were searched in reception, was this carried out in a respectful way?	68%	80%	76%	77%	61%	78%
3.3	Were you treated well/very well in reception?	62%	58%	58%	59%	48%	61%
3.4	Did you have any problems when you first arrived?	74%	71%	76%	70%	71%	73%
3.7	Did you have access to someone from health care when you first arrived here?	56%	61%	57%	62%	54%	60%
3.9	Did you feel safe on your first night here?	57%	71%	65%	66%	60%	67%
3.10	Have you been on an induction course?	72%	81%	82%	75%	79%	78%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	24%	29%	29%	27%	39%	27%

## Diversity analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in green is significantly better							
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
4.4	Are you normally offered enough clean, suitable clothes for the week?	56%	64%	68%	56%	52%	63%
4.4	Are you normally able to have a shower every day?	45%	58%	50%	53%	68%	50%
4.4	Is your cell call bell normally answered within five minutes?	40%	42%	43%	38%	60%	38%
4.5	Is the food in this prison good/very good?	39%	46%	49%	36%	24%	45%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	35%	54%	44%	45%	36%	48%
4.7	Are you able to speak to a Listener at any time, if you want to?	42%	38%	26%	51%	44%	40%
4.8	Do you feel your religious beliefs are respected?	64%	64%	78%	54%	76%	62%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	42%	44%	52%	68%	43%
5.1	Is it easy to make an application?	59%	60%	54%	62%	62%	59%
5.3	Is it easy to make a complaint?	43%	49%	44%	46%	38%	48%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	38%	38%	26%	46%	38%	38%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	32%	29%	46%	39%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	8%	8%	6%	12%	7%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	75%	75%	74%	74%	75%	74%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	80%	79%	80%	80%	83%	79%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	15%	13%	10%	17%	17%	13%
7.4	Do you have a personal officer?	59%	56%	49%	61%	71%	55%
8.1	Have you ever felt unsafe here?	48%	35%	36%	41%	48%	37%
8.2	Do you feel unsafe now?	20%	20%	23%	16%	14%	20%
8.3	Have you been victimised by other prisoners?	25%	26%	26%	26%	26%	26%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	10%	8%	7%	12%	8%	9%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	12%	0%	4%	5%	8%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	2%	4%	3%	8%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	10%	8%	16%	4%	17%	8%
8.5	Have you been victimised because you have a disability? (By prisoners)	7%	1%	5%	1%	5%	3%

## Diversity analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
8.6	Have you been victimised by a member of staff?	24%	26%	23%	25%	23%	26%
8.7	Have you ever felt threatened or intimidated by staff here?	12%	7%	6%	12%	14%	9%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	2%	6%	5%	14%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	3%	4%	3%	14%	2%
8.7	Have you been victimised because of your nationality? (By staff)	9%	5%	11%	4%	14%	6%
8.7	Have you been victimised because you have a disability? (By staff)	7%	0%	3%	2%	0%	3%
9.1	Is it easy/very easy to see the doctor?	22%	24%	21%	24%	26%	22%
9.1	Is it easy/ very easy to see the nurse?	38%	37%	37%	36%	43%	36%
9.4	Are you currently taking medication?	39%	43%	39%	43%	26%	44%
9.6	Do you feel you have any emotional well being/mental health issues?	36%	30%	33%	31%	41%	30%
10.3	Is it easy/very easy to get illegal drugs in this prison?	20%	22%	23%	18%	28%	20%
11.2	Are you currently working in the prison?	40%	43%	42%	44%	43%	43%
11.2	Are you currently undertaking vocational or skills training?	13%	8%	15%	5%	14%	9%
11.2	Are you currently in education (including basic skills)?	21%	27%	29%	20%	14%	27%
11.2	Are you currently taking part in an offending behaviour programme?	8%	6%	3%	10%	14%	6%
11.4	Do you go to the library at least once a week?	24%	28%	26%	28%	27%	27%
11.6	Do you go to the gym three or more times a week?	21%	14%	7%	23%	14%	17%
11.7	Do you go outside for exercise three or more times a week?	41%	58%	59%	49%	62%	52%
11.8	On average, do you go on association more than five times each week?	23%	26%	25%	22%	32%	23%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10%	7%	3%	12%	9%	8%
12.2	Have you had any problems sending or receiving mail?	54%	43%	47%	48%	55%	46%
12.3	Have you had any problems getting access to the telephones?	46%	44%	54%	41%	45%	46%

## Diversity analysis



### Key question responses (disability) HMP Wandsworth 2013

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

#### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	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		
<b>Number of completed questionnaires returned</b>		<b>29</b>	<b>147</b>
1.3	Are you sentenced?	62%	61%
1.5	Are you a foreign national?	43%	43%
1.6	Do you understand spoken English?	96%	91%
1.7	Do you understand written English?	86%	86%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	38%	35%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	12%	4%
1.10	Are you Muslim?	21%	12%
1.13	Are you a veteran (ex-armed services)?	15%	6%
1.14	Is this your first time in prison?	39%	43%
2.6	Were you treated well/very well by the escort staff?	69%	61%
2.7	Before you arrived here were you told that you were coming here?	58%	55%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	75%
3.3	Were you treated well/very well in reception?	67%	57%
3.4	Did you have any problems when you first arrived?	85%	70%
3.7	Did you have access to someone from health care when you first arrived here?	62%	59%
3.9	Did you feel safe on your first night here?	43%	71%
3.10	Have you been on an induction course?	80%	77%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	28%	28%

## 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?	68%	59%
4.4	Are you normally able to have a shower every day?	59%	52%
4.4	Is your cell call bell normally answered within five minutes?	36%	42%
4.5	Is the food in this prison good/very good?	43%	42%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	52%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	45%	39%
4.8	Do you feel your religious beliefs are respected?	71%	62%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	68%	42%
5.1	Is it easy to make an application?	54%	60%
5.3	Is it easy to make a complaint?	50%	45%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	30%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	25%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	18%	5%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	90%	71%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	81%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	11%	13%
7.4	Do you have a personal officer?	52%	58%
8.1	Have you ever felt unsafe here?	67%	33%
8.2	Do you feel unsafe now?	44%	14%
8.3	Have you been victimised by other prisoners?	38%	24%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	15%	8%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	15%	8%
8.5	Have you been victimised because of your age? (By prisoners)	4%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	19%	0%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	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%	23%
8.7	Have you ever felt threatened or intimidated by staff here?	28%	6%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	12%	2%
8.7	Have you been victimised because of your nationality? (By staff)	16%	5%
8.7	Have you been victimised because of your age? (By staff)	4%	1%
8.7	Have you been victimised because you have a disability? (By staff)	12%	1%
9.1	Is it easy/very easy to see the doctor?	31%	21%
9.1	Is it easy/ very easy to see the nurse?	33%	37%
9.4	Are you currently taking medication?	64%	38%
9.6	Do you feel you have any emotional well being/mental health issues?	83%	23%
10.3	Is it easy/very easy to get illegal drugs in this prison?	33%	19%
11.2	Are you currently working in the prison?	30%	45%
11.2	Are you currently undertaking vocational or skills training?	8%	10%
11.2	Are you currently in education (including basic skills)?	22%	24%
11.2	Are you currently taking part in an offending behaviour programme?	17%	6%
11.4	Do you go to the library at least once a week?	19%	28%
11.6	Do you go to the gym three or more times a week?	19%	17%
11.7	Do you go outside for exercise three or more times a week?	56%	53%
11.8	On average, do you go on association more than five times each week?	44%	21%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	9%
12.2	Have you had any problems sending or receiving mail?	50%	46%
12.3	Have you had any problems getting access to the telephones?	52%	45%