

Report on a full unannounced inspection
of

HMP Wormwood Scrubs

9–13 June 2008

By HM Chief Inspector of Prisons

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Introduction

This is the fourth inspection of Wormwood Scrubs since I became Chief Inspector in 2001. The first three inspections charted slow but steady progress in a prison that had previously raised serious concerns about abusive behaviour by staff towards prisoners. This inspection confirmed that there was no evidence of an abusive or negative staff culture. However, disappointingly, it also found that progress had been halted and, indeed, that there had been an appreciable drift in all our key areas – safety, respect, purposeful activity and resettlement. This is a direction of travel that needs urgently to be reversed.

Wormwood Scrubs, like many other large local prisons, operated under considerable pressure. It was taking in around 300 prisoners a week, and over the previous 12 days had received 240 men new to the prison, often arriving late. Shortage of staff created further pressure.

We had no concerns about the management of areas that had previously been of particular concern: the segregation unit was well run and use of force appeared proportionate and was well monitored. The very large wings were visibly controlled, which created a calm environment, but one where staff were somewhat distant (and where we heard on occasions some inappropriate language used about prisoners). The quality, if not the quantity, of education and activities had improved since the last inspection.

However, overall we found that the prison was no longer performing sufficiently well in relation to safety. Reception, first night and induction procedures were not sufficiently supportive or consistent, and staff involvement in these key areas was limited. We identified particularly unsafe practices in relation to those prisoners withdrawing from drugs, who were not always able to access the excellent detoxification service available, even when they were identified as at risk of suicide or self-harm. In general, the practical operation of the newly established integrated drug treatment system (IDTS) was unclear, and in some cases unsafe.

There were some good initiatives in relation to violence reduction and suicide prevention. However, there were too few Listeners, and reviews of those at risk of self-harm needed improvement. The incidence of drugs – one in five mandatory drug tests were positive – encouraged intimidation and gang activity, and the prison's anti-bullying work was underdeveloped. As a consequence, 44% of prisoners said they had felt unsafe in the prison.

We observed some positive interactions between staff and prisoners. But in general, staff were insufficiently proactive, and did not appear to know their prisoners. Entries in wing history sheets were poor, and in effect there was no personal officer scheme. Residential staff involvement in aspects of prisoner care and rehabilitation – such as diversity and resettlement – was weak, and there was considerable evidence of regime slip and late arrivals, or failures to arrive, at activities. Some parts of the prison, and some cells, were dirty and cramped. Healthcare was in general improving, but in a large local prison it was disappointing that mental health services were under-resourced.

There had been improvements in the quality of education and training, but there simply was not enough of it, and this was exacerbated by the fact that classes and workshops were only around three-quarters full. Around half the prisoners, at any one time, had nothing to do. Time out of cell was also poor and applied inconsistently across the wings. The prison's own recorded output of nine hours a day per prisoner was unrealistic: in fact, many prisoners were not unlocked at all until lunchtime.

Resettlement was the prison's strongest area, with some good partnership initiatives with voluntary sector organisations, and a strong offender management unit. However, there was no clear strategy linking all these initiatives, no needs analysis, and too little integration. There was effectively no custody planning for short-term prisoners, the great majority of the population.

Like all local prisons, Wormwood Scrubs was subject to constant daily pressure and it required considerable work by both managers and staff simply to ensure its successful day-to-day operation. However, this inspection identified some gaps and risks in significant areas which required a stronger management grip, and greater involvement by residential staff. If these areas are addressed, however, there is no reason why the prison cannot resume the progress we identified in previous inspections.

Anne Owers
HM Chief Inspector of Prisons

August 2008

Fact page

Task of the establishment

Wormwood Scrubs is a category B local male prison, serving the Crown and magistrates' courts of North West London.

Area organisation

London

Number held

1,209

Certified normal accommodation

1,156

Operational capacity

1,239

Last inspection

Short unannounced inspection: 3-4 October 2005

Brief history

The prison was built between 1875 and 1891. In 1902 the last female prisoner was transferred to HMP Holloway. In 1922 one wing became a borstal. During World War II the prison was used by the War Department. In 1994 a new hospital wing was completed, and in 1996 two of the four wings were refurbished to modern standards, and a fifth wing completed.

Description of residential units

A, B, C and D wings hold a mixture of remand and convicted prisoners, serving any length of sentence. The first night centre is an annexe of B wing.

E wing is the resettlement wing.

Conibeere unit (CBU) is a 51-place detoxification unit, located above the segregation unit.

The healthcare centre has 17 inpatient spaces.

Healthy prison summary

Introduction

HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:

Safety	prisoners, even the most vulnerable, are held safely;
Respect	prisoners are treated with respect for their human dignity;
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them;
Resettlement	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

...performing well against this healthy prison test.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

...performing reasonably well against this healthy prison test.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.

...not performing sufficiently well against this healthy prison test.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

...performing poorly against this healthy prison test.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

Safety

- HP4 The frequent late arrival of escorts from court impacted on prisoners' experience of their early days in custody. Reception staff treated prisoners well, but the environment was neglected, and holding rooms were particularly poor. First night and induction arrangements were underdevelopment and poorly organised. There were procedures to confront violence, bullying and self-harm, but implementation was not consistent or reliable. The segregation unit was well managed, and use of force was low. Detoxification procedures were not adequately coordinated, and many new arrivals were missed, which was potentially dangerous. There was considerable illicit drug use. Wormwood Scrubs was not performing sufficiently well against this healthy prison test.
- HP5 Although journeys from courts were relatively short, many prisoners were retained in court cells for extended periods before they were transferred to the establishment. There were also problems in coordination between the escort contractor and the prison, with difficulties in the morning and frequent late arrivals in the evening. The latter had a knock-on effect on first night procedures.
- HP6 The reception facility was spacious, but dirty, shabby and disorganised. Holding rooms were particularly poor; they were dirty and had no useful information or distractions. New arrivals spent a considerable time in reception before they were taken to the wings. Relationships between staff and prisoners were, however, good. Staff focused on dealing with risk, but there was a lack of confidentiality during some assessments. Healthcare screening was normally undertaken in reception, but if this was delayed some assessments took place very late on the first night centre, which presented risks.
- HP7 New arrivals received a short briefing from staff and the sole trained Insider (prisoner peer supporter) on the first night centre. The Insider was central to the first night procedures, and also translated materials for the many foreign prisoners. Although he was due to transfer out shortly, there seemed to be no contingency for his departure. When the drug detoxification unit was full, new arrivals who needed to be detoxified were often held on the first night centre without proper detoxification, which was unacceptable and dangerous. In our survey, significant proportions of prisoners were negative about their treatment and feelings of safety during reception and the initial stages of custody at Wormwood Scrubs. These views were strongest among minority groups. On their first morning, new arrivals received a brief induction, principally from the Insider, although there was evidence that some prisoners missed this. In our survey, only a third of respondents said the induction covered everything they needed to know.
- HP8 There were comprehensive procedures to ensure that bullying incidents were properly referred. The monthly violence reduction committee reviewed intelligence, unexplained injuries and incident reports that identified bullying, although the quality of analysis was underdeveloped. Similarly, the quality of many investigations was weak and follow-up monitoring was poor. Consultation arrangements in the violence reduction strategy did not take place, although there was a general survey of prisoner perceptions. Interventions for bullies and victims were no longer offered, but the prison used a 'case management protocol' to manage the behaviour of a few disruptive prisoners. In our survey, 44% of respondents said that they had felt unsafe

in the prison, and just under a quarter said they currently felt unsafe, which were both significantly worse than the findings in comparator local prisons¹.

- HP9 There was a new policy for the management and prevention of suicide and self-harm. Although not all discipline staff had read it, most were aware of the risks of self-harm and suicide. There was a programme of assessment, care in custody and teamwork (ACCT) self-harm monitoring training and refresher training for all staff in contact with prisoners. ACCT assessments were generally satisfactory, but there were some deficiencies: many observations failed to evidence meaningful engagement, and many reviews were insufficiently multidisciplinary. There were only two Listeners, which was inadequate for the size of the population. There had been four self-inflicted deaths in the last 18 months.
- HP10 The flow of intelligence to the security department was reasonable and almost 300 security information reports were processed each month in a timely and efficient manner. A discrete intelligence unit in the security department carried out more detailed analysis of intelligence. However, there had been no full-time police liaison officer for some time. Procedures to minimise the trafficking of illicit items through visits appeared satisfactory.
- HP11 The segregation unit had clean and properly equipped cells and well-maintained communal areas. Relationships between staff and prisoners were good, and, on the whole, staff dealt with some difficult prisoners with appropriate levels of care. However, each newly received prisoner was strip searched routinely. A published basic regime included daily showers, exercise and access to telephones, but apart from some in-cell education, there was little purposeful activity. Use of special accommodation was low, with proper authorisation and governance, although three prisoners had recently been held here overnight. Case management to reintegrate prisoners back to normal location was underdeveloped.
- HP12 Adjudication hearings were conducted fairly, cases were properly investigated, and punishments were consistent. The senior management team analysed the results of proven offences. Some staff conduct reports were poor, and some were disrespectful.
- HP13 Use of force was comparatively low with just 119 recorded incidents in the previous six months. Proper authority was sought for planned interventions, and de-escalation was applied effectively. There were good monitoring arrangements, with strong links to the violence reduction committee and the senior management team. The committee discussed all incidents, and quarterly analyses were submitted to the governor and area manager.
- HP14 In our survey, just over a quarter of respondents said it was easy to get illegal drugs in Wormwood Scrubs. Random mandatory drug testing positive results averaged 20.2% for the previous six months, but increased to 25% including those who refused tests. There was a low level of suspicion testing, despite good intelligence. In the past 12 months, 1,295 prisoners were admitted to the Conibeere unit for drug stabilisation and detoxification. The unit had 47 spaces, but was frequently full, and new arrivals who were opiate users fell through the net. We spoke to many prisoners who had been diverted to other wings and received only symptomatic relief, including three

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

who were on open ACCT documents. The prison had recently introduced the integrated drug treatment system (IDTS), which operated on C wing. This had ensured more flexible prescribing options, and had improved psychosocial support for those on methadone maintenance regimes.

- HP15 There was no dedicated unit for vulnerable prisoners. Prisoners who sought protection were managed in the segregation unit before they were moved to other establishments, although the number doing so was low. There was a large number of sex offenders managed successfully on ordinary residential units, and those interviewed said that they were treated reasonably well and felt reasonably safe.

Respect

HP16 The standards and cleanliness in cells and communal areas were mixed. There were reasonable levels of staff-prisoner interaction, although a significant proportion of prisoners did not think staff treated them with respect. There was no personal officer scheme. There were reasonable structures and systems to support black and minority ethnic and foreign prisoners, but these prisoners had negative perceptions. Work on the broader diversity agenda needed further development. The management of complaints was inadequate. Health services were improving. Wormwood Scrubs was performing reasonably well against this healthy prison test.

- HP17 Given the age and use of the wings, landings were reasonably clean with some notable exceptions, particularly on the upper floors of A, B C and D wings. Empty offices and other communal rooms were used as store rooms for broken furniture and other rubbish. Many cells on these older units were dirty and poorly furnished, and some designed to accommodate one prisoner held two. Living conditions in many were cramped, they had inadequate ventilation, and the toilets were poorly screened. Showers were unscreened, often dirty, and some did not work properly. The amount of litter in the grounds was unacceptable.

- HP18 There was an incentives and earned privileges (IEP) scheme, but little evidence that it was a useful motivational tool. Prisoners were less confident about the fairness of the scheme than in comparator prisons. Relatively few prisoners were on basic regime; their meals were served separately. There was a small 'super enhanced' unit for 17 prisoners, but no evidence to suggest that this acted to motivate the prison's other 1,200 prisoners.

- HP19 Prisoner views of staff were mixed. When pressed, many acknowledged reasonably positive views. In our survey, however, only 60% of respondents thought staff treated them with respect which was significantly worse than the comparator, and the views of Muslim, foreign and black and minority ethnic prisoners were much worse than those of their counterparts. The size of population on each wing was considerable, but the application of the core day meant that a limited number of prisoners were unlocked at any time, and the atmosphere was very controlled. We observed some reasonable levels of staff-prisoner engagement, although staff were not sufficiently active in supporting prisoner involvement with the regime. Staff generally had little knowledge of prisoners, and the quality of entries in wing history sheets was weak. There was no operational personal officer scheme.

- HP20 The kitchen was large, clean and well ordered. Hotplates on the wings were clean, and prisoner orderlies were trained in basic food hygiene. A five-week menu cycle provided balanced meals, catering for all dietary needs. Changes to menus were informed by prisoner consultation, but prisoners were unaware of the food complaints or comments procedures, and in our survey were negative about food quality. The lunch and evening meals were served far too early. The prison shop was managed through an on-site pre-ordered bagging system, with orders delivered to prisoners' cells weekly. Procedures were generally responsive to prisoner need, and there was an extensive stock list.
- HP21 There were sound structures for the management of diversity, including a team of three dedicated staff and good use of prisoner diversity representatives. There was less evidence, however, that this was understood by all staff. There was only limited support for older prisoners and work on sexual orientation. New arrivals were asked to self-disclose any disabilities, and there was a database of this information, but there were few interventions and adaptations.
- HP22 Race equality was managed through the race equality action team, which met monthly, was chaired by the deputy governor and had a membership representative of the whole prison, including prisoners. However, community involvement was less well developed. Race impact assessments of key areas were used to inform an overarching race equality action plan. Prisoner representation and prisoner forums were used effectively. Despite this, black and minority ethnic prisoners surveyed expressed a range of negative perceptions, and prisoners reported poor cultural understanding or engagement by some staff. There was little confidence in the racist incident reporting procedure, which was underused, and there was little visible promotion of diversity in the prison.
- HP23 There were 474 foreign national prisoners from 76 countries. There were good links and a close working relationship with the immigration service. The full-time foreign nationals coordinator and his assistant ran regular consultation groups, and peer support and prisoner representation was well promoted and understood. Some prison documents and material had been translated, but there was an over-reliance on a few prisoners for such translation. Foreign prisoners talked of their isolation, and in our survey indicated a range of negative perceptions. The size of the foreign population meant that the needs of this group needed to be embedded in all policies and strategies.
- HP24 In our survey, prisoner satisfaction and confidence with application and complaint procedures was poor. There were slight differences between wings in the way applications were dealt with. Applications were logged but not tracked, and there could be significant delays. Prisoners often made multiple applications to get action taken. Around 200 complaints were submitted each month, but there was only limited monitoring or analysis, and quality assurance structures were weak. We read over 100 completed complaint forms and the quality of responses was poor. They often did not deal with the issues, and some were dismissive.
- HP25 Full-time chaplains represented the major faiths, and there was an extensive list of sessional and volunteer chaplains. An impressive number of prisoners attended corporate worship, with just under 500 attending the main Christian and Muslim services. There was also a valued programme of faith-based activities and interventions, and the chaplains saw all new arrivals. The chaplaincy team was committed to supporting the wider work of the prison.

HP26 Health services had been commissioned by Hammersmith and Fulham primary care trust since 2006. There was no recent health needs assessment, but clinical governance arrangements were improving. There were wing-based surgeries with continuity of nursing teams. Significantly more prisoners surveyed than the comparator said that it was easy to see a doctor. However, there had been no dentist since February 2008. The inpatients unit was a reasonable environment, but had a minimal therapeutic regime. There was no primary mental health provision, and the mental health in-reach team was small and under-resourced. The cancellation of hospital appointments was significant, with one in five cancelled in recent months.

Purposeful activity

HP27 The quality of education and vocational training had improved and was satisfactory, but there were only activity spaces for about half the population. Some work was of reasonable quality, but there was too little available and much of it was menial. Attendance and punctuality in classes needed to improve. Physical education provision was valued by prisoners, and access was reasonable. The core day was applied inconsistently across the wings, and prisoners had insufficient time out of cell. The prison was not performing sufficiently well against this healthy prison test.

HP28 Education was provided by Kensington and Chelsea College. Leadership and management of learning and skills were satisfactory, although there was no cohesive approach to quality assurance. Education and training provision had improved since the previous inspection, with a good range of accredited vocational courses, a broader education curriculum and improved partnership working with providers and voluntary agencies. Teaching standards and learner achievement were generally good. There was effective planning for diverse needs, and strong mutual respect between staff and learners. There was good use of mentoring and peer support. Education provided 120 full-time equivalent places, although most courses were part-time. There was insufficient education to meet the needs of the population, although attendance needed to improve and there were often delays in getting prisoners to education on time.

HP29 There were only sufficient activity places for about half the population. There were places in work and vocational training for about 500 prisoners, in addition to those attending education. Opportunities included cleaning, painting and decorating, barbering, information and communications technology, construction industry certification, horticulture, laundry and workshop-based training. Some of the training and work offered good employment skills as well as accreditation, but much work was menial. At least 170 prisoners were employed as cleaners, which accounted for about a third of all the inmate activity hours recorded. Attendance at work or training filled only just over three-quarters of the places available each day, despite limited availability and extended waiting lists for some courses.

HP30 There was a good library with satisfactory stock levels and a variety of provision to meet the diverse needs of the population. Induction was inadequate, and in our survey only a quarter of prisoners said they went to the library weekly. Access during evenings and at weekends was also limited.

HP31 Physical education staff were well led, and a good range of accredited and recreational activities was provided with good links to other aspects of the regime, as

well as external partners. Literacy learning was well integrated into the weightlifting programmes. Prisoners could generally access the gym for four sessions per week, including evenings and weekends. Staff-prisoner relationships were good, but facilities were limited. The sports hall and fitness suites were poorly laid out and very poorly ventilated. There were no outside sports facilities.

HP32 The prison reported a time out of cell figure of just under nine hours a day, although this did not represent the experience of the typical prisoner. Application of the core day varied from wing to wing and was restrictive in terms of the number of prisoners unlocked at any time. Many prisoners spent considerable amounts of time locked in their cells. A fully employed prisoner who was unlocked for the maximum time available under the core day could technically be out of his cell for around 10 hours, although this was unlikely. For many, dependent on the landing unlock rota, unlock time could be less than three or five hours. Many prisoners were not unlocked at all until lunch time. Prisoners had access to evening association only twice a week, which was poor.

Resettlement

HP33 The strategic management of resettlement was underdeveloped, with no needs analysis, and did not effectively coordinate some of the practice in place. Offender management was good, but custody planning for short-sentenced prisoners needed to be developed and improved. There was reasonable provision across some of the resettlement pathways, although further development was needed, and there was insufficient organisation and coordination. The prison was performing reasonably well against this healthy prison test.

HP34 The prison had no resettlement strategy although there was a very broad overarching reducing reoffending document. However, this had no development objectives or specific reference to Wormwood Scrubs. There had been no needs analysis on which to base provision. All prisoners had an initial assessment under the London initial screening and referral (LISaR). This gave general information about need, but there was little evaluation. The range of provision under the strategic pathways was reasonable but needed further development and, in particular, better integration. Resettlement pathways meetings were held quarterly, which was too infrequent to ensure effective governance and coordination.

HP35 There were 138 prisoners in scope of formal offender management. Offender management structures were effective, with good links with probation offender managers. Since January 2008, over 80% of sentence planning boards had been attended and chaired by external probation staff. The quality of sentence plans and assessments was generally good. All prisoners serving more than 12 months but not in scope of offender management received offender assessment system (OASys) assessments as well as sentence plans. Prisoners serving less than 12 months had only LISaR assessments. There was no follow-up of assessments or ongoing referrals, and no pre-release reviews for short-term prisoners. E wing was the resettlement unit, although only 75 of the wing's 148 prisoners had been allocated there for resettlement purposes. The resettlement work on E wing had appropriate reviews and access to pathway services, but delivery was disappointing and governance poor.

- HP36 The prison held 24 prisoners on indeterminate sentences for public protection (IPP) and 14 life-sentenced prisoners (including six lifer recalls). There were no specific arrangements for lifers and no lifer groups. Indeterminate-sentenced prisoners were, however, managed through the offender management unit and all were allocated an offender supervisor. There were problems and delays in moving lifers on to more appropriate establishments.
- HP37 St Mungo's Trust offered support and advice on housing on all wings, except E wing. It handled approximately 1,400 referrals a year, with a focus on tenancy support and support for those with no fixed address. On E wing, Stepping Stones offered more specific support in accessing accommodation. The team also provided post-release outreach support. Clearsprings provided accommodation support linked to bail and home detention curfew.
- HP38 An education, training and employment centre offered information, advice and guidance (IAG) and access to a range of courses to support employment. However, this facility was not very accessible and was under-resourced. There were links with employers to encourage some employment in basic construction, and a pre-release accredited preparation for employment course.
- HP39 Citizens Advice offered support on finance, benefit and debt and saw approximately 50 prisoners a week. Further support was offered through the education department, and a few prisoners had been helped to open bank accounts.
- HP40 Before release, prisoners were given a letter for their GP and any medications required. There was no assistance to access health services in the community. There was some evidence of links to community mental health teams, and some case working, but little use of the care programme approach. There was a palliative care policy and good links with the local palliative care team.
- HP41 The prison had made a considerable investment in drug services. The drug strategy policy was, however, out of date, not informed by a needs analysis, and did not address alcohol issues. There was a dedicated drug strategy team. The counselling, assessment, referral, advice and throughcare (CARAT) service, provided by RAPt, was stretched although very committed. Prisoners could access daily induction sessions, and the team had previously exceeded its assessment target, although there was a referrals backlog of over 200 at the time of inspection. The open caseload was 338, which was low for this size of prison. There were good throughcare links with drug intervention programmes (DIPs) in the community. Prisoners had access to the short duration drug programme (SDP) and P-ASRO (prison addressing substance related offending) course.
- HP42 The visitors' centre, run by Prison Advice and Care Trust (PACT), provided a good service, which would develop when a new centre opened at the end of 2008. There was a visitors' comments book, but no evidence that managers checked or responded to visitors' views, and there was no visitor user group. The prison had responded to complaints about access to the visits booking line, but the social visits area was not large enough to meet the current demand. The visitors' waiting room at the gate was in a poor decorative state, and the furniture in the main visits room was very poor. There were no evening visits. Children's visits took place every Wednesday morning, and Storybook Dads was run by the education department.

HP43 Alongside P-ASRO and SDP, the only other accredited offending behaviour programme was enhanced thinking skills (ETS), with six programmes a year. Other non-accredited programmes included the Sycamore Tree victim awareness programme and anger management – which both ran three times a year – and some informal work by probation, including an eight-session domestic violence programme. In the absence of a needs analysis, it was difficult to assess the full range of programme needs.

Main recommendations

- HP44 All prisoners should have access to effective support on their first night and during their early days in custody.
- HP45 The primary care trust, Central and North West London Mental Health Trust and the prison should undertake an urgent review of admission procedures to the Conibeere unit, and the provision of clinical support, to ensure that there are no delays in the treatment of alcohol and drug dependent prisoners.
- HP46 All indicators of violence specified in the violence reduction policy should be monitored, and the violence reduction committee should fully consider identified patterns and trends in order to monitor and evaluate the effectiveness of the policy.
- HP47 The prison should increase the number of Listeners and Insiders, and improve governance structures to train and support peer supporters.
- HP48 Cleanliness should be improved, particularly in the cells and the prison grounds.
- HP49 An effective personal officer scheme should be introduced.
- HP50 All prison policies and procedures should provide for the specific needs of foreign national prisoners.
- HP51 The number of activity places should be increased and fully utilised.
- HP52 There should be more vocational training.
- HP53 Prisoners should have access to at least 10 hours' time out of cell each day.
- HP54 Offender management and resettlement services should be coordinated.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Prisoners were held in court cells for long periods. Late arrivals were a significant problem affecting reception procedures. The late arrival of searching staff in the mornings caused delays in discharging prisoners for court.
- 1.2 Court escorts and prison transfers were provided by Serco. In our survey, 56% of respondents, significantly better than the comparator of 49%, said that the cleanliness of the escort vans was good or very good. The cellular vehicles we checked were clean and appropriately equipped. Prisoners in our groups told us that they were well treated by escort contractors, but in our survey 64% of respondents, below the comparator of 67%, said that they had been treated well by escort staff.
- 1.3 Prisoners were normally given advance notice of planned transfers, which allowed them to inform their family and legal advisers. Breakfast packs were issued on the wings to avoid delays in the morning.
- 1.4 Prisoners could wear their own clothes for court appearances, and spare clothing was available by application from the charity St Mungo's. Personal property only accompanied unsentenced prisoners being produced at courts outside the local area. All relevant information travelled with prisoners.
- 1.5 Upon return from court, reception staff checked information. On one occasion during our inspection, prisoners arrived from court with temporary warrants only and reception staff, correctly, would not accept them until warrants had been faxed from the court.
- 1.6 In the reporting year 2007-08, the establishment managed to dispatch 85.4% of escorts to court on time against a target of 85%. The target for 2008-09 had increased to 90%, but performance had slipped – for example, in May 2008 only 77.3 % of prisoners were discharged by the target time of 8.30am. Records indicated that the late arrival of searching staff to reception was often the reason for the late dispatch of prisoners to court.
- 1.7 Our review of prison escort records (PERs) revealed that prisoners were held at court for long periods after their case had been completed, often for more than five hours before they were returned to the establishment. This increased pressure on reception procedures later in the day, as escort vehicles and the number of prisoners returning began to stack up.
- 1.8 Staff and managers believed that they prison had significant problems with the escort provider. In the morning, all the escort vans arrived at once, which created difficulties for the gate. In the evening, prisoners often arrived shortly before the official cut-off time of 8.30pm or even later. This made it difficult for staff to complete reception and first night procedures effectively, and

they often needed to work beyond their finish times. Reception staff and senior managers told us that this happened about three times per week.

- 1.9 Prisoners were not given written information about Wormwood Scrubs in court before transfer. New prisoners were given an information sheet on arrival detailing their prison number and explaining the reception process. This had not been translated into any other languages.
- 1.10 There was a court video-link facility. Figures for the level of use were not available, but we were told that it was used daily.

Recommendations

- 1.11 Written information for prisoners on what they can expect from reception processes should be available in foreign languages.
- 1.12 The escort service should ensure that prisoners arrive at the prison as early as possible after a court appearance.

First days in custody

Expected outcomes:

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

- 1.13 The reception area was untidy and in parts dirty. Staff were polite and professional, but the reception and first night processes were undermined by the late arrival of prisoners. First night procedures operated on the first night centre, but those located elsewhere did not always get access to basics such as a telephone call and shower. The induction programme had been cut to just over one hour and was inadequate.

Reception

- 1.14 Reception was very busy, with an average of 37 prisoners discharged to court per day in the previous three months. There were also a large number of transfers out and police productions that resulted in approximately 60 to 70 moves out per day with a similar number of receptions in the evening. There was a good rapport between escort staff and reception staff. Paperwork and appropriate information about prisoners was exchanged efficiently. Reception remained open all day, including meal times.
- 1.15 The whole reception area was untidy, and some parts were dirty and shabby. The holding rooms were particularly grim. Two that held new arrivals before their initial screening and searching were in a very poor state – they were dirty and had graffiti and food on the walls. In one room the toilet light was not working, and this was unsafe. They were poorly ventilated and were uncomfortably warm and stuffy when they held a large number of prisoners. The poor physical environment was unwelcoming.

- 1.16 The staff were polite and professional, but there was very little information displayed and none in languages other than English. There was a lot of movement of prisoners within the reception area between the holding rooms and interview and searching areas, and to and from the hotplate, which gave an impression of disorganisation.
- 1.17 Despite the chaotic appearance of the area, there was a well-rehearsed system for progressing prisoners through reception. Unfortunately, new arrivals were less clear about the process and we observed some wandering around not knowing where they were going. The large amount of movement had the potential to increase the disorientation, confusion and anxiety of new arrivals.
- 1.18 Prisoners were initially booked in by a principal or senior officer who checked the accompanying paperwork. The initial screening took place in two adjacent clear glass booths at the front of the reception area. These booths had no ceiling and were open on one side, which meant there was no privacy. The staff who conducted the interviews were polite and friendly, and made an effort to put new arrivals at ease. The screening included completion of the cell sharing risk assessment and a disability questionnaire. Prisoners who arrived in the evening received a hot meal.
- 1.19 There was a separate room for holding vulnerable prisoners. However, this was on the main corridor and other prisoners passed it on their way to the hotplate and in general movement through the reception process. This room also had no toilet, and new arrivals held there had to be escorted to use the facilities in an adjoining holding room.
- 1.20 There were showers in the reception area, but these were not used. Prisoners had to wait for a shower until they were located on the first night centre. We were not shown any adaptations to meet the needs of disabled prisoners.
- 1.21 After their initial screening interview, prisoners were searched and convicted prisoners were given a set of prison clothes. They were given a pair of boxer shorts and a dressing gown and then had to wait in the corridor where the rest of their clothing was issued from a hatch. They changed in a large holding room, which was cluttered with kit trolleys and had an open door and little privacy. This was inappropriate. Prisoners were also given previously worn underwear.
- 1.22 Healthcare staff saw new arrivals and prisoners who had changed status in reception, as well as other prisoners who requested to see them. The doctor and nursing staff in reception finished duty at 9pm. New arrivals who arrived later than this did not receive a healthcare screening in reception. Healthcare staff on night duty completed a screening as soon as possible, which was sometimes in the early hours of the morning.
- 1.23 In our survey, respondents' experience in reception was significantly worse than the comparator – only 44% against 58% said they were treated well in reception.

First night

- 1.24 The first night centre was on B wing. It held up to 34 prisoners, including cleaners and an Insider, with 29 spaces for new arrivals. Accommodation was a mix of single and double cells and dormitories. There was a newly refurbished safer cell and a Listener suite, although we were told that this was rarely used and was currently used to store mattresses and furniture.

- 1.25 On their arrival in the centre, prisoners were given a brief talk by a member of staff and the Insider. They were given an induction companion booklet, available in several languages, and allowed to make a two-minute telephone call. There was only one telephone on the unit, and this caused delays when a number of new prisoners arrived at the same time, particularly if this was late at night. Prisoners arriving late did not always receive a shower. Only 30% of respondents to our survey said that they had the opportunity to shower on their day of arrival.
- 1.26 The Insider was integral to the work on the first night centre, and was the only trained Insider in the prison at the time of our inspection. He spoke 11 languages and translated a large amount of written material, and was also a foreign national representative. We were concerned that the first night and induction processes relied too heavily on this individual, who was due to move on from the prison (see main recommendation HP47).
- 1.27 There were no Listeners on the first night centre, and only two Listeners in Wormwood Scrubs at the time of our visit (see paragraph 3.28). In our survey, only 13% of respondents said they had access to Samaritans or a Listener during their first 24 hours, against a comparator of 32%. Prisoners in our focus groups also said that they were not told about Listeners and Samaritans on their first night.
- 1.28 Not all new arrivals were located on the first night centre. In theory, those who required detoxification were located on the Conibeere unit, which was the only place in the prison offering this. However, if it was full, prisoners who needed detoxification could bypass the unit, and there was no system to prioritise need or vulnerability. This was unsafe (see substance use section). In addition, high risk prisoners were sometimes located on to D wing, and new arrivals went on to normal location if the first night centre was full. New arrivals not located on the first night centre were less likely to receive information, a shower and a reception pack.

Induction

- 1.29 There was an induction policy dated 2007, but this did not reflect current practice. Until recently, B wing had been the induction unit. However, there had been a reorganisation following the introduction of the integrated drug treatment system (IDTS), and this was no longer the case, although still stated in the policy.
- 1.30 Induction took place in the induction room on the first night centre, which was bright and clean, with desks, chairs and a television. The walls displayed information posters and booklets, and there were ample supplies of induction information booklets in 23 languages.
- 1.31 New arrivals not located on the first night centre were supposed to be collected from their wing by induction staff or sent by wing staff to the centre during free-flow movement. Some prisoners who not been located on the first night centre when they arrived told us that they had not received induction, although in our survey 57% of respondents said they had been on an induction course in their first week, which was close to the comparator.
- 1.32 Prisoners who had been to Wormwood Scrubs before were often placed on normal location and only received an induction if they requested one. We met one prisoner who had arrived 10 days previously and been allocated straight to normal location and who had not had an induction, although the last time he had been in the prison was five years ago.
- 1.33 Prisoners and staff indicated that the induction consisted of a talk from a member of staff and the Insider and lasted about one hour 15 minutes. The staff who delivered the programme were knowledgeable about the information it included, but had insufficient time to cover the

volume of information. We were told that the induction programme had been put on to a Power Point presentation, but this was not used. There was little opportunity for staff to check the understanding of prisoners, and we did not observe any one-to-one interviews with prisoners. In our survey, only 33% of respondents said that the induction programme covered everything they needed to know, against a comparator of 42%.

- 1.34 After the presentation by induction staff, members of the chaplaincy team and staff from St Mungo's visited the centre and spoke to prisoners. On the afternoon of the induction, prisoners were given an education assessment (see paragraph 5.7).
- 1.35 An information touch-screen provided generic information about prison in several languages, but nothing specifically about Wormwood Scrubs, and so was of limited value in enhancing induction.

Recommendations

- 1.36 The reception building should be refurbished and reorganised to provide an environment that is safe, welcoming and fully meets the needs of prisoners.
- 1.37 New arrivals should not be held in holding rooms for excessive periods.
- 1.38 New arrivals should be interviewed in private.
- 1.39 There should be a separate, discrete holding room, with its own toilet facilities, for new arrivals who are vulnerable or who have requested protection.
- 1.40 New arrivals should be processed through reception in an effective and orderly manner.
- 1.41 New arrivals should be allowed to put on their full prison clothing in privacy, and be able to retain their own underwear or given a new set of underwear.
- 1.42 The information touch-screens should be updated with local information.
- 1.43 A second telephone should be installed on the first night centre.
- 1.44 New arrivals located on normal location should receive the full range of first night services, including a shower, free telephone call, reception pack and written information.
- 1.45 The induction policy should be updated.
- 1.46 There should be a clear policy about attendance at induction for prisoners previously in Wormwood Scrubs.
- 1.47 The induction programme should be comprehensive enough to ensure that new arrivals meet relevant staff, know the opportunities for work, education, vocational training and offending behaviour courses, and are aware of how to get information and deal with problems.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 Given the age of the large residential units, landings were reasonably clean, with some notable exceptions. Empty offices and other rooms on wings were in a neglected state and used as store rooms for broken furniture and other rubbish. Many cells on the older units were dirty and poorly furnished, and some designed to accommodate one prisoner held two. Many were cramped and without adequate ventilation. Showers were unscreened and some were dirty. The amount of litter in the grounds was unacceptable.

Accommodation and facilities

- 2.2 Accommodation was provided in five main residential wings holding up to 1,256 prisoners in a mix of single and double cells. A, B, C and D wings were large Victorian buildings with cells on three galleried landings and a ground floor. E wing was a modern building with single cells on wide landings over three floors. All wings accommodated both convicted and unconvicted prisoners.
- 2.3 There were some smaller specialist units on B, C and D wings. There was a dedicated detoxification unit on the second and third landing of B wing, part of C wing was used for the drug rehabilitation programme (see section on substance use), a section of D wing was used for prison workers, and part of B wing housed the segregation unit and the first night centre. There was no separate vulnerable prisoner unit, and the relatively few prisoners seeking segregation for their own protection were transferred to the segregation unit (see paragraph 6.30).
- 2.4 The general cleanliness of A, B, C and D wings was mixed. The large communal landings were generally clean and properly maintained, although some areas on the upper two floors of C and B wings were grubby with cracked and broken flooring. Empty offices and other unused rooms were in a neglected state, and were used as unofficial store rooms for broken furniture and other rubbish. Communal areas on E wing were clean, bright and well decorated. Interview rooms were suitable for purpose and the wide landings enabled good staff observation of prisoners.
- 2.5 Cells on D and E wings were mostly clean and suitably furnished. All had in-cell power, and toilets were adequately screened. Conditions in cells on A, B and C wings were generally poor. Although those on the ground floors were mostly clean and well kept, many on the upper landings were dirty, covered in graffiti, poorly ventilated and needed redecoration. The general condition of cell furniture was poor, and many cells were without tables, chairs and lockers.
- 2.6 The cells designed for one prisoner that were used to accommodate two were small and cramped. Beds took up half the available space in nearly all of them.

- 2.7 There were notice boards on all landings, with up-to-date information on resettlement and activities, and how to contact staff if prisoners needed help. Sight lines for supervision were good. Association equipment was reasonable and adequately maintained.
- 2.8 All incoming mail was received into a central post room where it was opened, checked for enclosures and sorted. We saw that prisoners' mail was delivered to the wings on the day that it arrived, but prisoners said that there were often long delays and that mail sometimes did not arrive at all. In our survey, 51% of respondents said that they had problems with sending and receiving mail, which was significantly worse than the comparator of 44%.
- 2.9 Although there were enough telephones for prisoners on all landings, most were without privacy hoods. In our survey, 45% of respondents said they had problems getting access to the telephone, against a comparator of 33%. Staff and prisoners were frustrated at the time taken to update PIN (personal identification number) accounts. An additional member of staff had recently been employed and systems in the office were well managed with no evidence of a backlog. There were delays in the system partly because prisoners submitted incomplete requests, and also because new arrivals, particularly foreign nationals, had to submit requests to reception to access telephone numbers from their stored property.
- 2.10 The amount of rubbish in the prison grounds, particularly in the areas beneath the cells, was unacceptable. Although parties of wing cleaners were sent out every day to pick up litter thrown from cells, they were unable to deal with the volume or the frequency with which it appeared. We were also concerned at the amount of pigeon faeces on the ground below prisoner cells.

Clothing and possessions

- 2.11 Prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme and those on remand were permitted to wear their own clothes. Each wing had small laundries where they could wash their own clothes, and which they could use every day. Prisoners on the standard level of the IEP scheme could not wear their own clothes.
- 2.12 The quality of prison-issue clothing was adequate. Prisoners could change items each week, including sheets and bedding. Staff told us that, although there was normally enough clothing to offer prisoners a change every week, they sometimes ran out of track suits and sweatshirts. In our survey, 45% of respondents said that they could have a change of clothing every week, which was significantly worse than the comparator of 51%.
- 2.13 Prisoners' stored property was held in a secure store room in reception. Reception staff processed applications to have property in possession at least once a week. Prisoners told us that applications often went missing and they had to reapply after waiting up to three weeks (see paragraph 3.80). In our survey, only 24% of respondents said that they could access their stored property if they needed to, which was significantly worse than the comparator of 30%.

Hygiene

- 2.14 Prisoners had access to showers during association and a domestic hour of unlock at 8am before the start of work and education activities. We found that some prisoners not required for regime activities were not unlocked for this purpose and remained in their cells until lunchtime (see paragraph 5.39). In our survey, 70% of respondents said that they were able to have a shower every day, which was significantly worse than the 77% comparator. The showers on all wings were unscreened, and those on A, B, C and D wings were dirty.

- 2.15 Prisoners said that it was difficult to get cleaning materials, and we saw little evidence that they were encouraged to keep their cells clean. In our survey, 52% of respondents said they could get cleaning materials every week, which was significantly worse than the comparator of 64%.

Recommendations

- 2.16 Cells designed to accommodate one prisoner should not be occupied by two.
- 2.17 Cleaning materials should be available to prisoners at least once a week.
- 2.18 Cells should be properly furnished.
- 2.19 Offices and other unused rooms should be clean and free from rubbish.
- 2.20 Prisoners should receive their mail on the day it arrives in the prison.
- 2.21 All telephones should be equipped with privacy hoods.
- 2.22 All prisoners should be allowed to wear their own clothes.
- 2.23 There should be enough clean prison-issue clothing for all prisoners who require it.

Housekeeping point

- 2.24 Prisoners should be informed how to complete an application to update their telephone PIN account.

Staff-prisoner relationships

Expected outcomes:

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

- 2.25 Staff-prisoner relationships were reasonable but mixed. Many prisoners, particularly from black and minority ethnic backgrounds, felt that staff did not treat them with respect. Staff needed to be more active in encouraging prisoner engagement with the regime.
- 2.26 Prisoners' views of staff were mixed. Many were ambivalent, but reasonably positive. In our survey, however, only 60% of respondents thought staff treated them with respect, which was worse than the 68% comparator. Paradoxically, when asked whether there was a member of staff they could turn to if they had a problem, 67% responded positively, which was better than the comparator of 64%. However, the responses of Muslims, foreign and black and minority ethnic prisoners were much worse than the general population. Only 46% of black and minority ethnic respondents, 43% of foreign nationals and 48% of Muslims thought staff treated them with respect, compared with 76%, 63% and 64% for white, British and non-Muslim respondents respectively. This mixed picture was consistent with the findings of the prison's

measuring the quality of prison life (MQPL) survey in early 2007, which also found a range of sometimes conflicting prisoner views of staff.

- 2.27 There was little evidence that prisoners generally felt victimised or intimidated by staff, but again findings for black and minority ethnic, Muslim and foreign prisoners were much worse. Black and minority ethnic prisoners, in particular, expressed very negative responses in our survey. For example, 42% of black and minority ethnic respondents claimed they had been victimised by a member of staff, compared to 13% of white respondents, and 38% compared with 9% said they had been threatened or intimidated.
- 2.28 The size of population on each wing was considerable, with up to 300 on some wings, sometimes supervised by just nine staff. The application of the core day, however, meant the atmosphere on all wings was quite restrictive. Prisoners spent a lot of time in their cell, and very large numbers of prisoners were rarely unlocked at the same time. During association we observed some reasonable levels of friendly staff-prisoner engagement. However, some prisoners, particularly the large number from minorities with possible language difficulties, could feel isolated and marginalised. In our survey, only 9% of respondents said that staff spoke to them during association, which was significantly worse than the 17% comparator.
- 2.29 We were concerned that uniformed staff appeared to have less involvement in the delivery of key regime services than when we last visited. They also needed to be more active in encouraging prisoner engagement in regime opportunities.
- 2.30 We were not assured that staff, in general, knew their prisoners well. Staff entries in prisoner wing files were poor. On most wings, they averaged just three or four per month, and most were short, observational and showed limited interaction. There was insufficient guidance for staff and management checks of wing history sheets. Both staff and managers constantly explained away weaknesses in staff performance or engagement as due to shortages of staff. However, some of the prison's problems needed to be thought through more carefully.

Recommendations

- 2.31 The quality of staff entries in prisoner wing history files should be improved and effectively monitored.
- 2.32 Prison officers should be more active in encouraging prisoner involvement with, and access to, the regime.

Personal officers

Expected outcomes:

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

2.33 There was no formal personal officer scheme. Landing officers were expected to act as the point of contact and report on their prisoners. Prisoners' experience of personal officers was poor, but over two-thirds of those surveyed said they had a member of staff they could turn to.

2.34 There had been attempts to run personal officer and support officer schemes, but these had not worked, and there was no formal personal officer system. Landing officers acted as the first

point of contact for prisoners, and were expected to complete any reports on them and make at least weekly entries in prisoners' wing history sheets. Those we sampled showed that this was generally achieved, but most entries were observational and did not necessarily reflect any contact with prisoners or record significant events affecting them.

- 2.35 Residential staff told us there was usually a small number of prisoners who, because of their individual circumstances, received more structured and regular attention from them. However, in our survey, only 6% of respondents said they had met their personal officer in the first week and 7% said they were helpful, against the comparators of 16% and 24% respectively.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 The violence reduction coordinator received referrals from key areas. Bullying investigations were perfunctory and follow-up monitoring was poor. In our survey, 44% of prisoners said they had felt unsafe. The three-stage anti-bullying strategy focused on punishing identified bullies rather than addressing the underlying causes. There were no interventions for bullies, though a case management protocol was providing support for a small number of difficult prisoners. The consultation arrangements described in the policy did not happen in practice.
- 3.2 There was a full-time violence reduction coordinator (VRC) who had been in post for four weeks at the time of inspection, and who had administrative support. The monthly violence reduction committee had an extensive membership, but only about half the members had attended recent meetings. There was one violence reduction prisoner representative, located on the first night centre, who did not attend the meeting.
- 3.3 The previous VRC had established a comprehensive database to record referrals and had links with key departments in the prison. Since 1 April 2008, the VRC had received 149 referrals which included fights, assaults and other relevant information from security information reports, the incident management system and injury to inmate forms (F213s). Referrals were also received from prisoners' families, and the VRC routinely checked wing observation books. We were concerned to find a complaint from a prisoner anxious about his safety, which had not been sent to the VRC. The response to the complaint was dismissive and inappropriate.
- 3.4 At the monthly meeting, referrals were reported and analysed by residential location. There was no examination of patterns or trends by type or location to evaluate the effectiveness of the violence reduction policy. There was no evidence that the numbers and identity of prisoners subject to anti-bullying procedures were discussed.
- 3.5 The published violence reduction policy was due for review in August 2008. Many of the consultation arrangements described in the document did not happen in practice. The results of focus groups held in January 2008 had yet to be analysed, and the VRC no longer held exit interviews with discharged prisoners. The VRC did not monitor all the indicators of violence detailed in the policy, and did not attend prisoner consultation meetings.
- 3.6 Some information about prisoners' perceptions of safety was available from the annual survey conducted by the psychology department. In the 2007 survey, more prisoners reported feeling 'fairly to very tense' in the prison than in 2006. The main source of fear indicated was other prisoners or groups of prisoners, and more prisoners reported they had been bullied by another prisoner or group of prisoners than in 2006. In our survey, 44% of respondents against

a comparator of 39% said they had felt unsafe, and 55% of black and minority ethnic respondents said they currently felt unsafe compared with 29% of white respondents.

- 3.7 Prisoners were given a limited amount of information about the anti-bullying strategy during induction, and the violence reduction prisoner representative saw new arrivals on the first night centre. Violence reduction posters were displayed on all wings.
- 3.8 Residential senior officers were responsible for conducting investigations into reported incidents of bullying. During 2007, 45 prisoners had been placed on stage one of the strategy, 19 on stage two, and five on stage three. There was one prisoner on stage one at the time of the inspection. Investigations were recorded in the alleged bully's wing history sheet. Those we viewed were superficial, with no record of evidence considered to support decisions. In the case of the prisoner on stage one, there was no information recorded about the level of monitoring required or who was responsible for carrying this out.
- 3.9 The anti-bullying strategy focused on punishing bullying behaviour rather than dealing with its causes. When a bullying incident was witnessed by a member of staff, the bully was dealt with under stage two of the strategy and an incentives and earned privileges (IEP) review was conducted. In practice, the bully was automatically downgraded to basic at this review, and a stage two/basic monitoring book was opened. Prisoners placed on stage three of the strategy were located in the segregation unit on good order or discipline.
- 3.10 Prisoners subject to anti-bullying monitoring were allocated a support officer, but this role was unclear in the policy document. There was no job description for this work, and allocated support officers had made no entries in the weekly observation records we viewed. Daily entries focused on adherence to wing routines and made no reference to interaction with other prisoners. There was no quality assurance of anti-bullying investigations or monitoring booklets by the VRC or his managers.
- 3.11 The prison had developed a multidisciplinary intervention for identified bullies, which could be adapted to support victims, but this had not run since July 2007. We could find no evidence that victim support plans were used. Violence reduction training was provided to new staff during their induction.
- 3.12 The prison used an innovative case management protocol approach to manage and support a small number of difficult prisoners to settle on normal location. Prison officers, psychologists and psychiatric nurses worked together to provide intensive one-to-one support. This team worked with 12 prisoners at the time of the inspection, and approximately 50 prisoners had benefited from this approach since its introduction in February 2007.
- 3.13 The VRC monitored the number of prisoners with a high or medium cell sharing risk assessment (CSRA) and checked 10% of completed CSRAs. The April 2008 violence reduction meeting noted that a high percentage of assessments were not correct and books were not signed. Our findings supported this view. On 13 June 2008, there were 103 prisoners deemed to be high risk and 74 assessed as medium risk. The risk assessments we examined were not thorough or detailed. The unusually high number of prisoners identified as high risk, sometimes on what appeared to be flimsy evidence, affected staff and prisoner perceptions of the safety of the prison. It also meant that a high proportion of problematic prisoners were located on D wing, where there were single cells.
- 3.14 We spoke to 20 prisoners charged with sex-related offences. All said that they felt safe and were treated appropriately by staff.

Recommendations

- 3.15 All complaints relating to bullying and feelings of safety should be directed to the violence reduction coordinator.
- 3.16 Anti-bullying investigations should be thorough and fully documented. Completed investigations should be subject to quality assurance by the violence reduction coordinator and safety managers.
- 3.17 Wing managers should ensure that bullying monitoring forms contain quality entries, which evidence interaction with the prisoner and challenge and address the causes of bullying behaviour.
- 3.18 The intervention for bullies and support for victims should be re-introduced.
- 3.19 Managers should ensure that all cell sharing risk assessments are properly and thoroughly completed and that decisions to identify a prisoner as high risk are proportionate and substantiated.

Self-harm and suicide

Expected outcomes:

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

- 3.20 There was a new policy that was comprehensive, but it had no information on the specific needs of prisoner groups, such as those from the travelling community, which had a high number on assessment, care in custody and teamwork (ACCT) self-harm monitoring. ACCT procedures needed improvement. The suicide prevention coordinator was committed, and the suicide prevention meeting monitored policy and procedures effectively.
- 3.21 A new policy on self-harm and suicide, *Caring for prisoners at risk of self-harm*, had been implemented, although it had not yet been signed by the area manager. It brought together the strategy, policy and procedures and some helpful operational guidelines. The policy highlighted the different risks in different areas of the establishment, such as the segregation unit, and the higher risks associated with certain prisoners, such as those undergoing detoxification or who had had a change of status. However, it did not mention the specific needs of different prisoner groups, such as foreign nationals and those from the travelling community.
- 3.22 Most discipline staff were aware of the new policy, but not all had read it. All the staff we spoke to were aware of the risks of self-harm and suicide. There was a programme of assessment, care in custody and teamwork (ACCT) self-harm monitoring training and refresher training for all staff in contact with prisoners. All discipline staff also carried ligature cutting knives. The staff we spoke to were fully aware of the actions they needed to take in an emergency.

- 3.23 The multidisciplinary suicide prevention meeting, chaired by the head of prison safety, met monthly. It was well generally well attended, although we noted that no one from the community mental health team or in-reach team had attended in the last six months. The suicide prevention coordinator was committed and well supported by senior managers.
- 3.24 There was a safer custody hotline, advertised in the visitors' centre, for family and friends to contact the prison if they had any concerns.
- 3.25 ACCT assessments were generally of a good standard, although there were some deficiencies in the completion of the initial pages of the ACCT document – the section on trigger points was often blank, and the document had not been signed by the prisoner. Some care plans were also not signed by prisoners and had not been updated. The ACCT documents were quality checked by managers, but there was little evidence that the checks highlighted these deficiencies.
- 3.26 Observations varied in quality; some had no detail and they showed little evidence of meaningful interaction with the prisoner. Reviews were of a good standard, and were held on time, but had no multidisciplinary input.
- 3.27 We spoke to some prisoners cared for under the ACCT procedures. They said that they felt well supported and were aware that they could ask to speak to staff or Listeners if they felt they needed additional support.
- 3.28 There were only two Listeners, which was insufficient for the size of the population (see main recommendation HP47). The Listeners were committed and said that they felt well supported by the Samaritans and staff. They were available day and night, and spoke to prisoners in the Listener suites, side rooms or offices rather than in cells. The Listener suite in the first night centre was not fit for use (see paragraph 1.24). Records for the previous three months showed that they were called out to speak to prisoners between four and 10 times per week. Their work was supervised by the suicide prevention coordinator. In our survey, only 13% of respondents said that they had access to a Listener or the Samaritans within their first 24 hours, against a comparator of 34%.
- 3.29 Incidents of self-harm were monitored by the safer custody coordinator and analysed by the suicide prevention meeting. Any serious incidents or near misses were analysed and reported to the area suicide prevention coordinator. The minutes indicated concerns about the high number of white Irish prisoners, mostly from the travelling community, who were on ACCT procedures.
- 3.30 There had been four self-inflicted deaths in the previous 18 months, of which two were in the last six months. There were action plans for all but the most recent incidents. Our review of the plans indicated that the action points were being addressed, and there was also evidence that the plans were discussed by the senior management team.

Recommendations

- 3.31 Listener/crisis suites should be fit for purpose.
- 3.32 Assessment, care in custody and teamwork (ACCT) reviews should be multidisciplinary.

- 3.33 Staff interactions with prisoners on ACCT documents should include meaningful conversations as well as observations, and these should be recorded in detail.

Diversity

Expected outcomes: All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

- 3.34 Some sound diversity structures, policies and systems had been put in place since our last inspection. The diversity team included prisoner representatives and was committed to taking forward this work. However, there was little evidence that all staff were familiar with this area. Not all prisoners with special needs had these identified or met.
- 3.35 A dedicated diversity team had been created in the previous 18 months, and the three full-time staff (one principal officer, one senior officer and one executive officer) were suitably trained, knowledgeable and very committed to taking forward diversity work. The team was well publicised with posters and photographs throughout the prison. Most prisoners we spoke to were aware of who the team members were and what they did. Despite the size of the prison, there were no nominated diversity liaison officers, and most diversity issues were referred directly to the diversity team.
- 3.36 Although staff and prisoners described some change in culture, diversity was still regarded as a specialist issue, and there was little evidence that the whole staff group had incorporated this area. Only 54% of staff had attended diversity training in the three years to December 2007, and we were told of difficulties in achieving attendance when training sessions were provided.
- 3.37 Although there was an appropriate range of policy documents, not all aspects of diversity were covered – such as older prisoners or sexual orientation. Managers recognised these gaps and said there had been a deliberate decision to concentrate the limited resources on areas such as race. They accepted that this meant that the special needs of some prisoners were not always recognised or addressed. Apart from ethnic monitoring, there was no routine monitoring of minority groups, including the large number of foreign national prisoners. This made it hard to assess some prisoner perceptions of discrimination.
- 3.38 The diversity team had taken over responsibility for disability issues in February 2008. New arrivals were asked to self-disclose any disabilities, and the database showed that 196 prisoners (16% of the population) considered themselves to have some physical, mental or sensory disability.
- 3.39 Services for these prisoners were underdeveloped and inadequate. No one could identify any prisoner who had been provided with adaptations to their accommodation, and prisoners with disabilities were simply placed in 'locate flat' cells. Their access to other areas, such as education and healthcare, depended on a lift that we were advised not to use as it was unreliable. Only one personal evacuation plan had been completed, and wing staff did not hold a list of prisoners who would need assistance in an emergency. There were no peer supporters or buddies to assist prisoners with special needs, and we were told of staff resistance to the introduction of such a scheme. Wormwood Scrubs awaited a decision as to

whether it would be one of two designated prisons in the London area to receive additional funding for modifications and assistance to prisoners with disabilities.

- 3.40 The diversity team had developed an active group of prisoner diversity representatives, who were, in effect, its service deliverers. We met three of the 10 diversity representatives, who spoke highly of the support they received and the work of the diversity team. Some representatives had received relevant training, but most still awaited this. The diversity representatives were based on all wings, and were available to provide advice and support to all prisoners. They had a weekly meeting with the diversity manager where they gave feedback on issues of interest or concern to prisoners, and they regularly attended the race equality action team meeting (see paragraph 3.48). Representatives also felt able to challenge inappropriate language or behaviour by prisoners or staff. They kept a log of such instances and discussed them with the diversity team. This informal system operated as an alternative to the formal complaint processes, including racist incident reporting, in which most of the prisoners we spoke to had little confidence.

Recommendations

- 3.41 All staff should attend diversity training and be given guidance to enable them to understand and respond appropriately to all diversity issues.
- 3.42 The diversity policy should meet the needs of anti-discrimination legislation and outline how the needs of all minority groups will be met.
- 3.43 There should be monitoring to ensure that prisoners from all minority groups are not being victimised or excluded from any activity.
- 3.44 Personal evacuation plans should be developed for prisoners requiring them, and there should be accurate lists of those prisoners requiring assistance in the event of an emergency.

Good practice

- 3.45 *An active group of prisoner diversity representatives provided advice and support, feedback on concerns and were supported in challenging inappropriate language or behaviour.*

Race equality

Expected outcomes:

All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

- 3.46 More than half of the population were from black and minority ethnic backgrounds, and there were good structures and systems for managing race equality. Racist incident report forms were dealt with satisfactorily, and managers were not concerned by the comparatively low use of this system. There was an intervention for prisoners with proven racist attitudes. There was a regular range of diversity events, but little general promotion of positive images around the prison. Our survey showed negative responses from black and minority ethnic prisoners.

Despite the prison's location and the diversity of the local population, there had been difficulties in engaging with community organisations.

Race equality

- 3.47 At the time of the inspection, 56% of prisoners were from black and minority ethnic backgrounds, which we were told was within the usual range. The two largest groups were Black Caribbean (32%) and Asian (23%).
- 3.48 Good structures and systems supported the management of race equality. The race equality officer (REO) was a member of the diversity team (see paragraph 3.35). A well-attended and active race equality action team (REAT) was chaired by the deputy governor and met bi-monthly. The detailed minutes of these meetings showed that they gave full attention to issues raised in the race equality officer's report and in the diversity representatives' forum, as well as analysing the ethnic monitoring statistics and updating the race equality action plan.
- 3.49 The REAT had commissioned further enquiries into identified areas of potential discrimination. In the past year, the diversity executive officer, working with other staff, had produced detailed investigation reports on: the length of time taken to get a job in the prison; the low representation of Asian prisoners on the enhanced thinking skills programme; an over-representation of black prisoners working in the kitchen; and an analysis of the yearly use of force statistics.
- 3.50 While this work was commendable, it was not apparent what conclusions had been reached as a result, how these had been communicated to staff and prisoners and what action, if any, had been taken.

Managing racist incidents

- 3.51 Racist incident report forms (RIRFs) were available in all main areas of the prison. Completed forms had to be posted in the general complaints boxes, but as envelopes addressed to the race equality officer were provided, the confidentiality of complaints was not compromised. In 2007, 209 RIRFs had been submitted and there had been 43 to date in 2008. Managers attributed this comparatively low level to effective early intervention work by the REO and the diversity representatives, although this could not be evidenced. An analysis of the type of racist incidents showed equal proportions (37%) of prisoner against staff and staff against prisoner.
- 3.52 The REO initiated investigations promptly, kept the complainant informed of progress, and maintained clear records of contacts and enquiries. We were concerned to see that one RIRF submitted on 11 January 2008 did not reach the REO until 24 January, by which time the prisoner had been released. One investigation had not been followed up when the prisoner transferred to another prison, although we were told this would normally happen. Complainants were given verbal and written feedback on the outcome of the investigation. In 2007, 67% of complainants reported that they were satisfied with the process and 60% with the outcome of the investigation. A member of the Independent Monitoring Board, the London Prison Service area lead for diversity and area manager examined 10% of completed investigations. Prison managers had been unable to identify an independent person or agency to provide external validation of RIRFs or to contribute to the REAT.

- 3.53 The diversity team held a database of all prisoners with a history of racially aggravated offences or proven racist behaviour while in prison. A member of the team contributed to the cell sharing risk assessment reviews of such high risk prisoners.
- 3.54 The prison, in conjunction with the hate crime coordinator for the London probation area, delivered a diversity awareness and prejudice pack to prisoners with known racist attitudes or behaviour. Six trained facilitators in the prison worked with sentenced prisoners on an individual basis for up to 15 hourly sessions, although most prisoners moved on before completing all sessions. Over 30 prisoners had been involved in this programme since October 2007, and two were being seen at the time of the inspection. The diversity team contributed to any offender assessment system (OASys) assessments of these prisoners, and the hate crime coordinator ensured that relevant information on their progress was passed to external probation staff. This was one of only a few interventions we have seen to challenge racist or other prejudices. It had not yet been accredited.

Race equality duty

- 3.55 Managers worked to a schedule to complete race impact assessments, and we were told the prison had been the first in the London area to be assessed as acceptable and achieve a green marking from the Prison Service race equality group. Issues identified during impact assessments were added to the race equality action plan.
- 3.56 There was regular consultation with prisoners through the diversity representatives' weekly forum. Staff and managers were surprised by some of the results from our survey: of the 57 questions we routinely analyse, black and minority ethnic prisoners gave more negative responses to 20 and more positive responses to 14. The responses of foreign national and Muslim prisoners were also generally more negative (see also paragraphs 2.27 and 3.6). Black and minority ethnic prisoners were significantly more likely to have felt unsafe at some time, but were more positive about access to activities and the value of work and interventions.
- 3.57 There was adequate promotion of racial and cultural diversity. National events, such as black history month, had been celebrated and extended to include other aspects of diversity. A range of other cultural events had been organised, such as the Anne Frank exhibition, which was due to visit the prison. However, there were few images or displays around the prison that reflected the diversity of the prison and the local community. Community engagement was seen as a priority, but had proved difficult as most local agencies or organisations requested funding to take part in work with the prison.

Recommendations

- 3.58 There should be greater use of displays and artwork throughout the prison to promote positive images of the diversity of the population and the local community.
- 3.59 External and independent representatives should be identified to contribute to the work of the race equality action team and validate completed racist incident investigations.
- 3.60 Racist incident complaints should be followed to a conclusion even if the complainant has moved from the prison.
- 3.61 Decisions and actions resulting from additional investigations into potential discrimination should be clearly recorded and communicated.

Good practice

- 3.62 *In conjunction with the hate crime coordinator for London probation area, prison staff delivered a diversity awareness and prejudice pack to sentenced prisoners with proven racist or other prejudices.*

Foreign national prisoners

Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

- 3.63 Foreign national prisoners accounted for 39% of the population, but their needs were not reflected in all policies and procedures. The foreign national committee had little authority. A coordinator, immigration liaison officer and their assistants worked hard with a small group of foreign national prisoner orderlies to meet the day-to-day needs of prisoners. Weekly support groups were well attended. The use of translated materials and interpretation services was inconsistent. Foreign national prisoners were more likely than British nationals to feel unsafe and less likely to feel respected by staff. The UK Border Agency attended regularly, but independent advice and support agencies were less available.
- 3.64 Wormwood Scrubs held 474 foreign national prisoners from 76 different countries, with the largest contingents from Nigeria (73), India (30), Ireland (29) and Somalia (29). The prison served the magistrates' court covering Heathrow Airport and therefore received an average of 40 new foreign remand prisoners a week. Twenty-two prisoners were held post-sentence as immigration detainees, including eight who had been returned from the nearby immigration removal centre at Colnbrook. Foreign prisoners were generally moved on to immigration removal centres or deported within a reasonable timescale, although one prisoner who had moved in the previous week had been held for two years post-sentence, and another prisoner had finished his sentence in September 2007.
- 3.65 The foreign national strategy document had last been updated in May 2008. It detailed the roles and responsibilities of the staff and prisoner orderlies who worked with foreign nationals, and gave information about the resources available in the prison. The strategy was overseen by a foreign national committee, which met bi-monthly. Attendance was generally low and limited to specialist foreign national staff. It did not have the same level of authority or influence as the race equality action team. Monitoring was also comparatively weaker, and limited to nationality, age and location in the prison. There had been no needs analysis and little was known about the characteristics (such as legal status or sentence type) and specific needs of this group of prisoners. Overall, foreign national issues were poorly integrated into mainstream strategic planning.
- 3.66 Responsibility for foreign national prisoners had been split between two specialist posts – the foreign national coordinator and immigration liaison officer. This was a sensible decision given the size of the workload, but it was not fully understood by prisoners and the two functions needed better and clearer integration and coordination. The coordinator had been appointed in September 2006 and dealt with 'care in custody' elements of the strategy. She and her assistant had concentrated on issues such as improving the availability of translated materials,

setting up and supporting the group of foreign national orderlies, and running weekly groups for prisoners from the same country or with similar interests. Records showed that these groups achieved average attendance rates of 70%.

- 3.67 We found evidence of translated material in some but not all areas of the prison. Even where translations had been provided, staff did not use these routinely or provide them to prisoners. There was a heavy reliance on prisoners to translate local documents and to interpret for other prisoners. The Insider who spoke 11 languages and delivered first night and induction procedures effectively to foreign national prisoners was due to be transferred to open conditions; we were concerned that he would leave a substantial gap in provision and that there had been no apparent planning for alternative arrangements (see paragraph 1.26). We were told that telephone translation services were used frequently, but we were not given any evidence of this and there was no monitoring of use of this service by staff or departments.
- 3.68 We met five of the six foreign national orderlies at their weekly meeting. They were committed to their work and valued the support provided by the coordinator and her assistant. However, they felt that other staff and managers were generally uninterested. They described problems in getting wing staff to unlock them to carry out their duties, and felt they were 'poor relations' compared to the diversity prisoner representatives. Their interpretation of our survey results (in which 26 of the 57 questions received significantly poorer responses from foreign national prisoners), was that prisoners felt unsafe because of uncertainty and lack of knowledge about their situation. Language was a barrier, and reported intimidation by staff was usually about being ignored or no attempt to understand or respond to prisoners' questions or concerns. In our survey, 38% of foreign nationals said they currently felt unsafe, compared with 21% of British respondents, and only 43% felt most staff treated them with respect, compared with 63% of British respondents.
- 3.69 The immigration liaison officer was very experienced. He had previously worked independently, but a new administrative officer post had been created to assist him. The serving of immigration paperwork to prisoners was normally done by wing staff, which was not ideal, and as none of the UK Border Agency (UKBA) forms were available in other languages, prisoner translators often had to be used.
- 3.70 Good links and effective liaison had been established, particularly with the Croydon office of UKBA. Immigration officers attended the prison every weekday, interviewed all prisoners who met the criteria for deportation, and saw other prisoners by application. The Detention Advice Service attended once a week, which was insufficient for the size of the population.

Recommendations

- 3.71 There should be sufficient multidisciplinary representation at the foreign nationals committee to ensure the strategy can be fully implemented.
- 3.72 There should be a needs analysis of foreign national prisoners and routine monitoring to ensure their needs are properly identified and met, and that they do not suffer discrimination.
- 3.73 Staff should make translated documents readily available to foreign national prisoners and use an accredited translation or interpretation service whenever matters of accuracy and/or confidentiality are a factor.

- 3.74 Arrangements for delivering services to and for foreign national prisoners should be embedded and sufficiently robust to deal with changes in personnel, including foreign national orderlies.
- 3.75 Staff should receive training and guidance to ensure that they understand and can respond to the needs of foreign national prisoners.
- 3.76 The UK Border Agency should provide immigration documentation in a range of languages.
- 3.77 Contact with accredited, independent immigration advice and support services should be sufficient to meet demand.

Applications and complaints

Expected outcomes:

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

- 3.78 The management of applications was not consistent and there were unnecessary delays. Residential staff could not track whether a reply had been received. Complaints procedures were clearly displayed, but only in English. Complaints were generally processed satisfactorily, but the quality of responses was poor and sometimes unacceptable. There was insufficient analysis of data on complaints.
- 3.79 There were slight variations between the wings in the way that prisoners' applications were managed. Generally, application forms were not readily available, but had to be requested from a member of staff. When prisoners submitted a general application form they should have received a tear-off acknowledgement slip, but they told us this did not always happen, and we saw some applications being processed without the slip detached. Completed application forms were logged in a register held on each landing, but the information recorded was not consistent across the prison. The 'decision' column was used for other purposes, and staff told us there was no way of tracking when a prisoner had received a reply or whether it was satisfactory.
- 3.80 A number of staff told us of frequent delays in the internal mail system, which added to the time for prisoners to receive a reply to those applications that could not be dealt with by residential staff. On some wings, applications to reception (usually concerning property) and the finance office (for cash matters) were recorded in separate books and sent to the relevant department only once a week. We were told this was due to pressures on staff time. These factors may have accounted for the poor results in our survey – only 30% of respondents, against the local prison comparator of 41%, felt their applications were dealt with promptly. There was evidence that the delays in getting a reply also resulted in prisoners submitting multiple applications, which increased staff workload and prisoner frustration. Overall, 40% of survey respondents thought applications were dealt with fairly, which was close to the comparator.
- 3.81 The routes for making a complaint, including to external bodies such as the Ombudsman, were advertised prominently and clearly on the wings, but in English only. We were told that the

standard prison complaint forms had been translated into a number of languages, but we saw no evidence of these on the wings, and the complaints clerk had received no forms in foreign languages in the previous three months. Prisoners had ready access to complaint forms, which they posted in a distinct closed box and were collected by the night orderly officer. Prisoners expressed a lack of confidence in this system. Two complaint forms that we posted on different units on Wednesday morning had not reached the complaint clerk by Friday morning. Although the proportion of prisoners in our survey who felt that complaints were handled fairly and promptly was significantly better than the comparators, it was still less than a quarter of those surveyed.

- 3.82** The systems for managing and tracking complaints were satisfactory, and prisoners normally received a prompt response. We sampled over 100 completed complaint forms and found the general quality of responses was poor, and in several cases unacceptable. We brought some examples to the attention of senior managers who accepted our criticism and concerns. Some of the replies were almost illegible and/or the identity of the person who had written the reply was unclear. Few replies were addressed to the prisoner, and many were dismissive and did not respect the prisoner's concern or his right to complain. Although a quality assurance system was in place, this was evidently not effective. The senior management team received monthly information about the number of complaints received from each wing, but other than this, data about complaints was not routinely analysed or reviewed to identify trends or take preventative action.

Recommendations

- 3.83** Prisoners should have confidential access to application forms and always receive an acknowledgement of submitted applications.
- 3.84** The application system should be applied consistently, and prisoners should receive a response within three working days.
- 3.85** Prisoners with little or no English should have access to information about applications and complaints in their own language.
- 3.86** Prisoners should receive responses to their complaints that are legible, respectful and adequately address the issue raised.
- 3.87** Prison managers should analyse complaints each month by ethnicity, nationality, prisoner type and other criteria, and if necessary take action when any patterns or trends emerge.

Legal rights

Expected outcomes:

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

- 3.88** The legal services and bail information officers were based on the first night centre and tried to see most prisoners while they were there. There was no cover for legal services, and bail officers had no direct access to information on previous convictions. These services were well

advertised on the wings. There were 14 legal visits sessions per week, including in the evening, but not all took place in privacy.

- 3.89 The one legal services officer was located in the first night centre. He had received no refresher training since his original training 16 years ago. There was no cover for this post, and when he was absent, the work was put on hold pending his return or was missed. A team of four bail information officers was also based on the first night centre, and at least one was on duty each day. These officers did not have access to the Police National Computer and had to rely on staff in the offender management unit to provide them with information on prisoners' previous convictions. An executive officer post to support legal services and bail information was currently not filled. Legal and bail services were well advertised on the wings, although only in English.
- 3.90 The legal services officer targeted all newly sentenced prisoners and tried to see them while they were still on the first night centre to give information about appeals and dealing with outstanding fines. He also saw any remand or trial prisoner who raised issues during induction, and dealt with applications from the wings. The log showed he had dealt with 211 applications since the beginning of March 2008. He had access to the Community Legal Services website, which listed solicitors, and could provide details of solicitors specialising in immigration or recall work.
- 3.91 The bail information team saw all eligible prisoners (54 in May 2008) and provided reports to court, where there was adequate time and information. They were also the liaison point for the Clear Springs accommodation service for prisoners seeking home detention curfew.
- 3.92 Legal visits took place every weekday morning and afternoon, with evening sessions Monday to Thursday. All legal visits were booked and confirmed by email. There were eight visits booths and these were allocated if requested. Otherwise, visits took place in a large room with little confidentiality.

Recommendations

- 3.93 Cover should be provided for the legal services officer.
- 3.94 Legal services staff should have up-to-date training.
- 3.95 Legal and bail services should be advertised in foreign languages.
- 3.96 All legal representatives should be able to have a legal visit with their clients in privacy.

Substance use

Expected outcomes:

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

- 3.97 The establishment was in the process of implementing the integrated drug treatment system (IDTS) and had methadone maintenance since April 2008. However, prisoners who were not

admitted to the first stage stabilisation unit received only symptomatic relief medication. The clinical substance misuse team had no specialist GPs or sufficient nursing staff, and there was not enough psychosocial support for prisoners. The effectiveness of supply reduction measures was reduced by the low level of target testing. The random mandatory drug testing (MDT) rate, including refusers, averaged 25% over the previous six months.

Clinical management

- 3.98 New arrivals were screened at reception, and there were patient group directions (PGDs) for issuing first night symptom relief medication. Plans to start methadone treatment for opiate users immediately had not yet been implemented, but there were protocols to commence alcohol detoxification on arrival.
- 3.99 Treatment could only begin once substance-dependent prisoners were admitted to the stabilisation unit, Conibeere. However, the unit was often full, in which case prisoners were admitted to the first night centre and then transferred on to general location. We spoke to several prisoners – including some on open ACCT self-harm monitoring forms – who had received only symptomatic relief on these wings,
- 3.100 We followed up two opiate users, including one maintained on methadone before custody, who approached us on C wing. They had arrived on the Saturday and by Tuesday were clearly in withdrawal and very distressed. Wing-based nurses had not alerted the substance misuse team, and due to a communication breakdown, the two prisoners were not even on the Conibeere unit waiting list. These were not isolated examples. On the Tuesday of our inspection, 10 substance-dependent prisoners were waiting to be admitted to the unit. This delay in treatment was unacceptable and dangerous.
- 3.101 In our survey, only 35% of respondents said they had been offered support in dealing with their drug problem, and 33% with their alcohol problem, against the comparators of 54% and 45% respectively.
- 3.102 In the previous 12 months, 1,295 prisoners had been admitted to the Conibeere unit for stabilisation or detoxification. The unit had 47 spaces, and a neighbouring landing on B wing was used as overflow accommodation for 10 prisoners. Once stabilised, they moved on to C wing. This accommodated 86 integrated drug treatment system (IDTS) prisoners, including 20 still on methadone maintenance. The use of C wing as a second stage stabilisation unit was recent, and wing discipline staff expressed unease about this development.
- 3.103 The IDTS had been introduced gradually, and methadone maintenance had only been rolled out since April 2008 – 50 prisoners currently received this treatment. Most opiate-dependent prisoners underwent a buprenorphine detoxification. Clinical management protocols had been updated, but were still in draft. Controlled drugs were administered appropriately and consumption supervised. Three methadone dispensers were on order to speed up the process.
- 3.104 The substance misuse team was led by a well-qualified clinical nurse manager from the Central and North West London Mental Health Trust; all other clinical staff were employed by the local primary care trust. The team consisted of a locum doctor and nine nurses (most of whom were new and had only undertaken part one of the specialist substance misuse training), as well as agency nurses. There were 1.5 specialist GP and eight nurse vacant posts, and the service had no administrative support. Clinical advice and supervision was available from the trust's specialist consultant.

- 3.105 Under the IDTS, prisoners were first assessed by substance misuse nurses and then by counselling, assessment, referral, advice and throughcare (CARAT) workers, and a joint care plan was drawn up. There were no joint care reviews because of current staffing levels, and there were no multidisciplinary meetings to discuss care coordination. Clients with complex needs could be referred to the mental health in-reach team, which only accepted prisoners with severe and enduring mental health problems. The skills mix did not include dual-diagnosis expertise.
- 3.106 IDTS groupwork modules were co-facilitated, with two modules for Conibeere unit clients and six on C wing for stabilised clients. However, in June 2008, 59 prisoners were waiting to participate in these groups. Due to lack of space on the Conibeere unit, prisoners accessed group room and gym facilities on B wing. The regime on the unit was limited.
- 3.107 The Conibeere unit was staffed by a dedicated group of discipline officers, who had received substance misuse awareness training. Prisoners stayed on the unit for between five and 14 days, and were transferred to C wing following a medical discharge. However, officers arranging prisoner movement reported operational problems in the transfer to C wing, which needed to be addressed urgently.

Drug testing

- 3.108 The establishment's random mandatory drug testing (MDT) positive rate averaged 20.2% for the previous six months, against an annual target of 12.5%. However, adding refusals, the percentage was 25%.
- 3.109 We were concerned about the low level of suspicion testing. In the last six months, 262 drug-related security information reports were submitted, resulting in only 21 suspicion tests and 13 refusals. Over 60% of prisoners tested positive. Security officers were frustrated that tests were not conducted despite good intelligence information (since December 2007, 42 requests had been returned).
- 3.110 Two MDT officers were based in reception, and a further post was vacant. They prioritised random testing and met weekend testing targets, conducted risk assessments testing before home detention curfew, and undertook some reception and frequent testing. However, suspicion tests could often not be done within the required 72 hours. Management arrangements for MDT were unclear.
- 3.111 The MDT suite had only one holding room, no waiting area, and no sterile searching area. It required cleaning and re-decoration.
- 3.112 Test results and finds pointed towards cannabis and heroin as the main drugs available. In our survey, 27% of respondents thought it was easy to get illegal drugs in the prison, against a comparator of 33%.

Recommendations

- 3.113 **The primary care trust should make every effort to recruit sufficient clinical staff, including specialist GPs, to join the substance misuse team.**
- 3.114 **There should be administrative support for the Conibeere unit.**

- 3.115 There should be joint work between the clinical substance misuse, counselling, assessment, referral, advice and throughcare (CARAT) and mental health in-reach teams to improve care coordination.
- 3.116 The mental health in-reach team's skill mix should include dual-diagnosis expertise.
- 3.117 Psychosocial support for prisoners undergoing stabilisation or detoxification should be improved.
- 3.118 The mandatory drug testing (MDT) programme should be sufficiently staffed to undertake the required level of target testing.
- 3.119 MDT facilities should be refurbished to provide an adequate testing and waiting environment.

Section 4: Health services

Expected outcomes:

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

4.1 Health services were on special measures as part of a primary care trust improvement plan. There had been recent investment in the services, including a major training programme for staff, but no recent health needs assessment. Clinical governance arrangements were improving, but policies were not up to date and clinical records were poorly stored. There were wing-based surgeries with continuity of nursing teams. There were no lifelong conditions registers or clinics. There had been no clinics for allied health professionals for several weeks, and no dentist since February 2008. The inpatient unit was a reasonable environment, but had a minimal therapeutic regime. There was no primary mental health provision, but Seacole Centre provided therapy sessions for prisoners less able to cope on the wings. The mental health in-reach team was small and under-resourced. Rapid tranquillisation had been used six times in the previous six months – twice for one inpatient in 10 days, with no apparent urgency to transfer him to more suitable care. One in five hospital appointments had been cancelled in the previous two months because of lack of staff escorts.

General

- 4.2 Health services had been commissioned by Hammersmith and Fulham Primary Care Trust (PCT) since 2006. Because of problems, prison health services were on a special measures improvement programme as part of overall PCT improvement. The joint plans between the prison and provider and commissioning arms of the PCT, which included a comprehensive staff training programme, was staff rather than patient focused. There had been no recent health needs assessment, but one was planned for late 2008.
- 4.3 Part of the strategic plan had led to investment in the health service environment. The primary care department had been refurbished in the weeks before our inspection and parts of the department had yet to be re-commissioned for use. There were treatment rooms on each wing. There were of varying sizes, but were relatively tidy. Each was equipped with a defibrillator and other relevant equipment, which were checked daily. Not all staff had been trained in resuscitation within the previous 12 months.
- 4.4 There was no lead nurse for older people and other specialist roles had yet to be allocated. There were no formal arrangements for the loan of occupational therapy equipment; staff told us that they often resorted to searching the internet for pieces of equipment and purchasing it directly. We met one very tall prisoner using a Zimmer frame that was too small for him.

Clinical governance

- 4.5 Clinical governance arrangements were improving, but there were no up-to-date policies. A relatively new staffing structure had introduced distinct teams, and some team leaders were still developing their roles. All staff, except hospital officers, were employed by the PCT. The head of offender health was a band 8c. She was assisted by a quality and improvement

manager (band 8a) and three matrons, one of whom had yet to be appointed. Other vacancies included administration staff and nurses, in particular for the integrated drug treatment system (IDTS) (see paragraph 3.104). Nursing staff wore a variety of uniforms, and newly appointed staff wore their own clothes while awaiting their uniforms. No staff wore visible identification, so prisoners were not able to distinguish their grades or professions.

- 4.6 A team of GPs, including locums, worked on a rota system. The mental health in-reach team was provided by Central and North West London Mental Health Trust (CNWL). There had been no dentist in post since February 2008, due to long-term sickness; there were no adequate alternative arrangements for this service.
- 4.7 A full-time pharmacist provided the pharmacy service in the prison. There was another full-time pharmacist, and the equivalent of two full-time pharmacy technicians and a part-time pharmacy assistant.
- 4.8 Clinical records were stored on unsuitable filing racks. Although there was a tracer system, we failed to locate several sets of notes. We were concerned to note that records of released prisoners were destroyed if their only contact with the health services had been for their initial health screening and a hepatitis B vaccination. This appeared to contradict the NHS Code of Practice for records management. Notes that needed to be archived were in boxes in the office and the official records storeroom. We were assured that, if requested, clinical notes of prisoners previously at the establishment could be amalgamated; we were not confident that previous records could be easily retrieved.
- 4.9 Prescriptions were written on standard prison prescription forms, and those we saw were correctly written. A few administration charts had blank spaces, and it was not clear if a drug had been administered or not; this was poor practice.
- 4.10 There were standard operating procedures to cover many of the activities undertaken by the pharmacy team. Although some of these were outdated, the head pharmacist was reviewing them.
- 4.11 Prisoners used the prison complaints procedure to complain about health services. There was no evidence that an NHS complaints procedure was used, although some prisoners had written directly to the PCT. The PCT told us that leaflets and posters about its complaints procedure had been sent to the health services department, but we saw no evidence of these. The responses to prisoner complaints that we reviewed were perfunctory and unhelpful.
- 4.12 There were no policies to ensure the efficient sharing of relevant health and social care information. Other policies needed updating.

Primary care

- 4.13 A nurse saw new arrivals for a reception health screen. This included obtaining their consent to contact outside health professionals and others to gain more information about them. This assessment was often carried out late at night by one of the night nurses, due to the late arrival of prisoners at the establishment (see paragraph 1.22). This meant that prisoners were woken up, which was not satisfactory. For those who arrived earlier in the day, staff combined the secondary health screen with the initial one to save time; this was not good practice. For others the secondary health screen was undertaken the following day by nurses on the prisoner's wing. Prisoners were offered and given a hepatitis B vaccination, but meningitis C vaccinations were not available. All new arrivals were screened for tuberculosis, and if they

presented with symptoms they were isolated in a single cell and attended the chest clinic at the local hospital the next day. Prisoners received written information about health services as part of their induction. The health staff who worked in the reception area also covered the first night centre, to provide continuity of care.

- 4.14 Prisoners who wanted to see a member of the health services team made an application; each wing had its own form. A team of nursing staff was allocated to each wing for continuity of care. There were two GP sessions a week for each wing, but prisoners could be seen by the duty doctor almost immediately if necessary. The wait for a routine GP appointment varied between two and 10 days. In our survey, 34% of respondents said that it was easy or very easy to see a doctor, which was significantly better than the comparator of 27%. Staff did not use formal triage algorithms to assess patients. Out-of-hours GP cover was through a telephone advice service.
- 4.15 The wing treatment rooms were staffed throughout the core day and evening. Staff operated an open door policy, and we observed some good interactions between health professionals and prisoners. In our survey, 62% of respondents thought it was easy or very easy to see a nurse, significantly better than the comparator of 49%.
- 4.16 Medicines were administered at specific times. We observed some medication times. While most were well ordered, some were not. For example, on one occasion we saw prisoners crowded around the door of the treatment room, with several leaning against it, trying to get the nurse's attention. A doctor in the corner of the small room was having a consultation with a patient, and another prisoner in another corner was injecting insulin in full view of the rest of the prisoners through the door grille. There appeared to be little or no provision for patient confidentiality. The crowded and noisy environment had the potential for errors, and also made it difficult for the nurses to supervise the patient in the treatment room injecting insulin, which was a potential security risk. Several discipline officers were present on the wing, but we saw none take any action to ensure prisoner confidentiality or general order.
- 4.17 Some prisoners received in-possession medications, although there was no formal documented risk assessment to determine this. They were issued in quantities of three or five to seven days or monthly supplies, depending on the drug. Most prisoners appeared to be on supervised administration from stock medicines, although the pharmacist was unable to confirm how many patients were on in-possession or supervised medication.
- 4.18 Nurses issued stock medicines against prescriptions. Although there was a dual-labelling system, the nursing staff gave both labels to the patient rather than retaining one to send back to the pharmacy as an additional check. The pharmacists were unable to confirm the proportion of medicines issued as stock rather than for a named patient, but we saw very few named-patient medications. Patient information leaflets were not routinely supplied.
- 4.19 There was a written special sick policy. A review was overdue, but the head pharmacist had written a new policy and was awaiting approval by the clinical governance committee. Supplies made under the policy should have been recorded on the medication sheets, but the pharmacists believed this only occurred some of the time, judging by the level of stock medicines that were issued. We also observed special sick medications administered without being noted on patients' charts.
- 4.20 Prisoners attending court were given their medications by nurses in reception before they left and on return.

- 4.21 There were no comprehensive lifelong conditions registers or clinics, although one nurse took the lead for diabetes and assessed all diabetic prisoners. Other lead nurses were being developed. Prisoners were not able to obtain barrier protection (condoms and lubricants) except from the genitourinary medicine clinic.
- 4.22 Many of the nurses were trained in smoking cessation and provided individual support. However, smoking cessation was not offered on C wing, the induction wing, and some prisoners were confused by this.
- 4.23 Because of the refurbishment of the primary care clinics, waiting lists for allied health professionals – such as the genitourinary medicine clinic, chiropody and optician – had been suspended for several months, although some clinics recommenced during our inspection. Prisoners had been invited to reapply for clinics in the previous week and had begun to make applications. They were sent an appointment slip for their clinic appointment. If they did not attend but had a relevant reason, for example a legal visit or court appearance, and informed the department, arrangements were made for them to be seen at the next clinic.

Pharmacy

- 4.24 The pharmacy was a single large room, which was clean and tidy. Medicines were mostly stored in an orderly manner in wooden cupboards without locks. The dispensary door was locked when not occupied, and the grille was kept locked when occupied. There was a fridge in the dispensary and maximum/minimum temperatures were recorded daily and were within an acceptable range. We found a few tubs of capsules/tablets on the shelves, which did not comply with labelling requirements. There were current reference books in the pharmacy and in the wing treatment rooms.
- 4.25 Medicines were also stored in the wing treatment rooms, as well as the Conibeere unit (detoxification) and the IDTS unit. The medicines were generally stored in appropriate lockable metal cupboards, with fridges for heat-sensitive medicines.
- 4.26 Returned medications were taken back to the pharmacy each day, and collected by the waste carrier when required. The pharmacy put confidential patient waste (labels) into the medicinal waste, as the pharmacist said there was insufficient provision for confidential waste disposal.
- 4.27 Pharmacy staff assessed levels of stock medicines for the first night centre, reception and the hospital. The remaining stocks were assessed by the nursing staff, who ordered required medicines from the pharmacy via a written order. These slips were kept by the pharmacy. The levels of stock were not routinely audited.
- 4.28 There was no medicines and therapeutics committee and no regular assessment of prescribing patterns.
- 4.29 Prisoners were not able to see a pharmacist.

Dentistry

- 4.30 There had been no dental service in the previous five months. This was unacceptable. While the dentist had been on long-term sick leave, the dental surgery and decontamination room had been refurbished. However, the capital equipment had not yet been re-commissioned and there was a lack of dental instruments and materials. The PCT had contracted a new provider to recommence the service in the near future. The practitioner was going to undertake three

and a half days a week, which was considered appropriate to the needs of the prison population.

- 4.31 In the absence of the dentist, the healthcare administration had attempted to maintain a list of routine and urgent cases. About 30 were classified as urgent. A few urgent cases had been referred to the local dental emergency centre, but we were told that the security risk assessment precluded this as a routine option.

Inpatient care

- 4.32 There was a large 17-bed inpatient unit, accessible by both lift and stairs. All the beds were on the certified normal accommodation (CNA) certificate. During our inspection, the unit was at least 80% full, mostly with patients who had mental health problems – eight were awaiting secure NHS mental health beds. The therapeutic regime was minimal. Time out of cell was broadly in line with the rest of the establishment, and there was a pool table and table tennis to occupy patients.
- 4.33 There was a negative pressure room to nurse those with active infections. However, it was located on the floor below the inpatient area, next to accommodation that had been converted into office space, so it was unsuitable to use.

Secondary care

- 4.34 Both prisoners and staff told us about cancelled outside hospital appointments. Our analysis of the previous two months identified that 21% of booked appointments had been cancelled due to lack of staff to escort patients; this included some cancelled at least twice. We were not confident that prisoners' clinical needs were considered when appointments were cancelled. The problem occurred because only four outside escort sessions were allocated for the whole prison population, so arrangements such as an all-day immigration hearing resulted in cancellation of all other arranged escorts, including hospital appointments. This was unacceptable.

Mental health

- 4.35 There were no primary mental health services. The Seacole Centre, part of the health services department, provided a weekly programme of activities to maintain and improve health or wellbeing, based on individual need assessments. Referrals were taken from any member of staff, and clients were assessed and could attend a six-week programme of activities, tailored to meet their needs. Patients from the inpatient unit and those subject to assessment, care in custody and teamwork (ACCT) were also catered for. Activities included art, drama therapy, pottery, relaxation therapy and yoga. At the time of our visit, there were 45 clients. Clients were assessed regularly, and documentation was particularly commendable.
- 4.36 Central and North West London Mental Health Trust provided in-reach services. The team was under-resourced. It consisted of a full-time specialist registrar, a consultant psychiatrist who provided five sessions a week, and two full-time registered mental health nurses, one band 6, and one band 7. The team had recently secured funding to recruit four more band 6 nurses. There was no administrative support.
- 4.37 Prisoners could be referred by anybody. Referrals were discussed at a weekly in-reach team referral meeting. They could be accepted for urgent or routine assessment by the team,

referred to the Seacole Centre or referred back to the GP – although there was no assurance that the patient would be seen by the GP in the latter case. The team endeavoured to obtain further information from outside agencies on the clients that they accepted, with their permission. We were unable to obtain accurate details of the number of patients on the team's caseload. There was no groupwork, and all patients were seen individually. The team held wing-based surgeries once a week. They did not commence the care programme approach (CPA), due to staff shortages, but facilitated visits by CPA coordinators. The team did not routinely attend ACCT reviews of their clients. Team members had their own case notes, but also copied this information into the prisoner's clinical record.

- 4.38 Ten prisoners were waiting for NHS mental health beds. Most had been waiting over a month, with one referred three months previously. Rapid tranquillisation had been used six times in the previous six months – twice for one inpatient in 10 days. There appeared to be no sense of urgency in ensuring that these patients were moved expeditiously. This was unacceptable.
- 4.39 Only a handful of discipline staff had received mental health awareness training. Most staff on the segregation unit had not had training, although they recognised its usefulness.

Recommendations

- 4.40 There should be a health needs assessment of prisoners, including mental health needs.
- 4.41 All staff should receive annual resuscitation training, including training in the use of an automated external defibrillator.
- 4.42 There should be a lead nurse for older people in line with Department of Health guidelines.
- 4.43 There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment and specialist nursing advice to ensure that prisoners are able to access mobility and health aids.
- 4.44 All policies should be up to date.
- 4.45 There should be information-sharing policies with appropriate agencies to ensure efficient sharing of relevant health and social care information.
- 4.46 All clinical records should be stored in accordance with Data Protection Act and Caldicott principles, and the policy of destroying the clinical records of released prisoners should be stopped.
- 4.47 Prescription charts should be annotated correctly if medications are administered or omitted.
- 4.48 Complaints about clinical care should be linked to the NHS complaints system.
- 4.49 Prisoners should be able to receive the full range of relevant vaccinations and immunisations.
- 4.50 Triage algorithms should be used to ensure consistency of assessment, treatment and care.

- 4.51 Health services staff should use a documented risk assessment for in-possession medications.
- 4.52 There should be effective management of patients with lifelong conditions, including regular reviews in line with good practice.
- 4.53 Barrier protection (condoms and lubricants) should be freely available.
- 4.54 Prisoners should be able to speak to a pharmacist.
- 4.55 The responsible pharmacist should have professional control of the stock supplied. The second label used for medications should be returned to the pharmacy, not given to the patient, and the dual-labelling system should be used for stock audit.
- 4.56 The medicines and therapeutics committee should meet regularly, and should include a representative of the primary care trust.
- 4.57 Named-patient medication should be used wherever possible, and general stock should only be used if unavoidable.
- 4.58 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management.
- 4.59 The inpatient beds should not be on the certified normal accommodation.
- 4.60 The negative pressure room should be relocated to a more suitable site.
- 4.61 Prisoners should receive oral health promotion, dental checks and treatment to a standard and range at least equal to that in the NHS.
- 4.62 The number of hospital appointments cancelled due to lack of escort staff should be reduced, and any cancellations should be reviewed by a clinician.
- 4.63 Uniformed staff should have appropriate training to recognise prisoner mental health problems and take appropriate action.
- 4.64 Primary mental health services should be provided.
- 4.65 The resources and skill mix of the mental health in-reach team should meet the needs of the population, based on the health needs assessment.
- 4.66 Prisoners who need assessment by specialist mental health services should be seen within seven days and transferred expeditiously as clinically indicated.

Housekeeping points

- 4.67 All staff should be easily identifiable, by visible name badges or uniforms to denote grade and qualifications.
- 4.68 Patient information leaflets should be supplied wherever possible, and a notice advising patients of the availability of leaflets on request should be prominently displayed.

4.69 There should be provision for the destruction of confidential waste in the pharmacy.

Good practice

4.70 *The arrangements for prisoners presenting with possible tuberculosis were good practice in terms of infection control and public health.*

4.71 *There was continuity of primary care through teams of wing-based nurses and the first night centre/reception arrangements, which could be replicated by other establishments.*

4.72 *The Seacole Centre provided additional therapeutic support for prisoners with emotional, behavioural and mental health problems.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

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

- 5.1 There were approximately 120 education places, mainly part-time. Leadership and management were satisfactory, as was achievement of qualifications and learning goals. Teaching and learning were good on many programmes, but the introduction of quality improvement processes had been slow. Prisoners could attend some accredited vocational training and other employment full-time, and literacy and numeracy learning was offered in the workshops and vocational training. Education included a good range of courses, and English for speakers of other languages (ESOL) provision was sufficient. However, only about a quarter of the population took part in learning and skills, there were not enough places in some areas, the systems of assessment and allocation were weak, and there was no evening or weekend provision. Punctuality was often poor in many classes. There were insufficient places in training and work, which was generally mundane. Work allocation was inadequate and did not always address individual resettlement needs, and attendance rates were low. Library facilities were satisfactory, although only about a quarter of prisoners were regular users.
- 5.2 Most learning and skills was provided by Kensington and Chelsea College. The head of learning and skills had left and the deputy head of learning and skills was responsible for activities and the provision of learning and skills. The leadership and management of learning and skills were satisfactory, but the processes for quality improvement were underdeveloped and progress was slow. Data was not used effectively to support target setting, and data for vocational training and education was kept separately and not used in a coordinated way.
- 5.3 The prison had improved the curriculum since the previous inspection, and focused on extending the range and levels of qualifications and supporting the development of key skills. The curriculum included accredited programmes, such as literacy and numeracy, English for speakers of other languages (ESOL), art, information and communications technology (ICT), financial and banking programmes, journalism, desktop publishing and some short employment-related courses, such as food hygiene and health and safety. The European computer driving licence (ECDL) and Learn Direct were also available through the Polaris (programme for offender learning and resettlement information services) initiative.
- 5.4 Learning and skills were offered part-time in structured classes and in the workshops. The provision was well organised and managed, with a high number of full-time experienced and well-qualified staff. However, only 25% of the population were able to access learning and skills. There were not enough places on ICT, barbering and construction site certificate courses, and insufficient provision for segregated prisoners and inpatients. There were a few learners on higher level learning programmes.

- 5.5 There were strategies to improve learning and skills, and a good range of accredited programmes, including key skills, and a welfare at work programme in the work areas. The introduction of part-time education had widened participation, which was also promoted by learning and skills representatives on each wing. The representatives encouraged prisoners into personal skills classes, literacy and numeracy sessions and assisted prisoners wishing to undertake distance learning. A quality improvement group involving the representatives met bi-monthly and had contributed to positive changes in the curriculum. The use of prisoners as peer mentors worked well, and some were working towards an accredited qualification.
- 5.6 The number of learners who completed some courses was low, due mainly to transfers out at short notice. Classroom behaviour was good, but there were often delays in getting prisoners to classes on time as prisoners in work were directed first during the free-flow movement, and those moving to education often arrived late. Classroom efficiency figures were often low and less than 75%. In some classes less than 50% attended. Attendance on many literacy and numeracy programmes was low, at approximately 50%.
- 5.7 The education induction and initial assessment of prisoners' literacy and numeracy needs were weak. Prisoners were not paid unless they undertook the basic skills initial screening assessment. Those referred to behaviour programmes following induction did not undergo the basic skills assessment on a timely basis, and therefore were not paid. Prisoners with language support needs were offered ESOL, and additional literacy, numeracy and language support was available.
- 5.8 Teaching, training and learning were effective, especially in the practically based classes. Staff relationships were particularly good, and experienced and well-qualified teachers worked well to support learners and help them develop competence and self-confidence. Lessons were generally well planned, with a range of stimulating activities. There was development of practical skills in many areas. Learners achieved well and had high standards of work.
- 5.9 The provision of vocational training had improved and was all accredited. Prisoners could gain qualifications in laundry work, horticulture, glass and glazing, textile work, furniture refurbishment, painting and decorating, barbering, and industrial cleaning. Training was offered at different levels to enable those on short as well as longer sentences to gain an award. Where appropriate, the prison held prisoners so that they could achieve their award before moving to another establishment. Achievement in vocational training programmes was satisfactory and good in some areas.
- 5.10 There were insufficient work places to meet the needs of the prison population (approximately 250 in work, 130 in some form of training and 120 in full-time equivalent education). Employment places filled averaged 78-82%. Prisoners were often engaged in mundane and repetitive work. At least 170 were employed as cleaners, which accounted for about a third of all the activity hours recorded. The prison was reducing the glass and glazing work for other prisons to phase in recycling and waste management. The pay policy was fair, and those participating in education received better rates of pay than most other workers.
- 5.11 The system of work allocation through the local employment officer was inadequate, and in many cases prisoners were not allocated to places to meet their resettlement needs or linked to sentence plans. The fairness of access and allocation to work had been identified as a problem and a meeting on this was due.

Library

- 5.12 The library was effectively managed by one full-time and two part-time librarians from the London Borough of Hammersmith and Fulham service. On average, there were over 200 visits to the library every week, but only 26% of the prison population were regular users. There was no induction to the library and little advertising of its services around the prison. It was open two evenings a week and all day Saturday, but one evening was due to be lost because of regime changes.
- 5.13 The library made some use of prison profile data, such as that on ethnicity, particularly in the provision of books to foreign national prisoners. There was a good range of publications, including Prison Service Orders (PSOs). Stock levels were satisfactory with over 10,000 books and publications. Library staff responded quickly to prisoner requests for books and materials through the interlibrary loan scheme, and by accessing material from the internet.
- 5.14 The library was light and spacious, but storage units were outdated and did not allow open displays of resources. Boxes of books were delivered to wings, but there was no catalogue for prisoners to choose books. Some taped books were available, along with cassette players to use them. There were four computers for prisoners, but there was no strategy to maintain them and one was already out of order at the time of inspection.

Recommendations

- 5.15 Learning and skills quality assurance processes should be further developed and implemented effectively.
- 5.16 Prisoners should arrive at activities on time.
- 5.17 The education induction and basic skills initial assessment should be improved.
- 5.18 The education, training and work allocation system should be improved.
- 5.19 All prisoners should have a library induction.
- 5.20 Library opening times should be extended and provide better access for prisoners.
- 5.21 There should be a catalogue of books for prisoners unable to attend the library.

Physical education and health promotion

Expected outcomes:

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

- 5.22 Access to physical education was good, despite staff shortages. The department was well managed and offered accredited courses, but there were no usable outdoor facilities.

- 5.23 Despite staffing shortages, prisoners had good access to physical education and the gym. Prisoners could go to PE four times a week, and recreational PE was available in the evenings and weekends. PE provision was planned flexibly to meet the diverse needs of prisoners.
- 5.24 There was a good-sized sports hall, fitness suite and weights room, which was often crowded. There was no ventilation in the weights room, and this room and the sports hall were too hot. The layout of the facilities was poor, and sessions were disrupted because prisoners could only get to the facilities and equipment through changing rooms or other rooms. Our last inspection recommended that the surface of the outdoor pitch required urgent attention. This had not been done, and there were no outdoor facilities or pitches.
- 5.25 There was a good range of recreational activities and accredited courses to help gain employment on release. The British Amateur Weight Lifting Association (BAWLA) and the Community Sport Leader Award (CSLA) were offered. Levels of accreditation were satisfactory overall, although sports such as football, volleyball and basketball were not accredited. The department had been successful in enabling prisoners on weightlifting courses to gain qualifications in literacy alongside their weightlifting qualification.
- 5.26 The department had good links with other aspects of the regime and provided a wide range of additional specialist PE courses, such as exercise and detoxification therapy and progressive exercise therapy. There were good partnerships with a range of external organisations, such as local schools and a day centre for adults with learning difficulties and/or disabilities.
- 5.27 Relationships between PE staff and prisoners were respectful and professional. Gym orderlies made a significant contribution to the success of the department. Leadership and management of the day-to-day running of the department and in developing and implementing strategies for improvement were good.

Recommendations

- 5.28 The ventilation in the weights room and sports hall should be improved.
- 5.29 Outdoor sports facilities and pitches should be established.

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.

- 5.30 There were full-time chaplains for the major faiths and an extensive list of sessional and volunteer chaplains. A large number of prisoners attended corporate worship. The team saw all new arrivals, ran a few faith-based activities, and supported the wider work of the prison.
- 5.31 The chaplaincy team comprised four full-time chaplains representing the two major Christian denominations as well as Muslim worshippers. This core team was supported by at least 20 part-time or sessional chaplains who covered other faiths or specific functions. There was a range of religious services, including two Anglican and two Catholic services on Sunday and Muslim prayers on Friday. Attendance at these services was considerable, with approximately

200 regular Anglican worshippers, 100 Catholics and 170 Muslim attendees at prayers. Including the minority faiths, about half the population had active engagement with the chaplaincy.

- 5.32 In our survey, 54% of respondents said their religious beliefs were respected, which was similar to the comparator, but 63% said they could speak to a religious leader of their faith, which was significantly higher than the comparator of 58%. The responses from black and minority ethnic, foreign national and Muslims prisoners were significantly more positive. For example, 61% of black and minority ethnic respondents, 62% of foreign nationals and 74% of Muslims said their faith was respected, compared to 46% of white respondents, 52% of British and 50% of non-Muslims respectively.
- 5.33 In addition to weekly services, other activities offered included some Bible study or Islamic class groups, as well as three Alpha courses and three Sycamore Tree restorative justice programmes per year. Although of value, these activities were few considering the size of the team and the interest from prisoners.
- 5.34 The chaplaincy coordinator believed that the team was well integrated into the life of the prison, with active involvement in, for example, the race equality action team, violence reduction committee, assessment, care in custody and teamwork (ACCT) reviews and the care team. The team was also engaged with the community chaplaincy initiative that supported resettlement with a 'through the gate' befriending and mentoring scheme, which had helped 52 individuals in 2008 to date. The chaplains told us that they were determined and thorough in their efforts to see all new arrivals, wherever they were located, and gave them personally addressed information leaflets. In our survey, however, only 39% of respondents said they were seen by a chaplain in their first 24 hours, which was significantly lower than the 48% comparator.
- 5.35 The chaplaincy team had offices in the main administrative building, and there was a large traditional Anglican chapel as well as a Catholic and multi-faith facility. This latter room was small, bare and unwelcoming, and was too small for the number of Muslim worshippers. The curtain to cover the Catholic altar was inadequate, and there were no washing facilities for Muslim prisoners.

Recommendations

- 5.36 There should be more chaplaincy groups outside the weekly services.
- 5.37 There should be adequate facilities for Muslim worship, including ablutions.

Time out of cell

Expected outcomes:

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

- 5.38 Prisoners spent considerable time in cell and had poor access to association. Core day routines were applied inconsistently, and there was slippage. Prisoners who attended an activity were sometimes denied association. Between a third and a half of the population at any one time could be locked up with nothing purposeful to do.

- 5.39 The prison reported a time out of cell figure of approximately nine hours per day, but this did not represent the experience of the typical prisoner. Implementation of the core day varied from wing to wing and was applied inconsistently, depending on its interpretation by individual senior officers. On A wing all prisoners were unlocked at 8am. On some wings, only those attending activity or for a purpose such as receiving medication were unlocked. On these wings, some prisoners were not unlocked at all until lunch at about 11.30am. This practice was unacceptable. There was considerable evidence of slippage and a lack of discipline in the application of the core day and routines. It was also a concern that managers were not fully focused on these discrepancies.
- 5.40 The experience of many, if not most, prisoners was of considerable time locked in cell. Most wings operated a rota that allowed access to association for only two of their four landings at a time. This practice ensured a tight level of control on very large wings of up to 300 prisoners, but meant that prisoners not attending activity only had association for a single afternoon session or a morning and evening session. Prisoners also had only two evening association periods a week, as one period a week was lost on each wing to facilitate distribution of shop orders. On some wings, morning and afternoon association lasted for just an hour, despite the requirement for an hour and a half in the published core day. Prisoners who attended activity part-time were also often denied association (and therefore lost access to exercise and showers) if their programme clashed with the rota.
- 5.41 A fully employed prisoner who was unlocked for the maximum time available under the core day could, potentially, be out of cell for around 10 hours, but this was unusual. For many, the landing unlock rota meant their unlock time was less than three or five hours daily. We were told that on a monthly staff training day in the week before our inspection, staff shortages had meant that prisoners on some wings were not unlocked at all. The published routine also required a 30-minute delay in unlock each Tuesday to facilitate a staff occupational health hour. There was no information or published programme that described how this time was used by staff or justified this curtailment.
- 5.42 During a roll check undertaken during the core day we found about 30% of the population locked in their cells. This, however, was a minimum number. A roll check outside the hour-long association period would have found in excess of half the population locked up. In our survey, only 18% of respondents said they went on association more than five times per week, which was significantly worse than the 49% comparator.
- 5.43 Exercise was normally facilitated during association periods. The exercise yards were featureless, often dirty and grim. Prisoners surveyed reported a level of access to exercise in line with the comparator for similar prisons.

Recommendations

- 5.44 Prisoners attending activity during the day should also be able to access association.
- 5.45 All prisoners should be unlocked during the morning.
- 5.46 Access to evening association should be increased.
- 5.47 Daily routines should follow the published core day, and variations should be authorised by managers.
- 5.48 Curtailment of regime should be properly justified.

Section 6: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

6.1 Managers were aware of the main supply routes of illicit articles into the prison, and there was a reasonable flow of intelligence to the security department. There had been no full-time police intelligence officer for some time. Prisoners were given a compact during induction that included rules.

Security

- 6.2 The security department consisted of a principal officer, two senior officers, two prison officers, an operational support grade and two administrative support staff. There was also a separate intelligence unit staffed by a principal officer and a full-time intelligence analyst.
- 6.3 A monthly security committee meeting was chaired by the head of operations and was reasonably well attended by other functional heads. The intelligence unit compiled a monthly report, which was discussed at the monthly meeting and published on the intranet for all staff. This report detailed the number of security information reports (SIRs) received by area and by subject, incidents reported on the incident management system, and finds of drugs and mobile telephones.
- 6.4 The department had received a monthly average of 291 SIRs between November 2007 and April 2008. Most information related to mobile telephones, drugs, bullying and threats to staff and prisoners. SIRs were processed in a timely and effective manner and forwarded, where appropriate, to the intelligence unit. Wing observation book entries were well used by staff. Some wings had introduced coloured stickers to indicate the follow-up action taken.
- 6.5 The prison was alert to the supply routes for illicit items, particularly drugs and mobile telephones, and actively took steps to address this. It had been without a full-time police intelligence officer for some time, and part-time cover was only available for two days a week.
- 6.6 Residential staff were responsible for all routine and intelligence-led searching. Minutes of security meetings noted that intelligence-led searching had not been carried out promptly. However, searching finds demonstrated some success. There had been 57 drug finds and 112 mobile telephone finds between January and May 2008. The prison had two dog handlers who operated both passive and active dogs.
- 6.7 There were 32 prisoners on closed visits and 18 banned visitors at the time of inspection. The security department and visits staff conducted monthly reviews of closed visits. Any prisoner

found in possession of a mobile telephone was automatically placed on closed visits, even in the absence of corroborating intelligence.

Rules

- 6.8 Prisoners were given a compact during induction and an induction companion booklet that outlined the rules. Rules were not displayed in the residential areas.

Categorisation

- 6.9 There was close liaison between the observation, classification and allocation (OCA) department and the offender management unit. There were attempts to prioritise in scope prisoners for transfers to appropriate establishments, but this continued to be a problem because of population pressure and the need to meet prison reception criteria, which high risk prisoners often failed to do. Approximately 50 moves were planned each week. We were told that, until recently, many of these were progressive transfers, but many were now simply overcrowding drafts.

Recommendations

- 6.10 The prison should have at least one full-time police intelligence officer.
- 6.11 Prisoners found in possession of a mobile telephone should only be placed on closed visits if there is corroborating intelligence.
- 6.12 Rules should be displayed in residential areas.

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.

- 6.13 There was a high number of adjudications, some of which were for petty infringements of rules that could have been dealt with less formally. Adjudication hearings were conducted fairly, charges were fully investigated, and punishments were fair and consistent. There were relatively few use of force incidents. Documents were generally completed to a good standard, proper authority was sought in planned interventions, and de-escalation was used effectively. All incidents were monitored and documents quality-checked, but some of the information passed to the violence reduction committee required better analysis. The environment in the segregation unit was generally reasonable, and day-to-day relationships between staff and prisoners were good. There was little purposeful activity out of their cells for longer stay prisoners. Use of special accommodation was relatively low and properly authorised, but conditions in the two special cells were very poor, and they had been used to accommodate prisoners overnight. Case management for reintegration planning was underdeveloped.

Disciplinary procedures

- 6.14 The number of formal adjudications was high, at 850 between January and May 2008. The records we examined showed that some formal charges referred to the governor for adjudication were the result of petty infringements of prison rules, such as mild disagreements with officers, swearing and minor disruption to the prison routine. This could have been dealt with more appropriately through the incentives and earned privileges (IEP) scheme.
- 6.15 Despite this, the records of formal hearings showed that charges had generally been fully investigated. Hearings were comprehensive and requests for witnesses were considered and dealt with appropriately. Punishments were fair, and there were examples where adjudicating governors had dismissed charges due to a lack of evidence or anomalies. Cautions and suspended punishments following proven charges were used in minor cases as an appropriate way to offer prisoners a second chance without immediately forfeiting their privileges.
- 6.16 The hearings we observed were well conducted. The prisoner was put at his ease and referred to by his preferred name. The adjudicating officer took time to ensure that the prisoner fully understood the process before moving on, and all prisoners were offered the opportunity to seek legal advice. The prisoner was given the opportunity to challenge the evidence and put across his version of events throughout the hearing.
- 6.17 Adjudication standardisation meetings took place each quarter and were chaired by the deputy governor. They were well attended by adjudicating governors. The minutes indicated good standards of discussion on appropriate issues. Punishment tariffs had been published and were used consistently.
- 6.18 Monthly statistics on the number and nature of adjudications were presented to the governor. Results of proven offences were noted, categorised and communicated to the senior management team meeting to identify trends and deal with problem areas as they arose.

The use of force

- 6.19 There had been 119 incidents involving the use of force between January and June 2008. This was a slight increase from the 103 for the same period in 2007. This increase was due to improvements in the recording of incidents that did not involve full use of control and restraint (C&R).
- 6.20 The paperwork following an incident was generally completed to a good standard. Planned intervention was well organised and properly carried out, and documentation was completed correctly. Statements by the staff involved indicated that intervention techniques were used properly and only when necessary. However, we saw little evidence that prisoners were interviewed to check their safety and that they understood what had occurred and why. A full-time control and restraint coordinator reviewed all incidents and quality-checked documentation regularly.
- 6.21 There were examples where de-escalation was used to good effect during particularly difficult situations, and there was evidence that managers encouraged these responses. De-escalation training had recently been introduced into C& R refresher training, and 90% of officers were currently trained.

- 6.22 Although accident forms were completed following all incidents and were stored in the healthcare centre, copies were not kept with other use of force documentation.
- 6.23 There were good monitoring arrangements with strong links to violence reduction and the senior management team. Information, including the nature of the incident, its location and the ethnicity of the prisoners involved, was collated each month and presented to the violence reduction committee, and the coordinator submitted a useful quarterly analysis of all incidents to the governor and area manager. However, there was little evidence that this information was used formally to identify trends and potential problem areas (see section on anti-bullying).

Segregation unit

- 6.24 The segregation unit had 18 cells, including two special cells, a staff office, adjudication room, interview room, prisoner showers, and a secure outside exercise yard. Living conditions in the unit were, on the whole, good. Communal corridors were clean, up-to-date information was displayed on notice boards, and prisoner showers were working and had appropriate levels of privacy. The normal cells were an adequate size, clean, well ventilated and appropriately furnished. Two had in-cell electricity.
- 6.25 A published segregation unit policy document set out the management arrangements, expected working practices and guiding principles. We found copies in the unit office, and staff were aware of its content. There was a published staff selection policy, and selected officers had been personally authorised by the governor following an in-depth interview.
- 6.26 Governance arrangements were good. The day-to-day operation of the unit was managed by a trained senior officer responsible directly to a nominated governor grade. Records showed that governors visited the unit at least twice a day. The governing governor also made regular visits.
- 6.27 Relationships between staff and prisoners were particularly good. Trained officers dealt with difficult prisoners respectfully, using appropriate levels of care. We saw positive day-to-day interaction, and all the prisoners we spoke to said that staff treated them well and responded to their immediate needs. The segregation governor provided a good example to officers, and promoted constructive engagement. Staff were encouraged to address prisoners by their preferred names, and they referred to prisoners in respectful and understanding terms.
- 6.28 A published basic regime programme included daily showers, exercise and access to telephones for all prisoners. However, apart from some in-cell education provided by the education department on request, longer stay prisoners had little opportunity for purposeful activity out of their cells.
- 6.29 Eight prisoners were resident in the unit at the time of our inspection, including two for good order, three following requests for protection and three for punishment. The records showed that this was a typical population profile. The average length of stay was 10 days, but in some cases prisoners had spent up to three months there.
- 6.30 Because there was no dedicated vulnerable prisoner unit, prisoners seeking protection under prison rule 45 (segregation for own protection) were managed on the unit. Use of segregation for this purpose was relatively low, at about four cases a month. Most of these (60%) were following threats of violence because of drug debts or other bullying. These prisoners were rarely reintegrated back into the mainstream wings, and most were transferred to other London prisons.

- 6.31 Prisoners who arrived on the unit were given a segregation information booklet, interviewed by the senior officer and given an explanation of the unit's rules. Although procedures were generally respectful and staff had a clear focus on the safety of their prisoners, as at the last two inspections all new admissions were given a strip search regardless of any perceived risk. In some cases, prisoners were located in a special cell following violence due to a refusal to be strip searched.
- 6.32 Conditions in the two special cells were poor. They were dirty and had no furniture, just strip blankets on the floors. However, use of this accommodation was low, at 10 instances between January and June 2008. The average time that prisoners were kept in these cells was about three hours, including two periods when prisoners were located there for more than eight hours. There had also been three separate occasions when prisoners had been placed in special accommodation overnight.
- 6.33 There was evidence to show that the special cells were used exclusively for de-escalation in extreme circumstances, and that prisoners were moved to normal cells as soon as possible. Proper authority was recorded in all cases, and documents showed that the prisoner's mood and general conditions were regularly monitored.
- 6.34 Planning systems to return prisoners segregated under good order or discipline to normal prison location were underdeveloped. Although prisoner reviews were completed on time, there was little information to show that progress in behaviour and circumstances was monitored or acted upon. The quality of written observations in personal files was mixed. Although regular, many focused on single examples of behaviour related to the daily regime, such as access to exercise and showers. In some cases, entries indicated knowledge of the prisoner's personal circumstances. However, most were not comprehensive enough to show that each prisoner's emotional and mental wellbeing was monitored effectively.

Recommendations

- 6.35 Petty infringements of prison rules should be dealt with by less formal procedures than adjudication.
- 6.36 The violence reduction committee should analyse information on the use of force to identify trends and possible problem areas.
- 6.37 Prisoners should be formally interviewed following an incident where force has been used to check their safety and to ensure that they understand what occurred and why. Notes of these interviews should be recorded and kept with use of force documentation.
- 6.38 Prisoners entering the segregation unit should only be strip searched following an assessment of risk.
- 6.39 There should be further development of planning systems to return vulnerable prisoners and those held in the segregation unit under good order or discipline to normal prison location.
- 6.40 Conditions in the special cells should be improved, and they should be furnished with seating and a bed.
- 6.41 The regime in the segregation unit for longer stay prisoners should be improved to include some out of cell purposeful activity.

Housekeeping point

- 6.42 Accident report forms should be kept with use of force documentation.

Incentives and earned privileges

Expected outcomes:

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

- 6.43 The incentives and earned privileges (IEP) scheme was well publicised. Warnings and reviews took place in line with policy requirements, but prisoners were not always informed when they received an oral warning. Monitoring of the scheme was reasonable, but management checks were weak.
- 6.44 The incentives and earned privileges (IEP) policy had been reviewed in February 2008. Information about the scheme was displayed on wing notice boards. The policy described a three-stage scheme differentiated by access to visits, private cash, in-cell TV, time out of cell and items on the facilities list.
- 6.45 Prisoners who received three oral warnings in a three-month period received a written warning, which remained in force for a further three months. A further breach within that period resulted in a final written warning and the convening of a regression board chaired by the wing manager.
- 6.46 Prisoners could apply for enhanced status after 12 weeks by submitting an application form endorsed by their landing officer, provided they had no adjudications or warnings in that time. Prisoners also had to sign a voluntary drug testing compact, which amounted to compliance testing.
- 6.47 There was a small super-enhanced unit that could accommodate up to 17 prisoners in trusted jobs. Although prisoners on the unit spoke highly of the regime and facilities, which included the opportunity to spend 12 hours out of cell each day, the waiting list for the unit was small. Many enhanced level prisoners we spoke to were not motivated to progress on to the unit, mainly because they would have to relinquish a single cell to do so.
- 6.48 The majority of prisoners, approximately 80%, were on the standard level of the scheme. Prisoners we spoke to had mixed views about whether the main incentives of the enhanced level were sufficient to encourage them to improve their behaviour. In our survey, 37% of respondents, against a comparator of 45%, felt they had been treated fairly under the IEP scheme. However, only 29% of black and minority ethnic respondents, against 49% of white prisoners, and 17% of Muslim respondents, against 45% of non-Muslims, felt they had been treated fairly. Many prisoners said they were not told when they received oral warnings, which were documented in red in their wing history files. Very few red entries that we saw documented whether the prisoner had been told about the oral warning.
- 6.49 Nine prisoners were on the basic level of the scheme at the time of the inspection. Regression boards as described in the policy had taken place, although prisoners told us that they were

not given the opportunity to contribute to this board and were only present to hear the outcome.

- 6.50 Prisoners downgraded to the basic level were given a written programme stating the restrictions they were subject to and when they would be able to access their two weekly periods of association and one weekly visit to the gym. They were also given an appeal form. Reviews of prisoners on basic were held every seven days. Prisoners on the basic level had to collect their meals from the servery separately from other prisoners. It was difficult to see this as anything other than a punishment.
- 6.51 The IEP policy was clear that the decision to regress a prisoner should be based upon a pattern of behaviour. However, most wing history sheets we viewed contained very little information other than red entries, and oral warnings focused on adherence to wing routines. There were no entries about compliance with sentence plan targets. An IEP regression board was convened if a single breach was of a serious nature, for example a bullying incident. In all the cases we viewed, such a regression board had resulted in the prisoner being downgraded to basic.
- 6.52 Residential managers were required to complete a monthly return summarising the number of moves across the various levels, and this was reported at the monthly senior management team meeting. This information did not record ethnicity. The IEP policy stipulated that residential principal officers and governors would conduct random monthly checks of IEP paperwork and reviews. It was difficult to establish if these checks were carried out.

Recommendations

- 6.53 Prisoners should always be informed when they receive an incentives and earned privileges (IEP) warning, and the wing file entry should document that the prisoner is aware of the warning.
- 6.54 Prisoners should have the opportunity to attend and participate in IEP regression boards.
- 6.55 Prisoners on the basic level should not have to collect their meals separately.
- 6.56 Monthly monitoring of the IEP scheme should include ethnicity, and the results should be publicised.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 The kitchen was large, clean, well ordered and properly managed. Workers were well supervised and the atmosphere was relaxed, yet well controlled. Prisoners said that the food was usually poor, although the food we sampled was adequate and served at the correct temperature. Meals were served too early.
- 7.2 The kitchen was in a purpose-built section of the main prison. It was very large, clean and well ordered. Food was stored in proper conditions, and regular stock control and quality checks were made and recorded. Religious and cultural dietary requirements for food preparation, distribution and quality were observed.
- 7.3 Meals were prepared by catering staff and prisoners. There was a friendly working atmosphere in the kitchen. Prisoner kitchen workers received appropriate support from the catering manager and his staff. Supervision was good without being obtrusive. National vocational qualifications were not offered due to the relatively short stay of prisoners. There were plans to introduce short courses in basic kitchen skills.
- 7.4 Meals were transported on heated trolleys from the kitchen to purpose-built serveries on each wing. Food temperatures were taken on leaving the kitchen and arrival on wings. Wing serveries were clean, well equipped and fit for purpose. Prisoners and staff who worked at the serveries had been trained in basic food hygiene.
- 7.5 The menus varied over a five-week period and appeared balanced. They contained a healthy option, including fresh fruit, at least once a day. The food we sampled during the inspection was adequate and served at the correct temperature.
- 7.6 Meals were served too early, and breakfast packs with cereal, tea bags and milk were given to prisoners during their evening meal. There were no facilities for prisoners to store these items overnight, so most ate their breakfast in the evening shortly after it was issued. Lunch was regularly served at 11am and the evening meal at 4pm.
- 7.7 The catering manager attended prisoner consultation meetings on most wings, and the results of a prisoner survey in December 2007 had been used to inform changes in the menu. Food comment forms were available on all wings. The catering staff responded to comments as they arose, with written replies to individual prisoners. The catering manager had received 25 complaints about the food from prisoners between January and May 2008,
- 7.8 All the prisoners we spoke to complained that food choices were restrictive and repetitive and the quality was often poor. In our survey, only 14% of respondents said that the food was good or very good, which was significantly worse than the comparator of 23%. Prisoners also told us

that they were unaware of the food complaints/comments procedures or they had no confidence that their views would be valued.

Recommendations

- 7.9 Breakfast should be served in the morning.
- 7.10 Meals should be served at appropriate times, and not before noon for lunch and 5pm for the evening meal.
- 7.11 There should be a prisoner survey about the catering, and the results should be used to inform further changes.
- 7.12 Procedures to allow prisoners to express their views on the quality of food should be better advertised.

Prison shop

Expected outcomes:

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

- 7.13 Prisoners had access to a wide range of products, including those that catered for the diverse needs of the population. The bagged delivery service was effective and staff attended to complaints as they arose.
- 7.14 The prison shop was next to reception in the main part of the prison. Services were provided under contract to Aramark, but day-to-day operation was managed by a full-time supervisor on site, supported by full-time workers.
- 7.15 Prisoners had access to an extensive range of items. The list of shop goods was published and contained over 300 items, including tinned meats, fresh fruit and a large selection of toiletries. Prisoners could place weekly orders, and new arrivals were normally able to receive a full service the day after their arrival. New arrivals without private money were offered a £2.00 advance and a pack containing basic items, such as tobacco, snacks and basic toiletries.
- 7.16 The pre-ordered, bagged and delivered service was efficient and sufficiently flexible to accommodate the needs of those about to leave or just arriving. Orders were delivered to prisoners on their wings, and staff supervision of this process was good. Prisoners could have orders delivered to them twice a week.
- 7.17 Prisoners could access accurate, up-to-date records of their finances. Problems with orders were dealt with quickly, and any complaints were recorded and dealt with on the day that they were received by the shop supervisor.
- 7.18 In our survey, 52% of respondents said that the shop provided a wide enough selection to meet their needs, which was significantly better than the comparator of 44%.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 8.1 The reducing reoffending strategy was too general, had no clear objectives, and gave little guidance on the specific resettlement procedures at Wormwood Scrubs. The lack of a needs analysis made it difficult to assess prisoner resettlement requirements.
- 8.2 A reducing reoffending strategy had been completed in February 2008. The document covered the key roles of the establishment and its departments, but was short on detail. Although it referred to the overall objectives of the prison within the context of resettlement, there was little evidence of how it intended to do this. For example, there were no details of how it would meet the specific needs of prisoners under the seven strategic resettlement pathways. There was no development strategy or specific objectives against which progress could be mapped. There was a reducing reoffending implementation plan, which used an appropriate traffic light system to track progress, but this did not have any target dates or clear indication of how progress was monitored. Staff who we spoke to were not widely aware of this document.
- 8.3 There had been no recent needs analysis, so it was not possible to establish the need or demand for resettlement services. Some information relating to the resettlement pathways was collated each month, but there was little evidence that this was evaluated or assessed. For example, although information on prisoners' pre-custody accommodation was collated, there was no indication of the needs on release, such as those with no fixed accommodation to go to.
- 8.4 The prison had attempted to identify needs through use of the London initial screening and referral (LISaR) assessment, undertaken within the first four days of reception for all prisoners, regardless of their status or length of sentence (see paragraph 8.19). However, there was no system to ensure that referrals from LISaR were necessarily picked up, appropriately acted upon or reviewed before release. Monthly referrals by LISaR to respective departments were not evaluated to get even nominal indications of need.
- 8.5 Three groups met regularly to support the implementation of the reducing reoffending agenda. Offender management meetings and the interventions and programme group took place monthly. In principle these two meetings covered each of the seven strategic pathways, and then fed into the quarterly resettlement and pathways meeting, which was the overarching strategic forum. In practice, there was little indication that the two monthly meetings fed effectively into the latter. Not all pathway providers were represented at the interventions and programme meetings or the overarching strategic meeting. As a consequence, while much good work was taking place, this was in isolation, without a clear mechanism for the different strands to come together.

Recommendations

- 8.6 The resettlement strategy document should include annual development targets, which should be regularly reviewed through the resettlement strategy committee.
- 8.7 An annual needs analysis should be undertaken and combined with data from the London initial screening and referral (LISaR) assessment to inform the prison of the resettlement needs of all prisoners.
- 8.8 The resettlement and pathways meetings should meet more frequently to ensure the implementation of the resettlement strategy.
- 8.9 The seven resettlement pathways should be more clearly coordinated and incorporated into the overarching resettlement pathway to ensure that services available are fully utilised.

Offender management and planning

Expected outcomes:

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

- 8.10 The offender management model was becoming embedded, and the work of the offender management unit was generally good, but the 'virtual team' approach needed further work. The resettlement unit had begun to lose some of its direction. The London initial screening and referral tool was not used to its full potential. Public protection procedures were effective.

Sentence planning and offender management

- 8.11 The offender management unit was well established. The 17 offender supervisors included six prison officers, seven probation staff and four psychology assistants. At the time of the inspection, there were 138 cases in scope for offender management (22 phase three and 116 phase two). As well as responsibility for a number of prisoners under offender management, each offender supervisor was also responsible for a specific area of wider service delivery, such as public protection or lifers. An offender assessment system (OASys) assessment was completed on all prisoners serving over 12 months, although priority was given to those in scope. There were 86 outstanding assessments, due primarily to the turnover of prisoners. We were told this number was fairly consistent.
- 8.12 Since April 2008, offender supervisors had been divided into three 'virtual teams', each consisting of representative staff from each of the three groups. The model had been adopted to ensure that all team members developed a broad understanding and experience in working with a wide range of prisoners, rather than just particular groups. This principle was appropriate and matched the approach of probation services in the community, but the model had still to be embedded. Staff we spoke to still saw themselves primarily as a prison officer or probation staff, and an offender supervisor second. Allocation of work was based on numbers

and caseload pressures, and staff with little knowledge of a specific area were expected to liaise with those who were experienced. However, there was no system to ensure that this happened, and team members were often based in different offices. Each group of staff had its own model of casework supervision and personal development, which led to inconsistency. None of the virtual teams had team leaders to ensure consistency, share knowledge and skills or utilise individual expertise.

- 8.13 Despite concerns about the allocation and management of this area, there were indications that much good work was undertaken. A random review of files showed that recording of information was generally good. There was evidence that offender supervisors regularly updated file information, but although they maintained contact with the prisoner, and sometimes engaged in specific pieces of work, they had no specific targets for the expected level or frequency of contact. In our survey, none of the 18 prisoners managed in this way said they met their offender supervisor at least monthly to discuss sentence plan targets, and only six said they had met at least once.
- 8.14 Sentence planning reports were completed appropriately on all prisoners, including those in scope, and there were sentence planning boards for those in scope and others serving over four years. Those serving over 12 months but less than four years had sentence plans, but no board. This was an appropriate allocation of resources. In our survey, 30% of respondents said they had a sentence plan, significantly better than the comparator of 23%, 23% said they had been involved or very involved in the development of their sentence plan, compared with 14%, and 20% said they could achieve some or all of their sentence plan targets at Wormwood Scrubs, compared with 12%. Responses from prisoners subject to offender management were slightly better than for the population as a whole.
- 8.15 There was a positive and flexible approach to liaison with community-based offender managers for those prisoners in scope, which ensured good representation at sentence planning meetings, usually chaired by the offender manager. Since January 2008, there had been 101 sentence planning boards for this group, and only 12 had not been attended by the offender manager. Most prisoners were from the London area, and we were told that attendance by offender managers for prisoners from further afield was less reliable. Although video conferencing could be used as an alternative, to date no such meetings had been arranged.
- 8.16 For prisoners serving over 12 months, whether subject to a sentence planning board or not, targets set were invariably based upon OASys assessments alone. Although subject to London initial screening and referral (LISaR) assessment on reception, the results of these assessments were not included. Some departments, including the counselling, assessment, referral, advice and throughcare service (CARATs) and the programmes team, sent contributions to OMU, but other resettlement pathways did not as a matter of course. As a consequence, there was no definitive link between identified offending behaviour work and that orientated to resettlement.
- 8.17 E wing was the resettlement unit. Any prisoner could move there if he was in the last 12 months of his sentence, regardless of the length of his sentence or if he hoped to resettle in one of the eight London boroughs that the prison primarily served. The unit had been open for about three years and, while it had made good progress, there were indications that it was starting to lose its way. Prisoners entering the unit had an initial screen, outlining their needs, although we saw various instances where this had been completed by the prisoner himself. The original LISaR assessment was rarely available, although a probation officer subsequently completed a comprehensive assessment. These assessments were generally good, detailed and had clear outlines of need. Review meetings to discuss how these needs could be met

before release were, however, rare. Prisoners could see staff from the seven resettlement pathways, but they had to make the contact. The absence of a personal officer scheme also meant that there was no one identified to coordinate individual resettlement needs. There were regular pre-release meetings, three weeks before release, but by then the opportunity presented by a dedicated unit had largely been missed. On average, only between 75 and 85 prisoners out of a total of 148 were on the unit specifically for resettlement purposes.

- 8.18 Home detention curfew (HDC) and release on temporary licence (ROTL) were widely used. In the previous nine months, there had been 188 applications for HDC, of which 116 had been granted, and 58 applications for ROTL, of which 21 had been successful, with a further 12 ongoing. In the previous year, over 540 prisoners had been released under end of custody licence.
- 8.19 Approximately 345 of the sentenced population were serving sentences under 12 months, with a further 403 on remand. Neither of these groups was subject to sentence management or planning, and their resettlement needs were determined by the LISaR assessment only. The LISaR was completed on all prisoners, regardless of status, while in the first night centre. The assessment was a very basic screening but gave key information from which referrals could be made to relevant resettlement pathways. The LISaR was completed by workers from St Mungo's Trust. Due to lack of space and time, they were invariably undertaken in 15 minutes through the hatches in cell doors. As many of the cells were multi-occupancy, this process afforded no confidentiality and could not be relied on for an accurate assessment. Although an interview room was available, if necessary, we were told that this was only used on rare occasions if a prisoner was particularly upset.
- 8.20 Although the LISaR offered a good basic assessment of need, prisoners did not have individual resettlement plans and, as a consequence, it was possible for some needs to be missed. There was no system to ensure that referrals were picked up or to assess overall need; effectively, each pathway operated in isolation from the others. There were no pre-release boards to pick up any issues that had been missed, and no regular exit interviews to inform the ongoing development of resettlement facilities. In our survey, nearly all responses to questions about support and help before and after release were significantly worse than the comparators.

Public protection

- 8.21 There was a well-developed and integrated public protection system, with two probation staff taking lead responsibility. All cases were reviewed each month, and updated information was forwarded to offender managers and supervisors. Pre-release reviews were undertaken appropriately, and there was good liaison with community agencies, including the police. There were appropriate systems to monitor telephone calls and mail where necessary.

Indeterminate-sentenced prisoners

- 8.22 There were relatively few indeterminate-sentenced prisoners. At the time of the inspection, there were 24 on indeterminate sentences for public protection (IPP), eight life-sentenced prisoners and six lifer recalls. There were no specific facilities to meet these groups' needs. Although such prisoners were often prioritised for access to appropriate programmes, there were no lifer groups and those lifers we spoke to felt that their needs were largely ignored.

Recommendations

- 8.23 All offender supervisors should have the same supervision and personal development processes, regardless of their professional background.
- 8.24 Video conferencing should be used when offender managers are unable to attend sentence planning boards.
- 8.25 Sentence planning boards should include contributions from all departments to ensure that all appropriate needs are considered in sentence plan objectives.
- 8.26 Resettlement prisoners on E wing should have caseworkers who are responsible for coordinating their resettlement needs.
- 8.27 London initial screening and referral (LISaR) assessments should be completed in a respectful and appropriate setting.
- 8.28 Prisoners serving less than 12 months should have individual resettlement plans that draw on information from the LISaR assessment, with contributions from each of the seven resettlement pathways.
- 8.29 There should be pre-release boards to ensure that resettlement needs have been addressed before release.
- 8.30 Exit questionnaires should be completed to inform ongoing resettlement developments.
- 8.31 Indeterminate-sentenced prisoners should be offered support to meet their specific needs.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 8.32 The range of accommodation support was appropriate, but for many prisoners, especially those on remand and serving less than 12 months, limited access to housing was a problem. The range of support for finance, benefit and debt advice was reasonable, but lack of coordination reduced effectiveness, and prisoners had limited access to money matters and Unlock projects.

Accommodation

- 8.33 There were three elements of accommodation support. St Mungo's Trust offered housing advice and some support with tenancy management to prisoners on remand and serving sentences less than 12 months. Clear Springs offered housing support to prisoners as part of applications for bail applications and for home detention curfew (HDC). Prisoners on the resettlement wing had access to Steppingstones, which offered advice and some housing placements for prisoners resettling in local London boroughs.
- 8.34 Housing was the single most significant resettlement problem. Between 25% and 30% of all completed LISaR assessments required some help or advice in this area. Although St Mungo's could offer advice and guidance, it had no accommodation to which it could refer prisoners. Between April 2007 and March 2008, over 1,400 prisoners had received some housing advice from St Mungo's, but only 154 tenancies were saved with its assistance, a further 43 prisoners had been supported into hostels or rolling shelters, and 147 were supported to access accommodation through families or friends.
- 8.35 Provision on E wing was more specific, although the numbers were much lower. Steppingstones offered supported accommodation and help with move-on provision to most, if not all, of those who requested it. Approximately eight prisoners a month were released from the unit, and in the three months from January 2008, 100% of prisoners who needed help were released into some accommodation with key worker support. As well as working in the prison, Steppingstones staff offered outreach support to those who had already left.
- 8.36 Since the Clear Springs project had started in June 2007, it had offered accommodation and support to 107 prisoners released on bail (out of 178 whose application had been appropriate) and a further 14 released on HDC licence. We were told that currently Wormwood Scrubs was the highest performing prison in London for Clear Springs support.
- 8.37 Despite this provision, in 2007-08 328 out of 1,619 (19%) released prisoners had no fixed abode. In our survey, 58% of respondents said that they would have difficulties accessing accommodation when they were released, significantly worse than the 50% comparator.

Education, training and employment

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

- 8.38 An established education, training and employment centre offered information, advice and guidance (IAG), some information and communications technology courses at intermediate and advanced levels, desktop publishing (through Citizen's Trust), Unlock (see paragraph 8.41), and a construction site certificate course. The centre also provided job search and LearnDirect provision through Polaris (see paragraph 5.3). Pre-release courses were also available. However, the IAG service, which was provided by the London Advice Partnership (LAP), was under-resourced, with only one member of staff working three and a half days per week. Most prisoners wanting IAG support had to refer themselves. The provision was unstructured and required improvement. Prisoners had to apply for courses in education through the application system, and there were often long waiting lists for these.

Mental and physical health

- 8.39 Nurses saw prisoners on their wing a week before they were due for release, and gave them a letter for their GP and any medications required when they left. However, there was no

assistance or support in accessing health services in the community. Prisoners were also weighed on the morning of their release, but there was no evidence-based explanation for this. There was some evidence that the in-reach team had links to community mental health teams, and facilitated care programme approach casework visits for those previously known to community teams, but the arrangements for new referrals was less clear. There was a palliative care policy and good links with the local palliative care team.

Finance, benefit and debt

- 8.40 Prisoners who were identified as having debt, financial or benefit problems through the LISaR assessment were usually referred to Citizens Advice (CAB) and Jobcentre Plus. In 2007-08, 655 referrals were made to CAB, although prisoners could also self-refer directly. The CAB had been working at Wormwood Scrubs since 1984 and was well established. It offered a wide range of help, advice and support, although finance was its primary focus. On average, around 50 contacts a week were made across all wings. A further 475 referrals were made to Jobcentre Plus, although it was not clear how many of these were orientated to financial advice and how many to employment support
- 8.41 The education department ran a 10-session money management programme. This also linked to the Unlock programme, which offered help in opening bank accounts before leaving custody. Although positive, the provision of these two programmes was limited. Because of problems in running both courses between September 2007 and February 2008, only 17 prisoners had completed the money matters course and six the Unlock programme. These programmes depended on referrals from education or the offender management unit, and prisoners going on to the courses tended to be those serving longer sentences. Although there was reasonable coordination between these two programmes, the CAB did not make direct referrals to either, and there was no clear strategic link to ensure that those prisoners in most need accessed the necessary service or support.
- 8.42 In our survey, 62% of respondents, against a comparator of 60%, said they would have money and finance problems on their release, and 51%, significantly worse than the comparator of 39%, thought they would have problems claiming benefits.

Recommendations

- 8.43 The prison should develop community links further to access accommodation for prisoners likely to be released with no fixed address.
- 8.44 Staffing levels for information, advice and guidance provision should be improved.
- 8.45 Prisoners should be given information and assistance to access health and social care services on their release, and support in accessing the services if required.
- 8.46 All prisoners identified as suffering from a serious and enduring mental illness should be managed within the care programme approach framework.
- 8.47 All prisoners should be able to access the money matters and Unlock programmes.
- 8.48 There should be clear links between Citizens Advice and other finance, benefit and debt support.

Drugs and alcohol

- 8.49 Although the prison had invested in drug services, the drug strategy document was out of date and did not cover alcohol. The counselling, assessment, referral, advice and throughcare service (CARATs) could not respond to the number of prisoners requiring it. There were good throughcare links with drug intervention programmes in the community, and prisoners had access to a short duration drug course.
- 8.50 The drug strategy committee was chaired by the head of safer custody and met monthly, but attendance was low. The drug strategy policy document was out of date, did not include alcohol services, and was not informed by a population needs analysis.
- 8.51 A principal officer was the drug strategy coordinator, and he was assisted by a senior officer. They represented the prison at local community meetings. The prison was due to appoint a manager F to lead the team.
- 8.52 The counselling, assessment, referral, advice and throughcare service (CARATs) team consisted of a manager, an administrator, three senior workers and 12 drug workers from RApT (Rehabilitation of Addicted Prisoners trust), and a CARATs officer; a further three officer posts were vacant. Appropriate management and supervision arrangements were in place.
- 8.53 Workers offered daily induction input on the first night centre and on the Conibeere unit. In 2007, 1,536 triage assessments were completed against a target of 1,400, but the team was stretched by the high turnover of prisoners. During our inspection, 204 prisoners were waiting to be assessed. Integrated drug treatment system (IDTS) clients, prolific offenders and prisoners on an open assessment, care in custody and teamwork (ACCT) form were prioritised, followed by prioritisation based on court and release dates. However, this still meant that some prisoners were not seen before their release.
- 8.54 The team carried an open caseload of 338 in June 2008, which was low for the population. One-to-one work was complemented with in-cell work packs. The service did not offer ongoing input to primary alcohol users.
- 8.55 Eight short IDTS groupwork sessions were delivered jointly with substance misuse nurses. Two were held on the Conibeere unit and six on C wing, where prisoners moved once they were stabilised. The sessions included an alcohol module. In June 2008, 59 prisoners were waiting to undertake IDTS groupwork. The team also ran an eight-session crack/cocaine awareness module.
- 8.56 Joint work with the clinical substance misuse service was developing. A senior worker and an IDTS CARATs worker linked with staff on the Conibeere unit and service managers met regularly, but joint care coordination for individual clients had not been formalised due to staff shortages. A new healthcare and CARATs joint working protocol was awaiting ratification.
- 8.57 CARATs clients with complex needs could access a range of counselling services at the daycare centre. Alcoholics Anonymous and Narcotics Anonymous self-help groups met to provide additional support, and dedicated IDTS gym sessions were available on B and C wings.
- 8.58 The CARATs team was well integrated into the prison and represented at appropriate multidisciplinary meetings. The team contributed to sentence planning and had developed good throughcare links with agencies such as St Mungo's and the CAB. Designated workers

from eight local drug intervention programme (DIP) teams regularly visited clients. They attended the daily CARATs morning meeting and contributed to individual case files.

- 8.59 CARATs clients who required structured intervention could be referred to the short duration programme (SDP) or the P-ASRO (prison addressing substance related offending) course. Both programmes had received high scores for programme and treatment management in the 2007 audit, but low scores for continuity and throughcare due to poor quality clinical substance misuse assessments. A senior CARATs worker had recently been appointed to conduct quality checks and act as the continuity and throughcare manager. The drug strategy principal officer was programme manager for SDP and for P-ASRO.
- 8.60 The SDP for remand and short-sentenced prisoners had a start target of 240 and a completion target of 156 participants. In 2007, only 123 prisoners had completed the four-week course, and staff said that was due to early releases and clients not returning from court. Because of staff shortages, the programme was due to be reduced by three courses, and the start target would not be met in 2008. The team consisted of a treatment manager and five facilitators; there were two vacancies. Groups were held on A and B wings, with plans to move one course to C wing, which housed prisoners post-detoxification and those maintained on methadone.
- 8.61 The P-ASRO programme was open to sentenced, longer-term prisoners. The team consisted of a treatment manager and four facilitators. The 2007 start target of 96 had been met, and the completion target of 63 exceeded. Courses ran on C wing, but a post-programme peer support scheme had been discontinued. In our survey, 31% of respondents thought that the drug/alcohol programme would help them on release, against the comparator of 26%.
- 8.62 Voluntary drug testing (VDT) was available to prisoners independent of location. The scheme was coordinated by the drug strategy senior officer. Although 356 VDT compacts were in operation against a target of 340, the required level of testing did not take place. In May 2008, only 260 tests had been conducted, with priority to programme participants. There was no separate compliance testing compact for workers or enhanced level prisoners. Due to the infrequency of testing, the scheme had little credibility among prisoners.

Recommendations

- 8.63 The establishment should appoint a governor grade to manage the drug strategy and raise its profile.
- 8.64 The drug strategy document should be updated, and contain detailed action plans and performance measures.
- 8.65 The establishment should develop an alcohol strategy and address the currently insufficient level of services for prisoners with alcohol problems.
- 8.66 There should be a comprehensive needs analysis to inform the drug and alcohol strategy and future service provision.
- 8.67 The counselling, assessment, referral, advice and throughcare service (CARATs) team should be adequately resourced to meet demand for its services.
- 8.68 The peer support scheme offering ongoing support to prisoners who complete the P-ASRO (prison addressing substance related offending) course should be re-started.

- 8.69 The required level of voluntary drug testing should take place.
- 8.70 Voluntary drug testing should not be linked to incentives and earned privileges (IEP), and there should be a separate compliance testing compact.

Children and families of offenders

- 8.71 The visitors' centre offered a good service, and a larger new centre was due to open. The demand for visits exceeded the capacity and, although staff were welcoming and approachable, the facilities for visitors were in a poor decorative state. The range of activities to support, promote and enhance family links was limited and not strategically planned or based on a needs analysis.
- 8.72 The visitors' centre was run by the Prison Advice and Care Trust (PACT). Funding had been secured to build a new centre, due to open by December 2008. The current centre was small, but clean and welcoming. Visitors could buy a range of refreshments, including hot drinks, while they waited to be called over to the main visits hall.
- 8.73 Staff were helpful and approachable. Information material, including leaflets about the assisted prison visits scheme, was available. A comments book was well used by visitors, but there was no evidence that staff regularly checked entries and replied to them. On the morning we visited the centre, the prison had cancelled the children's visits session but had not informed PACT. The visits user group – which PACT described as an essential information sharing forum – had not run for some time. We were told that the prison strictly adhered to its identification policy for all visitors, including first time visitors.
- 8.74 Visits sessions for unconvicted prisoners ran each weekday morning from 9.30-11am, Monday afternoons from 2-4pm, Saturday mornings from 9.30-11.30am and Sunday afternoons from 2-4.30pm. Visits for convicted prisoners were available each weekday afternoon from 2-4pm, Saturday mornings from 9-11.30am and Saturday afternoons from 2-4.30pm. The visits hall had room for 34 social visits, and there were four closed visits booths.
- 8.75 There was considerable demand for visits sessions, particularly for the families of unconvicted prisoners. When we contacted the booking line on 12 June 2008, the next available visit with an unconvicted prisoner was 20 June. In our survey, only 43% of respondents, against a comparator of 65%, said the prison gave them the opportunity to have the visits they were entitled to.
- 8.76 The prison had responded positively to complaints from prisoners and visitors about access to the visits booking line. Staffing had been increased and the opening times extended. The families of unconvicted prisoners could book their next visit while they were at the prison. Visits sessions appeared to start on time, although the high number of prisoners who attended Muslim service prayers affected the time that prisoners with visits were unlocked on Friday afternoons.
- 8.77 The facilities for visitors in the gate area were in a poor decorative state. Furniture in the visits room was dirty and torn, and we saw sharp wooden corners. Staff in the room were visible but unobtrusive. Prisoners had to wear distinctive bibs, which were grubby. There was a well-equipped play area in the visits hall run by PACT staff, and refreshments were available. Visitors were searched by a passive drug dog. We observed the dog handlers deal

professionally and respectfully with visitors. A single positive indication resulted in the visitor offered a closed visit or the option to leave.

- 8.78 The prison offered children's visits for pre-school children every Wednesday morning. Participation was by application, and only enhanced or standard behaviour level prisoners were eligible. Children's visits and family days, the last of which was in December 2007, were organised and managed by an enthusiastic and committed officer. Additional staff were being trained in this work to ensure the provision was consistently available. Access to inter-prison telephone calls was by application. The use of video link facilities for inter-prison visits was limited.
- 8.79 A small number of prisoners had participated in Storybook Dads, which was run in the education department. A volunteer had been recruited to support this work. PACT had also secured funding to deliver the Kinship care support service. The project provided support and advice to family and friends who cared for children with fathers in custody in the prison. The course was also aimed at resolving conflict between carers and fathers. The provision of such courses depended on external funding sourced by PACT, and was not informed by any up-to-date needs analysis of the prison population.

Recommendations

- 8.80 Visits sessions should start at the published time every day.
- 8.81 The furniture in the visits room should be replaced as a matter of urgency
- 8.82 The visits user group should be reinstated and convened frequently to improve communications between PACT, the prison and prisoners' families.
- 8.83 Managers should read and respond to comments made in the visitors' centre comments book.
- 8.84 Children's visits should be held consistently in accordance with the published programme, and should not be dependent on the availability of an individual member of staff.
- 8.85 There should be a children and families pathway action plan, based on a prisoner needs analysis, to monitor the delivery and effectiveness of proposed initiatives.

Attitudes, thinking and behaviour

- 8.86 The range of programmes appeared appropriate for the population. The absence of a needs analysis, however, meant that there was no clear picture of the needs of the population or whether the current range of programmes was appropriate.
- 8.87 Offending behaviour programmes were limited. Apart from the two drug rehabilitation programmes, SDP and P-ASRO (see paragraph 8.59), enhanced thinking skills (ETS) was the only accredited programme. The prison had committed to run six programmes a year with a target of 48 completions. In 2007-08, there had been 52 completions. The programme was well established and was delivered in a dedicated room.

- 8.88 Other programmes were also provided, primarily through the probation department. A 10-session anger management programme was delivered three times a year, and a six-session domestic violence programme, developed specifically at the prison, was provided on a one-to-one basis. A further one-to-one programme orientated to diversity awareness and prejudice was delivered in conjunction with London probation service.
- 8.89 The chaplaincy ran three Sycamore Tree restorative justice programmes a year, accredited by the Open College Network. In the previous six months, 42 prisoners had completed this programme out of 48 starts (88%).
- 8.90 Although the programmes provided were positive, their effectiveness and the actual demand for them were unclear, as were any gaps in provision. Participation in each depended upon referrals, and while prisoners sentenced to over 12 months could be referred through the sentence planning or offender management process, those not in scope, on shorter sentences or on remand were unlikely to be referred. There were LISaR referrals to psychology for ETS, but other programmes did not have a specific route.

Recommendations

- 8.91 There should be a needs analysis to inform the provision of appropriate programmes for prisoners.
- 8.92 There should be routes for prisoners to be referred to programme providers as necessary.

Section 9: Summary of recommendations, housekeeping points and good practice

The following is a listing of 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.

Main recommendations

To the governor

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- 9.1 All prisoners should have access to effective support on their first night and during their early days in custody. (HP44)
 - 9.2 The primary care trust, Central and North West London Mental Health Trust and the prison should undertake an urgent review of admission procedures to the Conibeere unit, and the provision of clinical support, to ensure that there are no delays in the treatment of alcohol and drug dependent prisoners. (HP45)
 - 9.3 All indicators of violence specified in the violence reduction policy should be monitored, and the violence reduction committee should fully consider identified patterns and trends in order to monitor and evaluate the effectiveness of the policy. (HP46)
 - 9.4 The prison should increase the number of Listeners and Insiders, and improve governance structures to train and support peer supporters. (HP47)
 - 9.5 Cleanliness should be improved, particularly in the cells and the prison grounds. (HP48)
 - 9.6 An effective personal officer scheme should be introduced. (HP49)
 - 9.7 All prison policies and procedures should provide for the specific needs of foreign national prisoners. (HP50)
 - 9.8 The number of activity places should be increased and fully utilised. (HP51)
 - 9.9 There should be more vocational training. (HP52)
 - 9.10 Prisoners should have access to at least 10 hours' time out of cell each day. (HP53)
 - 9.11 Offender management and resettlement services should be coordinated. (HP54)

Recommendation

To the UK Border Agency

-
- 9.12 The UK Border Agency should provide immigration documentation in a range of languages. (3.76)

Recommendation

To Prison Escort and Custody Services

-
- 9.13 The escort service should ensure that prisoners arrive at the prison as early as possible after a court appearance. (1.12)

Courts, escorts and transfers

- 9.14 Written information for prisoners on what they can expect from reception processes should be available in foreign languages. (1.11)

First days in custody

- 9.15 The reception building should be refurbished and reorganised to provide an environment that is safe, welcoming and fully meets the needs of prisoners. (1.36)
- 9.16 New arrivals should not be held in holding rooms for excessive periods. (1.37)
- 9.17 New arrivals should be interviewed in private. (1.38)
- 9.18 There should be a separate, discrete holding room, with its own toilet facilities, for new arrivals who are vulnerable or who have requested protection. (1.39)
- 9.19 New arrivals should be processed through reception in an effective and orderly manner. (1.40)
- 9.20 New arrivals should be allowed to put on their full prison clothing in privacy, and be able to retain their own underwear or given a new set of underwear. (1.41)
- 9.21 The information touch-screens should be updated with local information. (1.42)
- 9.22 A second telephone should be installed on the first night centre. (1.43)
- 9.23 New arrivals located on normal location should receive the full range of first night services, including a shower, free telephone call, reception pack and written information. (1.44)
- 9.24 The induction policy should be updated. (1.45)
- 9.25 There should be a clear policy about attendance at induction for prisoners previously in Wormwood Scrubs. (1.46)
- 9.26 The induction programme should be comprehensive enough to ensure that new arrivals meet relevant staff, know the opportunities for work, education, vocational training and offending behaviour courses, and are aware of how to get information and deal with problems. (1.47)

Residential units

- 9.27 Cells designed to accommodate one prisoner should not be occupied by two. (2.16)
- 9.28 Cleaning materials should be available to prisoners at least once a week. (2.17)
- 9.29 Cells should be properly furnished. (2.18)
- 9.30 Offices and other unused rooms should be clean and free from rubbish. (2.19)
- 9.31 Prisoners should receive their mail on the day it arrives in the prison. (2.20)

- 9.32 All telephones should be equipped with privacy hoods. (2.21)
- 9.33 All prisoners should be allowed to wear their own clothes. (2.22)
- 9.34 There should be enough clean prison-issue clothing for all prisoners who require it. (2.23)

Staff-prisoner relationships

- 9.35 The quality of staff entries in prisoner wing history files should be improved and effectively monitored. (2.31)
- 9.36 Prison officers should be more active in encouraging prisoner involvement with, and access to, the regime. (2.32)

Bullying and violence reduction

- 9.37 All complaints relating to bullying and feelings of safety should be directed to the violence reduction coordinator. (3.15)
- 9.38 Anti-bullying investigations should be thorough and fully documented. Completed investigations should be subject to quality assurance by the violence reduction coordinator and safety managers. (3.16)
- 9.39 Wing managers should ensure that bullying monitoring forms contain quality entries, which evidence interaction with the prisoner and challenge and address the causes of bullying behaviour. (3.17)
- 9.40 The intervention for bullies and support for victims should be re-introduced. (3.18)
- 9.41 Managers should ensure that all cell sharing risk assessments are properly and thoroughly completed and that decisions to identify a prisoner as high risk are proportionate and substantiated. (3.19)

Self-harm and suicide

- 9.42 Listener/crisis suites should be fit for purpose. (3.31)
- 9.43 Assessment, care in custody and teamwork (ACCT) reviews should be multidisciplinary. (3.32)
- 9.44 Staff interactions with prisoners on ACCT documents should include meaningful conversations as well as observations, and these should be recorded in detail. (3.33)

Diversity

- 9.45 All staff should attend diversity training and be given guidance to enable them to understand and respond appropriately to all diversity issues. (3.41)
- 9.46 The diversity policy should meet the needs of anti-discrimination legislation and outline how the needs of all minority groups will be met. (3.42)

- 9.47 There should be monitoring to ensure that prisoners from all minority groups are not being victimised or excluded from any activity. (3.43)
- 9.48 Personal evacuation plans should be developed for prisoners requiring them, and there should be accurate lists of those prisoners requiring assistance in the event of an emergency. (3.44)

Race equality

- 9.49 There should be greater use of displays and artwork throughout the prison to promote positive images of the diversity of the population and the local community. (3.58)
- 9.50 External and independent representatives should be identified to contribute to the work of the race equality action team and validate completed racist incident investigations. (3.59)
- 9.51 Racist incident complaints should be followed to a conclusion even if the complainant has moved from the prison. (3.60)
- 9.52 Decisions and actions resulting from additional investigations into potential discrimination should be clearly recorded and communicated. (3.61)

Foreign national prisoners

- 9.53 There should be sufficient multidisciplinary representation at the foreign nationals committee to ensure the strategy can be fully implemented. (3.71)
- 9.54 There should be a needs analysis of foreign national prisoners and routine monitoring to ensure their needs are properly identified and met, and that they do not suffer discrimination. (3.72)
- 9.55 Staff should make translated documents readily available to foreign national prisoners and use an accredited translation or interpretation service whenever matters of accuracy and/or confidentiality are a factor. (3.73)
- 9.56 Arrangements for delivering services to and for foreign national prisoners should be embedded and sufficiently robust to deal with changes in personnel, including foreign national orderlies. (3.74)
- 9.57 Staff should receive training and guidance to ensure that they understand and can respond to the needs of foreign national prisoners. (3.75)
- 9.58 Contact with accredited, independent immigration advice and support services should be sufficient to meet demand. (3.77)

Applications and complaints

- 9.59 Prisoners should have confidential access to application forms and always receive an acknowledgement of submitted applications. (3.83)
- 9.60 The application system should be applied consistently, and prisoners should receive a response within three working days. (3.84)

- 9.61 Prisoners with little or no English should have access to information about applications and complaints in their own language. (3.85)
- 9.62 Prisoners should receive responses to their complaints that are legible, respectful and adequately address the issue raised. (3.86)
- 9.63 Prison managers should analyse complaints each month by ethnicity, nationality, prisoner type and other criteria, and if necessary take action when any patterns or trends emerge. (3.87)

Legal rights

- 9.64 Cover should be provided for the legal services officer. (3.93)
- 9.65 Legal services staff should have up-to-date training. (3.94)
- 9.66 Legal and bail services should be advertised in foreign languages. (3.95)
- 9.67 All legal representatives should be able to have a legal visit with their clients in privacy. (3.96)

Substance use

- 9.68 The primary care trust should make every effort to recruit sufficient clinical staff, including specialist GPs, to join the substance misuse team. (3.113)
- 9.69 There should be administrative support for the Conibeere unit. (3.114)
- 9.70 There should be joint work between the clinical substance misuse, counselling, assessment, referral, advice and throughcare (CARAT) and mental health in-reach teams to improve care coordination. (3.115)
- 9.71 The mental health in-reach team's skill mix should include dual-diagnosis expertise. (3.116)
- 9.72 Psychosocial support for prisoners undergoing stabilisation or detoxification should be improved. (3.117)
- 9.73 The mandatory drug testing (MDT) programme should be sufficiently staffed to undertake the required level of target testing. (3.118)
- 9.74 MDT facilities should be refurbished to provide an adequate testing and waiting environment. (3.119)

Health services

- 9.75 There should be a health needs assessment of prisoners, including mental health needs. (4.40)
- 9.76 All staff should receive annual resuscitation training, including training in the use of an automated external defibrillator. (4.41)
- 9.77 There should be a lead nurse for older people in line with Department of Health guidelines. (4.42)

- 9.78 There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment and specialist nursing advice to ensure that prisoners are able to access mobility and health aids. (4.43)
- 9.79 All policies should be up to date. (4.44)
- 9.80 There should be information-sharing policies with appropriate agencies to ensure efficient sharing of relevant health and social care information. (4.45)
- 9.81 All clinical records should be stored in accordance with Data Protection Act and Caldicott principles, and the policy of destroying the clinical records of released prisoners should be stopped. (4.46)
- 9.82 Prescription charts should be annotated correctly if medications are administered or omitted. (4.47)
- 9.83 Complaints about clinical care should be linked to the NHS complaints system. (4.48)
- 9.84 Prisoners should be able to receive the full range of relevant vaccinations and immunisations. (4.49)
- 9.85 Triage algorithms should be used to ensure consistency of assessment, treatment and care. (4.50)
- 9.86 Health services staff should use a documented risk assessment for in-possession medications. (4.51)
- 9.87 There should be effective management of patients with lifelong conditions, including regular reviews in line with good practice. (4.52)
- 9.88 Barrier protection (condoms and lubricants) should be freely available. (4.53)
- 9.89 Prisoners should be able to speak to a pharmacist. (4.54)
- 9.90 The responsible pharmacist should have professional control of the stock supplied. The second label used for medications should be returned to the pharmacy, not given to the patient, and the dual-labelling system should be used for stock audit. (4.55)
- 9.91 The medicines and therapeutics committee should meet regularly, and should include a representative of the primary care trust. (4.56)
- 9.92 Named-patient medication should be used wherever possible, and general stock should only be used if unavoidable. (4.57)
- 9.93 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (4.58)
- 9.94 The inpatient beds should not be on the certified normal accommodation. (4.59)
- 9.95 The negative pressure room should be relocated to a more suitable site. (4.60)
- 9.96 Prisoners should receive oral health promotion, dental checks and treatment to a standard and range at least equal to that in the NHS. (4.61)

- 9.97 The number of hospital appointments cancelled due to lack of escort staff should be reduced, and any cancellations should be reviewed by a clinician. (4.62)
- 9.98 Uniformed staff should have appropriate training to recognise prisoner mental health problems and take appropriate action. (4.63)
- 9.99 Primary mental health services should be provided. (4.64)
- 9.100 The resources and skill mix of the mental health in-reach team should meet the needs of the population, based on the health needs assessment. (4.65)
- 9.101 Prisoners who need assessment by specialist mental health services should be seen within seven days and transferred expeditiously as clinically indicated. (4.66)

Learning and skills and work activities

- 9.102 Learning and skills quality assurance processes should be further developed and implemented effectively. (5.15)
- 9.103 Prisoners should arrive at activities on time. (5.16)
- 9.104 The education induction and basic skills initial assessment should be improved. (5.17)
- 9.105 The education, training and work allocation system should be improved. (5.18)
- 9.106 All prisoners should have a library induction. (5.19)
- 9.107 Library opening times should be extended and provide better access for prisoners. (5.20)
- 9.108 There should be a catalogue of books for prisoners unable to attend the library. (5.21)

Physical education and health promotion

- 9.109 The ventilation in the weights room and sports hall should be improved. (5.28)
- 9.110 Outdoor sports facilities and pitches should be established. (5.29)

Faith and religious activity

- 9.111 There should be more chaplaincy groups outside the weekly services. (5.36)
- 9.112 There should be adequate facilities for Muslim worship, including ablutions. (5.37)

Time out of cell

- 9.113 Prisoners attending activity during the day should also be able to access association. (5.44)
- 9.114 All prisoners should be unlocked during the morning. (5.45)
- 9.115 Access to evening association should be increased. (5.46)

- 9.116 Daily routines should follow the published core day, and variations should be authorised by managers. (5.47)
- 9.117 Curtailment of regime should be properly justified. (5.48)

Security and rules

- 9.118 The prison should have at least one full-time police intelligence officer. (6.10)
- 9.119 Prisoners found in possession of a mobile telephone should only be placed on closed visits if there is corroborating intelligence. (6.11)
- 9.120 Rules should be displayed in residential areas. (6.12)

Discipline

- 9.121 Petty infringements of prison rules should be dealt with by less formal procedures than adjudication. (6.35)
- 9.122 The violence reduction committee should analyse information on the use of force to identify trends and possible problem areas. (6.36)
- 9.123 Prisoners should be formally interviewed following an incident where force has been used to check their safety and to ensure that they understand what occurred and why. Notes of these interviews should be recorded and kept with use of force documentation. (6.37)
- 9.124 Prisoners entering the segregation unit should only be strip searched following an assessment of risk. (6.38)
- 9.125 There should be further development of planning systems to return vulnerable prisoners and those held in the segregation unit under good order or discipline to normal prison location. (6.39)
- 9.126 Conditions in the special cells should be improved, and they should be furnished with seating and a bed. (6.40)
- 9.127 The regime in the segregation unit for longer stay prisoners should be improved to include some out of cell purposeful activity. (6.41)

Incentives and earned privileges

- 9.128 Prisoners should always be informed when they receive an incentives and earned privileges (IEP) warning, and the wing file entry should document that the prisoner is aware of the warning. (6.53)
- 9.129 Prisoners should have the opportunity to attend and participate in IEP regression boards. (6.54)
- 9.130 Prisoners on the basic level should not have to collect their meals separately. (6.55)
- 9.131 Monthly monitoring of the IEP scheme should include ethnicity, and the results should be publicised. (6.56)

Catering

- 9.132 Breakfast should be served in the morning. (7.9)
- 9.133 Meals should be served at appropriate times, and not before noon for lunch and 5pm for the evening meal. (7.10)
- 9.134 There should be a prisoner survey about the catering, and the results should be used to inform further changes. (7.11)
- 9.135 Procedures to allow prisoners to express their views on the quality of food should be better advertised. (7.12)

Strategic management of resettlement

- 9.136 The resettlement strategy document should include annual development targets, which should be regularly reviewed through the resettlement strategy committee. (8.6)
- 9.137 An annual needs analysis should be undertaken and combined with data from the London initial screening and referral (LISaR) assessment to inform the prison of the resettlement needs of all prisoners. (8.7)
- 9.138 The resettlement and pathways meetings should meet more frequently to ensure the implementation of the resettlement strategy. (8.8)
- 9.139 The seven resettlement pathways should be more clearly coordinated and incorporated into the overarching resettlement pathway to ensure that services available are fully utilised. (8.9)

Offender management and planning

- 9.140 All offender supervisors should have the same supervision and personal development processes, regardless of their professional background. (8.23)
- 9.141 Video conferencing should be used when offender managers are unable to attend sentence planning boards. (8.24)
- 9.142 Sentence planning boards should include contributions from all departments to ensure that all appropriate needs are considered in sentence plan objectives. (8.25)
- 9.143 Resettlement prisoners on E wing should have caseworkers who are responsible for coordinating their resettlement needs. (8.26)
- 9.144 London initial screening and referral (LISaR) assessments should be completed in a respectful and appropriate setting. (8.27)
- 9.145 Prisoners serving less than 12 months should have individual resettlement plans that draw on information from the LISaR assessment, with contributions from each of the seven resettlement pathways. (8.28)
- 9.146 There should be pre-release boards to ensure that resettlement needs have been addressed before release. (8.29)

- 9.147 Exit questionnaires should be completed to inform ongoing resettlement developments. (8.30)
- 9.148 Indeterminate-sentenced prisoners should be offered support to meet their specific needs. (8.31)

Resettlement pathways

- 9.149 The prison should develop community links further to access accommodation for prisoners likely to be released with no fixed address. (8.43)
- 9.150 Staffing levels for information, advice and guidance provision should be improved. (8.44)
- 9.151 Prisoners should be given information and assistance to access health and social care services on their release, and support in accessing the services if required. (8.45)
- 9.152 All prisoners identified as suffering from a serious and enduring mental illness should be managed within the care programme approach framework. (8.46)
- 9.153 All prisoners should be able to access the money matters and Unlock programmes. (8.47)
- 9.154 There should be clear links between Citizens Advice and other finance, benefit and debt support. (8.48)
- 9.155 The establishment should appoint a governor grade to manage the drug strategy and raise its profile. (8.63)
- 9.156 The drug strategy document should be updated, and contain detailed action plans and performance measures. (8.64)
- 9.157 The establishment should develop an alcohol strategy and address the currently insufficient level of services for prisoners with alcohol problems.(8.65)
- 9.158 There should be a comprehensive needs analysis to inform the drug and alcohol strategy and future service provision. (8.66)
- 9.159 The counselling, assessment, referral, advice and throughcare service (CARATs) team should be adequately resourced to meet demand for its services. (8.67)
- 9.160 The peer support scheme offering ongoing support to prisoners who complete the P-ASRO (prison addressing substance related offending) course should be re-started. (8.68)
- 9.161 The required level of voluntary drug testing should take place. (8.69)
- 9.162 Voluntary drug testing should not be linked to incentives and earned privileges (IEP), and there should be a separate compliance testing compact. (8.70)
- 9.163 Visits sessions should start at the published time every day. (8.80)
- 9.164 The furniture in the visits room should be replaced as a matter of urgency. (8.81)
- 9.165 The visits user group should be reinstated and convened frequently to improve communications between PACT, the prison and prisoners' families. (8.82)

- 9.166 Managers should read and respond to comments made in the visitors' centre comments book. (8.83)
- 9.167 Children's visits should be held consistently in accordance with the published programme, and should not be dependent on the availability of an individual member of staff. (8.84)
- 9.168 There should be a children and families pathway action plan, based on a prisoner needs analysis, to monitor the delivery and effectiveness of proposed initiatives. (8.85)
- 9.169 There should be a needs analysis to inform the provision of appropriate programmes for prisoners. (8.91)
- 9.170 There should be routes for prisoners to be referred to programme providers as necessary. (8.92)

Housekeeping points

Residential units

- 9.171 Prisoners should be informed how to complete an application to update their telephone PIN account. (2.24)

Health services

- 9.172 All staff should be easily identifiable, by visible name badges or uniforms to denote grade and qualifications. (4.67)
- 9.173 Patient information leaflets should be supplied wherever possible, and a notice advising patients of the availability of leaflets on request should be prominently displayed. (4.68)
- 9.174 There should be provision for the destruction of confidential waste in the pharmacy. (4.69)

Security

- 9.175 Accident report forms should be kept with use of force documentation. (6.42)

Examples of good practice

Diversity

- 9.176 An active group of prisoner diversity representatives provided advice and support, feedback on concerns and were supported in challenging inappropriate language or behaviour. (3.45)

Race equality

- 9.177 In conjunction with the hate crime coordinator for London probation area, prison staff delivered a diversity awareness and prejudice pack to sentenced prisoners with proven racist or other prejudices.(3.62)

Health services

- 9.178 The arrangements for prisoners presenting with possible tuberculosis were good practice in terms of infection control and public health.(4.70)
- 9.179 There was continuity of primary care through teams of wing-based nurses and the first night centre/reception arrangements, which could be replicated by other establishments. (4.71)
- 9.180 The Seacole Centre provided additional therapeutic support for prisoners with emotional, behavioural and mental health problems. (4.72)

Appendix I: Inspection team

Anne Owers	-	Chief inspector
Martin Lomas	-	Team leader
Gail Hunt	-	Inspector
Keith McInnis	-	Inspector
Gordon Riach	-	Inspector
Lucy Young	-	Inspector
Andrea Walker	-	Inspector
Olivia Adams	-	Researcher
Sherrelle Parke	-	Researcher

Specialist inspectors

Sigrid Engelen	-	Substance use
Elizabeth Tysoe	-	Healthcare
Simon Denton	-	Pharmacy
John Reynolds	-	Dentist
Bob Cowdrey	-	Ofsted
Andy Smith	-	OMI

Guest inspector

Sue Gauge

Appendix II: Prison population profile

Population breakdown by:

(i) Status	Number of prisoners	%
Sentenced	689	57
Convicted but unsentenced	115	9.5
Remand	321	26.6
Civil prisoners	6	.5
Detainees (single power status)	78	6.4
Total	1,209	100

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	237	29.4
6 months-less than 12 months	108	13.4
12 months-less than 2 years	104	12.9
2 years-less than 4 years	155	19.2
4 years-less than 10 years	144	17.9
10 years and over (not life)	20	2.5
Life (IPP)	38	4.7
Total	806	100

(iii) Length of stay – *Information not supplied*

(iv) Main offence	Number of prisoners	%
Violence against the person	265	21.9
Sexual offences	66	5.5
Burglary	282	23.3
Robbery	102	8.4
Theft and handling	198	16.4
Fraud and forgery	12	1.0
Drugs offences	141	11.7
Other offences	120	10.0
Civil offences	6	0.5
Offence not recorded/Holding warrant	78	6.5
Total	1,209	100

(v) Age	Number of prisoners	%
21 years to 29 years	522	43.4
30 years to 39 years	369	30
40 years to 49 years	231	19.2
50 years to 59 years	61	5.1
60 years to 69 years	24	2
70 plus years	2	.2
Total	1,209	100

(vi) Home address – *information not supplied*

(vii) Nationality	Number of prisoners	%
British	735	60.8
Foreign nationals	34.4	39.2
Total	1,209	100

(viii) Ethnicity	Number of prisoners	%
<i>White</i>		
British	374	31
Irish	49	4
Other White	104	8.6
<i>Mixed</i>		
White and Black Caribbean	17	1.4
White and Black African	6	.5
White and Asian	2	.2
Other mixed	17	1.4
<i>Asian or Asian British</i>		
Indian	66	5.5
Pakistani	19	1.6
Bangladeshi	6	.5
Other Asian	132	10.9
<i>Black or Black British</i>		
Caribbean	170	14.1
African	131	10.8
Other Black	88	7.2
<i>Chinese or other ethnic group</i>		
Chinese	11	.9
Other ethnic group	17	1.4
Total	1,209	100

(ix) Religion	Number of prisoners	%
Church of England	211	17.5
Roman Catholic	288	23.8
Other Christian denominations	76	6.3
Muslim	270	22.3
Sikh	55	4.6
Hindu	41	3.4
Buddhist	18	1.5
Jewish	7	.6
Other	47	3.9
No religion	196	16.1
Total	1,209	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 4 June 2008, the prisoner population at HMP Wormwood Scrubs was 1,269. The sample size was 136. Overall, this represented 11% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Three respondents refused to complete a questionnaire.

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

Methodology

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

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

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

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

Response rates

In total, 113 respondents completed and returned their questionnaires. This represented 9% of the prison population. The response rate was 83%. In addition to the three respondents who

refused to complete a questionnaire, 18 questionnaires were not returned and two were returned blank.

Comparisons

The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment has been weighted in order to mimic a consistent percentage sampled in each establishment.

Presented alongside the results from this survey are the comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 37 local prisons since January 2004.

In addition, a further comparative document is attached. Statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown, alongside statistically significant differences between those who are British nationals and those who are foreign nationals, and statistically significant differences between Muslim and non-Muslim prisoners.

In all the above documents, statistical significance merely indicates whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading.



Prisoner survey responses HMP Wormwood Scrubs 2008

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

Key to tables

Any percent highlighted in green is significantly better than the local prisons comparator	HMP Wormwood Scrubs	Local prisons comparator
Any percent highlighted in blue is significantly worse than the local prisons comparator		
Percentages which are not highlighted show there is no significant difference between the 2008 survey and the local prisons comparator		

SECTION 1: General information (not tested for significance)

		HMP Wormwood Scrubs	Local prisons comparator
1	Number of completed questionnaires returned	113	3901
2	Are you under 21 years of age?	0%	4%
3	Are you transgender or transsexual?	0%	0%
4	Are you sentenced?	60%	65%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	9%	8%
6	If you are sentenced, are you on recall?	10%	15%
7	Is your sentence less than 12 months?	16%	18%
8	Do you have less than six months to serve?	30%	32%
9	Have you been in this prison less than a month?	21%	22%
10	Are you a foreign national?	23%	12%
11	Is English your first language?	74%	91%
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	57%	24%
13	Are you Muslim?	25%	11%
14	Are you gay or bisexual?	0%	3%
15	Do you consider yourself to have a disability?	14%	15%
16	Is this your first time in prison?	44%	26%
17	Do you have any children?	47%	57%

SECTION 2: Transfers and escorts

18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	56%	49%
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	51%	58%
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	14%	11%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	21%	28%
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	12%	11%
19	Did you spend more than four hours in the van?	3%	5%
20	Were you treated well/very well by the escort staff?	64%	67%
21a	Did you know where you were going when you left court or when transferred from another establishment?	65%	73%
21b	Before you arrived here did you receive any written information about what would happen to you?	13%	14%
22c	When you first arrived here did your property arrive at the same time as you?	71%	82%

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SECTION 3: Reception, first night and induction			
23a	Did you have any problems when you first arrived?	78%	77%
23b	Did you have any problems with loss of transferred property when you first arrived?	19%	10%
23c	Did you have any housing problems when you first arrived?	36%	23%
23d	Did you have any problems contacting employers when you first arrived?	12%	6%
23e	Did you have any problems contacting family when you first arrived?	38%	31%
23f	Did you have any problems ensuring dependents were being looked after when you first arrived?	12%	8%
23g	Did you have any money worries when you first arrived?	34%	25%
23h	Did you have any problems with feeling depressed or suicidal when you first arrived?	26%	24%
23i	Did you have any drug problems when you first arrived?	20%	23%
23j	Did you have any alcohol problems when you first arrived?	12%	20%
23k	Did you have any health problems when you first arrived?	26%	25%
23l	Did you have any problems with needing protection from other prisoners when you first arrived?	9%	9%
24a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	18%	16%
24b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	22%	28%
24c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	16%	17%
24d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	55%	57%
24e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	16%	21%
24f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	22%	22%
24g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	34%	45%
24h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	35%	54%
24i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	33%	45%
24j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	46%	53%
24k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	18%	27%
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	76%	86%
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	59%	67%
26	Were you treated well/very well in reception?	44%	58%
27a	Did you receive a reception pack on your day of arrival?	66%	74%
27b	Did you receive information about what was going to happen here on your day of arrival?	30%	42%
27c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	26%	41%
27d	Did you have the opportunity to have a shower on your day of arrival?	30%	33%

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SECTION 3: Reception, first night and induction continued			
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	55%	54%
27f	Did you get information about routine requests on your day of arrival?	25%	31%
27g	Did you get something to eat on your day of arrival?	83%	82%
27h	Did you get information about visits on your day of arrival?	45%	40%
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	39%	48%
28b	Did you have access to someone from healthcare within the first 24 hours?	56%	67%
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	13%	32%
28d	Did you have access to the prison shop/canteen within the first 24 hours?	16%	22%
29	Did you feel safe on your first night here?	68%	74%
30	Did you go on an induction course within the first week?	57%	58%
31	Did the induction course cover everything you needed to know about the prison?	33%	42%
32	Did you receive a 'basic skills' assessment within the first week?	35%	36%
SECTION 4: Legal rights and respectful custody			
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	40%	43%
34b	Is it very easy/easy for you to attend legal visits?	53%	63%
34c	Is it very easy/easy for you to obtain bail information?	21%	25%
35	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	31%	44%
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	45%	51%
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	70%	77%
36c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	84%	82%
36d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	52%	64%
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	38%	36%
36f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	53%	63%
36g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	24%	30%
37	Is the food in this prison good/very good?	14%	23%
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	44%
39a	Is it easy/very easy to get a complaints form?	74%	79%
39b	Is it easy/very easy to get an application form?	82%	84%
40a	Do you feel applications are sorted out fairly?	40%	43%
40b	Do you feel your applications are sorted out promptly?	30%	41%
40c	Do you feel complaints are sorted out fairly?	21%	16%
40d	Do you feel complaints are sorted out promptly?	22%	18%
40e	Are you given information about how to make an appeal?	27%	29%
41	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	14%	13%
42	Do you know how to apply to the Prisons and Probation Ombudsman?	24%	39%

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SECTION 4: Legal rights and respectful custody continued			
43	Is it easy/very easy to contact the Independent Monitoring Board?	24%	31%
44	Are you on the enhanced (top) level of the IEP scheme?	25%	23%
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	45%
46a	In the last six months have any members of staff physically restrained you (C & R)?	7%	8%
46b	In the last six months have you spent a night in the segregation/care and separation unit?	10%	12%
47a	Do you feel your religious beliefs are respected?	54%	53%
47b	Are you able to speak to a religious leader of your faith in private if you want to?	63%	58%
48	Are you able to speak to a Listener at any time, if you want to?	45%	64%
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	64%
49b	Do most staff, in this prison, treat you with respect?	60%	68%
SECTION 5: Safety			
51	Have you ever felt unsafe in this prison?	44%	39%
52	Do you feel unsafe in this establishment at the moment?	24%	20%
54	Have you been victimised (insulted or assaulted) by another prisoner?	23%	23%
55a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	11%	12%
55b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	8%	8%
55c	Have you been sexually abused since you have been here? (By prisoners)	0%	1%
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	4%
55e	Have you been victimised because of drugs since you have been here? (By prisoners)	5%	3%
55f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	7%	4%
55g	Have you ever been victimised because you were new here? (By prisoners)	9%	5%
55h	Have you ever been victimised because of your sexuality? (By prisoners)	0%	1%
55i	Have you ever been victimised because you have a disability? (By prisoners)	2%	2%
55j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	4%	3%
55k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	3%	5%
56	Have you been victimised (insulted or assaulted) by a member of staff?	29%	27%
57a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	9%	14%
57b	Have you been hit, kicked or assaulted since you have been here? (By staff)	5%	5%
57c	Have you been sexually abused since you have been here? (By staff)	1%	1%
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	5%
57e	Have you been victimised because of drugs since you have been here? (By staff)	3%	5%
57f	Have you ever been victimised because you were new here? (By staff)	11%	6%
57g	Have you ever been victimised because of your sexuality? (By staff)	0%	1%
57h	Have you ever been victimised because you have a disability? (By staff)	2%	2%
57i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	4%	4%

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SECTION 5: Safety continued			
57j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	5%	4%
58	Did you report any victimisation that you have experienced?	10%	11%
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	22%	24%
60	Have you ever felt threatened or intimidated by a member of staff in here?	26%	26%
62	Is it very easy/easy to get illegal drugs in this prison?	27%	33%
SECTION 6: Healthcare			
63	Do you think the overall quality of the healthcare is good/very good?	29%	35%
64a	Is it very easy/easy to see the doctor?	34%	27%
64b	Is it very easy/easy to see the nurse?	62%	49%
64c	Is it very easy/easy to see the dentist?	2%	8%
64d	Is it very easy/easy to see the optician?	6%	9%
64e	Is it very easy/easy to see the pharmacist?	15%	23%
65a	Do you think the quality of healthcare from the doctor is good/very good?	37%	35%
65b	Do you think the quality of healthcare from the nurse is good/very good?	46%	48%
65c	Do you think the quality of healthcare from the dentist is good/very good?	12%	19%
65d	Do you think the quality of healthcare from the optician is good/very good?	10%	15%
65e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	18%	30%
66	Are you currently taking medication?	41%	44%
67	Are you allowed to keep possession of your medication in your own cell?	18%	28%
SECTION 7: Purposeful activity			
69a	Do you feel your job will help you on release?	23%	24%
69b	Do you feel your vocational or skills training will help you on release?	31%	25%
69c	Do you feel your education (including basic skills) will help you on release?	40%	36%
69d	Do you feel your offending behaviour programmes will help you on release?	27%	22%
69e	Do you feel your drug or alcohol programmes will help you on release?	31%	26%
70	Do you go to the library at least once a week?	25%	37%
71	Can you get access to a newspaper every day?	27%	37%
72	On average, do you go to the gym at least twice a week?	36%	40%
73	On average, do you go outside for exercise three or more times a week?	38%	40%
74	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	3%	10%
75	On average, do you go on association more than five times each week?	18%	49%
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	9%	17%

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SECTION 8: Resettlement			
78	Did you first meet your personal officer in the first week?	6%	16%
79	Do you think your personal officer is helpful/very helpful?	7%	24%
80	Do you have a sentence plan?	30%	23%
81	Were you involved/very involved in the development of your sentence plan?	23%	14%
82	Can you achieve all or some of your sentence plan targets in this prison?	20%	12%
83	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	12%	10%
84	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	24%	20%
85	Do you feel that any member of staff has helped you to prepare for release?	17%	14%
86	Have you had any problems with sending or receiving mail?	51%	44%
87	Have you had any problems getting access to the telephones?	45%	33%
88	Did you have a visit in the first week that you were here?	49%	36%
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	43%	65%
90	Did you receive five or more visits in the last week?	0%	1%
91a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	28%	29%
91b	Do you think you will have a problem with finding a job following your release from this prison?	61%	57%
91c	Do you think you will have a problem with finding accommodation following your release from this prison?	58%	50%
91d	Do you think you will have a problem with money and finances following your release from this prison?	62%	60%
91e	Do you think you will have a problem with claiming benefits following your release from this prison?	51%	39%
91f	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	47%	39%
91g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	23%	19%
91h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	26%	26%
91i	Do you think you will have a problem with opening a bank account following your release from this prison?	39%	45%

Key to tables

		HMP Wormwood Scrubs	Local prisons comparator
	Any percent highlighted in green is significantly better than the local prisons comparator		
	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the local prisons comparator		
SECTION 8: Resettlement continued			
92a	Do you think you will have a problem with drugs when you leave this prison?	18%	18%
92b	Do you think you will have a problem with alcohol when you leave this prison?	11%	14%
93a	Do you know who to contact, within this prison, to get help with finding a job on release?	30%	40%
93b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	37%	43%
93c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	20%	30%
93d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	30%	45%
93e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	24%	30%
93f	Do you know who to contact within this prison to get help with external drugs courses etc	37%	46%
93g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	28%	36%
93h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	28%	31%
94	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	25%	31%



Key question responses (ethnicity, nationality and religion) HMP Wormwood Scrubs 2008

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		64	48	25	88	27	86
4	Are you sentenced? (Not tested for significance)	65%	54%	52%	62%	46%	65%
10	Are you a foreign national? (Not tested for significance)	29%	15%			37%	19%
11	Is English your first language? (Not tested for significance)	67%	83%	12%	93%	45%	83%
12	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories. (Not tested for significance)			72%	53%	82%	49%
13	Are you Muslim? (Not tested for significance)	35%	11%	40%	21%		
16	Is this your first time in prison? (Not tested for significance)	48%	40%	86%	31%	44%	46%
20	Were you treated well/very well by the escort staff?	62%	67%	48%	68%	54%	67%
21a	Did you know where you were going when you left court or when transferred from another establishment?	60%	70%	25%	76%	48%	70%
23	Did you have any problems when you first arrived?	81%	72%	77%	78%	75%	78%
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	73%	78%	60%	81%	76%	76%
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	52%	67%	45%	62%	48%	62%
26	Were you treated well/very well in reception?	42%	49%	41%	44%	38%	47%
29	Did you feel safe on your first night here?	60%	77%	57%	70%	60%	70%
30	Did you go on an induction course within the first week?	60%	52%	45%	60%	63%	55%
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	40%	42%	32%	41%	44%	40%
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	47%	45%	61%	41%	48%	45%
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	66%	76%	57%	74%	56%	75%
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	36%	42%	42%	36%	33%	41%
37	Is the food in this prison good/very good?	13%	15%	22%	9%	8%	16%
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	52%	55%	52%	46%	55%
39a	Is it easy/very easy to get a complaints form?	67%	85%	62%	76%	60%	79%

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
39b	Is it easy/very easy to get an application form?	77%	89%	72%	84%	71%	86%
40a	Do you feel applications are sorted out fairly?	40%	39%	45%	39%	29%	43%
40c	Do you feel complaints are sorted out fairly?	22%	21%	19%	22%	17%	22%
44	Are you on the enhanced (top) level of the IEP scheme?	25%	25%	26%	25%	24%	26%
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	29%	49%	27%	40%	17%	45%
46a	In the last six months have any members of staff physically restrained you (C & R)?	7%	7%	16%	5%	5%	8%
46b	In the last six months have you spent a night in the segregation/care and separation unit?	9%	11%	5%	11%	5%	11%
47a	Do you feel your religious beliefs are respected?	61%	46%	62%	52%	74%	50%
47b	Are you able to speak to a religious leader of your faith in private if you want to?	66%	58%	55%	63%	68%	62%
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	68%	68%	68%	66%	61%	71%
49b	Do most staff, in this prison, treat you with respect?	46%	76%	43%	63%	48%	64%
51	Have you ever felt unsafe in this prison?	55%	29%	57%	42%	43%	42%
52	Do you feel unsafe in this establishment at the moment?	27%	20%	38%	21%	26%	23%
54	Have you been victimised (insulted or assaulted) by another prisoner?	24%	22%	36%	20%	17%	24%
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	7%	9%	9%	4%	10%
55j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	4%	5%	4%	0%	5%
56	Have you been victimised (insulted or assaulted) by a member of staff?	42%	13%	27%	30%	33%	28%
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	4%	5%	10%	13%	8%
57i	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	2%	0%	5%	4%	4%
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	27%	14%	28%	22%	18%	21%
60	Have you ever felt threatened or intimidated by a member of staff in here?	38%	9%	34%	24%	35%	22%
61	Is it very easy/easy to get illegal drugs in this prison?	23%	31%	25%	28%	17%	30%
63	Do you think the overall quality of the healthcare is good/very good?	29%	30%	34%	29%	17%	34%
64a	Is it very easy/easy to see the doctor?	36%	31%	32%	35%	38%	32%
64b	Is it very easy/easy to see the nurse?	60%	67%	62%	64%	59%	63%

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
69a	Do you feel your job will help you on release?	27%	18%	26%	22%	22%	23%
69b	Do you feel your vocational or skills training will help you on release?	36%	26%	22%	34%	25%	33%
69c	Do you feel your education (including basic skills) will help you on release?	44%	36%	47%	39%	39%	41%
69d	Do you feel your offending behaviour programmes will help you on release?	32%	22%	14%	31%	28%	28%
69e	Do you feel your drug or alcohol programmes will help you on release?	42%	19%	14%	35%	33%	31%
70	Do you go to the library at least once a week?	28%	23%	43%	21%	13%	30%
72	On average, do you go to the gym at least twice a week?	42%	29%	27%	38%	28%	40%
74	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5%	0%	5%	2%	0%	4%
75	On average, do you go on association more than five times each week?	21%	16%	5%	23%	17%	19%
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	9%	9%	5%	10%	8%	9%
78	Did you first meet your personal officer in the first week?	5%	7%	9%	5%	4%	6%
79	Do you think your personal officer is helpful/very helpful?	8%	7%	5%	8%	14%	5%
80	Do you have a sentence plan?	36%	24%	31%	31%	38%	29%
86	Have you had any problems with sending or receiving mail?	50%	51%	31%	57%	43%	52%
87	Have you had any problems getting access to the telephones?	47%	43%	52%	42%	48%	44%
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	45%	41%	26%	46%	43%	42%
94	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	28%	21%	18%	27%	22%	26%